

# The Milton H. Erickson Foundation NEWSLETTER

Michael D. Yapko, Editor / 2525 Camino del Rio S., Suite 225 / San Diego, CA 92108

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

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Winter 1988

## New Year — New Format

### The Milton H. Erickson Foundation Newsletter has new look for 1988

The Milton H. Erickson Foundation is starting the year with a new look for its Newsletter.

The larger "tabloid" size enables us to provide more information and to present Foundation and related activities to the readers in an updated format. We will continue running items of interest to our readers and features to reflect the emphasis on training in Ericksonian approaches.

In addition to the size change, the Newsletter features standardized advertising sizes. These standard sizes range from an eighth-page to a full page, giving advertisers a wide range of space to present various messages.

The Erickson Foundation Newsletter is now read by more than 11,000 people throughout the world. We send Newsletters to subscribers in nations far from Phoenix, such as Saudi Arabia, Pakistan, Hungary, Czechoslovakia, Yugoslavia and Iran. We

## Foundation Presents Scholarships

The winners of two Evolution of Psychotherapy Conference Scholarships have been named.

Shanette Marie Harris, a clinical psychology doctoral student at Virginia Polytechnic Institute and State University, and Lawrence T. Bell, a master's of social work student at Delaware State College, each received \$2,500.00 awards from The Milton H. Erickson Foundation, sponsor of the Evolution of Psychotherapy Conference. *continued page 2*

## Fourth Congress Offers Old Essence, New Dimension

In less than a year, health professionals from around the globe will gather for The Milton H. Erickson Foundation's Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

After learning that meeting space in Phoenix, Arizona, home of past Ericksonian Congresses was unavailable for preferred dates, the search for a new site was launched. Considerable thought and energy went into the location: The Foundation staff always has held that ambiance was an important feature of its meetings. Phoenix, the spot in the desert where Dr. Milton Erickson spent so many years of his life helping and teaching others, will be where the heart is, but attendees may leave

have readers in every state, as well as in Canada and Mexico.

With the idea of such diverse backgrounds, the Erickson Foundation recognizes the need for change. We want to provide useful information about the Foundation and its activities, as well as offer material about other events in psychotherapy.

We hope you like the new format. Your feedback is welcome.

### Interview

## An Interview with David Cheek, M.D.

David B. Cheek, M.D., is one of the outstanding pioneers in the medical applications of hypnosis. An obstetrician and surgeon in San Francisco, Cheek has decades of experience in developing and using hypnotic techniques, some quite non-traditional. Cheek's development of ideomotor questioning techniques has led to some highly controversial positions relating to the nature of human memory and information processing. For example, in this interview Cheek asserts that the unborn child and the young infant are capable of reacting to and storing experiences that can have emotional impact throughout life. Cheek asserts that hypnosis and ideomotor questioning can retrieve memories of such experiences. Also on the topic of memory, he has written a great deal on the ability of anesthetized surgical patients to hear and be aware of ongoing events. Cheek's investigations of the unconscious mind's rela- *continued page 11*

their hearts in the 1988 locale: San Francisco, California.

Entitled "Brief Therapy: Myths, Methods and Metaphors," the meeting will be held Dec. 7-11, 1988, at the San Francisco Hilton and Towers. The line-up of presenters will provide attendees with approximately 30 hours of course content including workshops, panel presentations, short courses, small-group practica, demonstrations, conversation hours, group inductions, dialogues and trialogues. There will also be keynote speakers and invited addresses.

Faculty for the 1988 meeting features a cross-section of psychotherapy experts. *continued page 5*



The Milton H. Erickson Center for Hypnosis and Psychotherapy Staff — Front row from left, Peter Rennick, Gordon Cuddeby, Neil Weiner, Brent Geary, and Michael Liebman, director of clinical services. Back row, Frank Noble, Erickson Foundation Director Jeffrey K. Zeig, Andrea Scott, Rebecca Rubin, Craig LeCroy and Mirna Ghiorzi-Volek. Not pictured Kathy Wilson, Mark Treegoob and Larry Etkin.

## MEMO TO FOREIGN SUBSCRIBERS

TO: Foreign Subscribers

FROM: The Milton H. Erickson Foundation

RE: Renewing your subscription to The Milton H. Erickson Foundation Newsletter

DATE: January 1988

The Milton H. Erickson Foundation Newsletter is sent to more than 500 professionals outside the United States, Canada or Mexico. We ask these subscribers for a \$10 annual payment to help defer postal expenses.

To date we have not sent renewal notices to our distant friends, and they continue receiving the Newsletter after their first year's payment expires. Because of rising postal costs, we find we must ask each person receiving the Newsletter in countries outside North America to send a two-year renewal payment (\$20.00 U.S.) no later than April 15, 1988.

Please send your \$20.00 U.S. renewal fee to the Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016, USA. We honor VISA and MasterCard, as well as checks drawn on U.S. banks made payable to The Milton H. Erickson Foundation. Please note in your correspondence that you are responding to this memo and include you mailing label.

If we do not hear from you by that date, we must delete your name from the mailing list. We are asking a two-year renewal to avoid an inundation of renewal information to you next year. Our records will be updated to reflect the time your subscription comes due again, and you will not be asked to renew before that date.

We appreciate your cooperation with this matter. We want to hear from you, and we want you to continue receiving The Newsletter. As always, we thank you for your interest in and support of the activities of The Milton H. Erickson Foundation.

The Milton H. Erickson Foundation, Inc.  
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Linda Carr  
McThrall



## Notes From The Foundation

Last year was a relatively quiet one for the Erickson Foundation, although we experienced a number of changes that would affect all our lives:

We sadly said "So long" to Sherron Peters, who served as administrative director for seven years, and to Newsletter Editor Bill O'Hanlon. Sherron worked so hard to set up the Foundation's operations, it was easy to step in and pick up where she left off; doing things with her style, though, will take long practice. We miss her at the Foundation offices but know she is doing what she enjoys.

Bill O'Hanlon no longer has the task of editing The Newsletter, but he is still part of the Foundation activities.

We are happy to have Michael Yapko as Newsletter editor. His enthusiasm is so appreciated, as is his contribution.

Michael  
Yapko



## Notes From The Editor

This newsletter reflects the continued growth of interest in Ericksonian approaches, and the need to have an expanded means to keep professionals aware of ongoing developments in the field. The newsletter has been increased in size to include more features. Peruse the newsletter, and note the section and format changes. How do you like them? As always, your feedback is vital to the life of the ongoing project, and I hope you will generously share your views and keep me in touch with your interests.

I would like to take this opportunity to thank Linda Carr McThrall, the executive director of the Erickson Foundation, for her efforts in making the transitions to the new newsletter format possible. When readers see a finished newsletter, many may overlook the efforts that go into its preparation. Thank you to Linda and the staff of the Erickson Foundation and Milton H. Erickson Institute of San Diego who have contributed to this exciting project.

Michael Yapko

"It is your attitude toward the patient that determines the result you achieve."

*Healing in Hypnosis, p.124*

We completed the remodeling of the Milton H. Erickson Center on Hypnosis and Psychotherapy and welcomed Michael Liebman to the staff as Director of Clinical Services. We also have had the pleasure of getting to know the Center staff; the therapists there are top-notch, as well as being nice people.

The Sessions with the Masters series was highly regarded by attendees. We thank Carl Whitaker, M.D.; Joseph Wolpe, M.D.; James Masterson, M.D.; Paul Watzlawick, Ph.D., and Ernest Rossi, Ph.D., for their participation in this series. They all worked hard to give registrants the benefit of their knowledge, and the Foundation is most appreciative.

Lori Weires, administrative assistant for the Foundation, resigned her position in December. She and her husband are enjoying time together. Lori's presence also is greatly missed, as well as all her good work. But again, we're happy she is enjoying herself and being able to spend time with her husband.

The Erickson Foundation staff now includes Dawn Dixon, administrative assistant; Greg Deniger, computer operations and video and audio tape sales manager; and Sylvia Cowen, bookkeeper. Of course, Jeff, who is President of the Foundation Board of Directors, is here with his wisdom and humor. While the staff size is small, we are a mighty group; we will continue to be at your service.

Kristina K. Erickson, M.D., daughter of the late Milton H. Erickson, and her family were in Phoenix in November. Dr. Erickson spent some time with us at the Foundation, and she was pleased with the progress of our efforts.

The changes last year were many, but for the most part so positive. We miss the people who we don't see or talk to daily, but we know they are with us in spirit. Changes can be a little hard to take, but change means challenge, and the Erickson Foundation rises to a challenge.

It's a new year — we wish all of you the best of the season — and it's time for new things. We are looking forward to the coming months and look forward to seeing you in December in San Francisco. Happy New Year!

— Linda Carr McThrall  
Executive Director

Michael  
Liebman



## Notes From The Center

Michael Yapko, Director of the Milton H. Erickson Institute of San Diego and Editor of the *Erickson Foundation Newsletter*, donated a half-day training session for the Milton H. Erickson Center for Hypnosis and Psychotherapy in December.

Michael talked about Ericksonian approaches for the treatment of depression. The program was excellent. A clear conceptual framework was presented and supported by specific diagnostic and treatment strategies. Michael's presentation was augmented by a video tape of him working hypnotically with a depressed client. Center therapists were excited by Michael's presentation and are already applying the ideas in work with our clients.

Thank you, Michael.

To quote Tom Peters, we are operating from the "Ready — Fire — Aim," organizational model. Center activities started quickly. The staff has been working hard since the doors opened. We are fortunate to have a staff of experienced and diverse therapists who had sufficient background to work effectively using Ericksonian methods, and did not need extensive training prior to being able to work with patients.

Allow me to introduce the staff: Gordon Cuddeby, Ph.D.; Larry Ettkin, Ph.D.; Brent Geary, M.S.; Mirta Ghorzi-Volek, Ph.D.; Craig LeCroy, Ph.D.; Frank Noble, Ed.D.; Peter Rennick, M.A.; Rebecca Rubin, M.A.; Andrea Scott, Ph.D.; Mark Treegoob, Ph.D.; Neil Weiner, Ph.D.; and Katherine Wilson, Ph.D.

Currently, we are involved in our own "Brief Psychotherapy" Project. Each of three supervision teams has been assigned one client for a maximum of six sessions. The teams are to perform their myths, their methods and their metaphors with a focus on indirect psychotherapy. All sessions are videotaped. Teams must specify a rationale

for their therapeutic and supervision decisions. Clients are given a self-report scale prior to each session. Post-therapy follow up measures also are planned.

To date, the project is proceeding well. We will complete the six sessions by early January. In February, teams will present their cases to the full staff. We are excited about the possibilities of the project.

In addition, the staff is working on the development of training programs for professionals. We will be working with Jeff Zeig in the upcoming Ongoing Hypnosis Training sponsored by the Foundation. Additional training programs will be made available in the near future.

— Michael Liebman  
Director of Clinical Services

## New Institutes Authorized

The Milton H. Erickson Foundation Board of Directors has approved two new institutes, including the first in an Eastern Bloc country.

The Prague Institute of Strategic Ericksonian Therapy  
Radistu 620  
161 00 Praha 6  
Prague  
CZECHOSLOVAKIA  
Director: Michael Vancura

Institut Milton H. Erickson de Belgique  
Rue Edith Cavell, 254  
1180 Bruxelles  
BELGIUM  
Director: Gerald Brassine

The Foundation welcomes these new institutes to its growing network of organizations responsible for teaching Ericksonian approaches to hypnosis and psychotherapy to mental health professionals throughout the world.

## Scholarship *continued*

Some 30 people applied for the two scholarships.

The scholarships were made possible by the sale of commemorative items at the landmark event held in Phoenix, Ariz., in December 1985. The 1988 awards are the final two of four scholarships presented by the Erickson Foundation to graduate students. Two \$2,500.00 awards were presented last year. Scholarship recipients in 1987 were Steve Dannenbaum and Zelda Slaughter.

The Foundation thanks the following persons for serving on the 1988 Scholarship Selection Committee: Sharon Cotter, M.S.W.; Kristina K. Erickson, M.D.; Melvin G. Hector, M.D.; F. Theodore Reid, Jr., M.D.; Sherron S. Peters; and Jeffrey K. Zeig, Ph.D.

"If you look over the lives of happy, well-adjusted people, they have never bothered to analyze their childhood or their parental relationships. They haven't bothered and they're not going to."

*Uncommon Therapy, p.246*

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# Audiocassette Tapes from The Milton H. Erickson Foundation

## The Evolution of Psychotherapy Conference Program Program L-330

### INVITED ADDRESSES

- L330-7 *If You Desire To See, Learn How To Act*, Paul Watzlawick, (Ernest Rossi, Disc.) \$9.50
- L330-12 *The Family as Deduced from Twenty Years of Families Only*, Carl Whitaker, (A. Ellis, Disc.) \$9.50

### WORKSHOPS

- L330-W19AB *Family Systems Therapy*, Murray Bowen \$19.00 (2 tapes)
- L330-W26AB *Ericksonian Hypnotherapy*, Jeffrey K. Zeig \$19.00 (2 tapes)

### CONVERSATION HOURS

- L330-CH2 *Jay Haley & Cloe Madanes* \$9.50
- L330-CH4 *Carl A. Whitaker* \$9.50

### DEMONSTRATIONS

- L330-CP13 *Existential Psychotherapy*, Ronald Laing \$9.50
- L330-CP20 *Workshop on Rational-Emotive Therapy Techniques*, Albert Ellis \$9.50

### PANELS

- L330-P5 *Dreams*, B. Bettelheim, Z. Moreno, M. Polster, E. Rossi \$9.50
- L330-P14 *Therapeutic Use of Humor*, M. Bowen, A. Ellis, R. Goulding, R. Laing \$9.50

*These programs are only available for sale to professionals with a minimum of a Master's degree in a mental health field and are intended for professional education and research.*

### — DISCOUNTS —

6-11 Tapes - \$9.00 each      12 or more tapes - \$8.50 each

## The Third International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy Program PS 317

### KEYNOTE DEBATE

- PS317-K4 *Indirect Versus Direct Approaches to Psychotherapy*, P. Watzlawick, A. Ellis, Moderator: J. Racy \$9.50

### INVITED ADDRESSES

- PS317-SIAB *The Language of Hypnosis*, K. Thompson, D. Gordon, J. Zeig \$19.00 (2 tapes)

### WORKSHOPS

- PS317-W3AB *Creative Life Facilitation with Hypnotherapy*, E. Rossi \$19.00 (2 tapes)
- PS317-W23AB *The Legacy of the February Man: Ericksonian Age Regression Techniques*, Y. Dolan, C. Johnson \$19.00 (2 tapes)

### PANELS

- PS317-P8AB *Cross Cultural and Comparative Approaches*, T. Tafoya, D. Bathel, C. Carreon, M. Phillips \$19.00 (2 tapes)

### 1-HOUR DEMONSTRATIONS

- PS317-D-2 *Rehearsing Positive Outcome With Self-Image Thinking* \$9.50

### CONVERSATION HOURS

- PS317-CH5 *Paul Watzlawick* \$9.50

### GROUP INDUCTION

- PS317-611 *Norman Katz* \$9.50

### TOPICAL PANELS

- PS317-TP-10 *Pain Control*, J. Feldman, S. Lankton, N. Poncet, S. Sylvester \$9.50

### SHORT COURSES

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*Send order form and remittance to: The Milton H. Erickson Foundation, Inc., 3606 N. 24th St., Phoenix, AZ 85016  
Phone (602) 956-6196.*

## Donations

The Milton H. Erickson Foundation has received a total of \$1,031.00 in donations since the Winter 1987 issue of The Newsletter.

The Foundation also has received gifts from the Archives over the past few months.

Cash contributions were by the following persons:

Leonard Babins, MA, Ph.D.

Linda A. Danik

Jo An Dietrich-Lewis, MS

Lydia Dubberstein, MA

John B. Ellison, MSW

Kathy Gantz, CSW

Cameron Grant, MA

Jean Marie Grissim

Earl Henslin, Ph.D.

John Hulihan, M.Ed.

David Lee, M.Ed.

Roberto Kertesz, M.D., Ph.D.

Robert J. Lugar, MC

Annelie Maritz, MA

Everett G. McLaren, Ed.D.

Clifton Mitchell, MA

V. Chris Monaco, Ph.D.

B.F. Stan Monaghan, MSW

Victor Montemayor, MA

Thomas L. Moore, MA

Fred Morrison, MFCC

Joan Newburg, MA

Thomas F. Sanders, MA

James M. Smith, MA

B.D. Trice, M.Ed.

Keith D. Wolf, MSW

Mrs. Elizabeth Erickson, widow of Milton H. Erickson, M.D., made a generous contribution in memory of James Marvin Chase, a patient of Dr. Erickson's.

Sally Franek, Ph.D., and Serra Bording-Jones, MSW, made sizeable donations to the Foundation.

Twinky Steppacher-Ray donated two original stick and ink drawings to the Erickson Foundation, which will be framed and hung at the Milton H. Erickson Center for Hypnosis and Psychotherapy.

## Bronze Busts of Dr. Erickson Available

In the early 1950s, a portrait bust of the late Milton H. Erickson, M.D., was made by the late Charles B. Martin, a Phoenix, Arizona sculptor. The bust was cast in terra cotta.

Laurel Martin, widow of the artist, was asked if she could locate the mold among Dr. Martin's effects, and whether it could be converted to bronze casting.

After a long process, Mrs. Martin, with the help of her daughter, Susanne and friends, was able to make the bronze casting available. Two were made: One was presented to the Milton H. Erickson Foundation by Mrs. M.H. Erickson; the second was purchased by Roxanna Erickson Klein, one of Dr. Erickson's daughters.

Upon inquiry, Mrs. Martin said additional castings can be made. It is not possible to make terra cotta casts, but bronze casting is available.

For information, persons may contact Mrs. Martin at 121 Gambel Lane, Sedona, Arizona 86336.

Ernest Rossi, Ph.D., donated numerous letters from the late Milton H. Erickson, M.D. There also are letters from mental health professionals written to Dr. Erickson.

Tye Hunter contributed audiotapes of sessions with Dr. Erickson. The letters donated by Dr. Rossi, and the audiotapes from Mr. Hunter will be housed in the Archives.

We extend special thanks to Mrs. Erickson, Dr. Franek, Mrs. Bording-Jones, Mrs. Steppacher-Ray, Dr. Rossi and Mr. Hunter for their contributions to the Foundation.

We also thank all those contributing to the Erickson Foundation for their support and consideration.

## Memorial Contributions

The Milton H. Erickson Foundation, a private, nonprofit corporation, accepts donations. The donations are tax deductible within IRS guidelines. The Foundation receives contributions throughout the year and uses them to support its activities.

Memorial contributions, listing the name in which the donation is being made, may be appropriate in certain instances. Persons wishing to make such donations may write the Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016.

## Newsletter Business

The closing date for material to be included in the next newsletter is March 15. Announcements, news items, letters to the editor and whatever else may seem appropriate for the newsletter must be received by Michael Yapko by that date. All correspondence regarding the newsletter should be sent to Michael at his address: 2525 Camino Del Rio South, Suite 225, San Diego, CA 92108. Paid advertising, except upcoming training announcements must be sent directly to the Foundation in Phoenix, 3606 North 24th Street, Phoenix, AZ 85016.

The Milton H. Erickson Institute of San Diego  
Presents  
The Fourth Annual  
San Diego Conference  
on Hypnotic and Strategic Interventions  
"Brief Psychotherapies in the Treatment  
of Anxiety and Depression"  
with a keynote address by  
**Martin Seligman, Ph.D.**  
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The Fourth Annual San Diego Conference on Hypnotic and Strategic Interventions is a three day conference featuring workshops, mini-courses, and original papers by Norma & Philip Barretta, Paul Carter, Stephen Gilligan, David Higgins, Brita Martiny, Joyce Mills, Ernest Rossi, Michael Yapko, Jeffrey Zeig and other acknowledged experts in the fields of strategic psychotherapy, communication, and clinical hypnosis. The presenters will address the subject of brief, directive psychotherapies in treating anxiety and depression.

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For further information contact the Institute:

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**San Diego, California 92108**

**(619) 295-1010**

## Media of Note

*Ipnosi Seminari di L'Insegnamento Ericksoniano di Jeffrey K. Zeig*, a translation of workshops conducted by Zeig in Italy, has been published. Editors of the book are Emanuele del Castello, Mariarosa la Manna and Camillo Lorioedo.

Zeig also has articles appearing in *ATTI del Congresso Internazionale di Ipnosi e Terapia della Famiglia*. Editors are Lorioedo, Chaira Angiolari and Luisa Martini.

For information about these volumes, write Dr. Lorioedo; Centro di Studi e di la Psicoterapia; Viale Regina Margherita 37; Rome 00918, Italy.

*Spektrum Psychoterapie*, a journal of proceedings from a major conference on psychotherapy held in Prague, Czechoslovakia, in April 1987, has been published. The Czech language issue centers on Ericksonian/Strategic Methods.

Michael Yapko's newest book, *When Living Hurts*, has been released. The volume, which deals with depression, is published by Brunner/Mazel.

Madeleine Richeport, Ph.D., a member of the Erickson Foundation faculty, assisted in the development of a program by The National Geographic Society on Macumba spiritualists in Brazil. Dr. Richeport was an anthropological consultant on the project, which was shown on national television for the Society's "Explorer" series in November.

## Fourth Congress *continued*

Presenters will offer various viewpoints in the field of brief therapy, giving attendees a range of information and ideas.

The list of faculty is not complete and additional experts will be in attendance. To date, confirmations have been received from the following:

Keynote speakers for the 1988 meeting include Jay Haley, Cloe Madanes and Arnold Lazarus, all of whom served on the Evolution of Psychotherapy Conference faculty in Phoenix, Arizona, in 1985.

Mr. Haley's presentation is entitled "Why Not Long-Term Therapy?" Ms. Madanes will present her latest thinking on strategic approaches to therapy. Dr. Lazarus will offer insights into myths of brief therapy.

Faculty from the Erickson school of psychotherapy include Daniel Araoz, Ed.D.; Joseph Barber, Ph.D.; Stephen Gilligan, Ph.D.; David Gordon, M.A.; Carol Lankton, M.A.; Stephen Lankton, M.S.W.; Herbert Lustig, M.D.; Bill O'Hanlon, M.S.; Ernest Rossi, Ph.D.; John Weakland and Richard Fisch, M.D.; Michael D. Yapko, Ph.D.; and Jeffrey K. Zeig, Ph.D.

Faculty members representing other schools of psychotherapy include Joel S. Bergman, Ph.D.; Simon Budman, Ph.D.; Gianfranco Cecchin, M.D.; Nicholas Cummings, Ph.D.; Albert Ellis, Ph.D.; Mary Goulding, M.S.W.; James Paul Gustafson, M.D.; Ruth McClendon, M.S.W.; Peggy Papp, A.S.C.W.; Erving Polster, M.D.; P.E. Sifneos, M.D.; H.H. Strupp; and Paul Watzlawick, Ph.D.

Workshops will be presented by Ellyn Bader, Ph.D.; Philip Barretta, Ph.D. and Norma Barretta, Ph.D.; John Beahrs, M.D.; David Cheek, M.D.; Steve de Shazer; Yvonne Dolan-Storms, M.A., and Charlie Johnson, M.S.W.; Jeffrey B. Feldman, Ph.D.; and John H. Frykman, M.Div.

Other workshop presenters are D. Corydon Hammond; Ronald A. Havens,

Other workshop presenters are D. Corydon Hammond; Ronald A. Havens, Ph.D.; Lynn D. Johnson, Ph.D.; Norman Katz, Ph.D.; Marc Lehrer, Ph.D.; and Alan Leveton, M.D.

Also, presenting workshops are Camillo Lorioedo, M.D.; Joyce C. Mills, Ph.D.; Noelle Poncelet, Ph.D.; Madeline Richeport, Ph.D.; Deborah Ross, Ph.D.; Charles Stern, Ph.D.; Sandra M. Sylvester, Ph.D.; Terry Tafoya, Ph.D.; Bernard Trenkle, Dip. Psy./M.D. and Gunther Schmidt, Dip. Psy./M.D.; Michael Vancura; and R. Reid Wilson, Ph.D.

Some 110 proposals for short courses also have been received.

A number of early registrants have reported they have been unable to make reservations at the San Francisco Hilton. Room reservations at the headquarters hotel will be accepted a little later in the year. The Foundation will provide information when it is available. There is a special room rate of \$59 single/\$66 double at the newly-remodeled hotel in the heart of San Francisco. Hilton officials have extended apologies to those persons who have called to date.

A registration form for the Fourth Inter-

national Congress appears in this issue. The cost of registration is \$250.00 (\$150.00 for full-time graduate students). A special rate of \$225.00/\$125.00 (full-time graduate students) is being offered to *Erickson Foundation Newsletter* subscribers. The rate is valid until March 15, 1988. Foreign registrations are \$200.00 U.S./\$125.00 U.S. (full-time students). The \$25 registration discount also applies to foreign registrations.

The Erickson Foundation's eligibility requirements apply to registrants of this Congress (please see page 12).

Registration forms and payment in U.S. funds may be sent to the Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016 U.S.A. For information, persons may write or call the Foundation (602) 956-6196.

Registrations have been arriving daily for the 1988 conference, indicating early interest and excitement for the upcoming event.

Jeff Zeig, Ph.D., Director of the Erickson Foundation, said he is enthusiastic about the Brief Therapy Congress.

"We are excited about the new direction of this meeting," he said. "There is an ever-growing interest in Brief Therapy Methods, and this meeting will provide the opportunity for attendees to learn from the best in the field. We're very appreciative of those faculty members who will join us next December to share their knowledge.

"By broadening our scope in an Erickson Congress, we open new doors to the field

*continued page 15*

## Brief Therapy: Myths, Methods and Metaphors

The Fourth International Congress on Ericksonian Hypnosis and Psychotherapy

### Keynote Presentations by Jay Haley, Cloe Madanes and Arnold Lazarus

Speakers from numerous Schools of Psychotherapy also are on the program.

Make plans to attend the Congress. Dec. 7-11, 1988, at the San Francisco Hilton

\$250 Professionals/\$150 Full-time Students\* \$200(U.S.) Foreign Professional/\$125(U.S.) Foreign Full-time Students

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Deduct \$25 U.S. until March 15, 1988

\*Students must provide a letter from their department heads on letterhead stationery, certifying full-time student status in mental health fields from accredited institutions. Student letters must state the level of degree you are working toward, area of study, projected graduation date and that you are enrolled as a full-time student as of December 1988. All other eligibility requirements apply.

Eligibility: The programs are open to professionals in health related fields including physicians, doctoral level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., AMA, APA, ADA). The programs also are open to professionals with mental health related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications will be accepted from full-time graduate students in accredited programs in the above fields if they supply a letter from their department on letterhead stationery, certifying their student status as of December, 1988. Student verification letters must state the level of degree you are working toward, the area of study and the projected graduation date.

### Registration Deadline : May 20, 1988

Checks should be payable in U.S. Currency, drawn on an American Bank and made payable to: The Milton H. Erickson Foundation.

We honor: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Registrant: Please complete ALL the information requested below:

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Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Profession: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ University: \_\_\_\_\_

Return to: THE MILTON H. ERICKSON FOUNDATION, 3606 N. 24th Street, Phoenix, AZ 85016 USA (602) 956-6196

# Videotapes Available from the Milton H. Erickson Foundation

## I. Training Tapes:

- The Process of Hypnotic Induction: A Training Videotape Featuring Inductions Conducted by Milton H. Erickson in 1964.** Jeffrey K. Zeig, Ph.D. discusses the process of hypnotic induction and describes the microdynamics of technique that Erickson used in his 1964 inductions.  
LENGTH: 2 hours      \$150.00 Beta or VHS ½" (1 tape);\*      \$200.00 U-Matic ¾" (2 tapes)\*
- 2 — Symbolic Hypnotherapy.** Jeffrey K. Zeig, Ph.D. presents information on using symbols in psychotherapy and hypnosis. Segments of hypnotherapy conducted by Milton Erickson with the same subject on two consecutive days in 1978 are shown. Zeig discusses the microdynamics of Erickson's symbolic technique.  
LENGTH: 2 hours, 40 minutes      \$200.00 Beta or VHS ½" (1 tape);\*      \$275.00 U-Matic ¾" (2 tapes)\*

## II. Professionally Produced Video Demonstration from the 1981-1986 Erickson Conferences:

### FROM 1981 SEMINAR:

- Naturalistic Approaches to Hypnosis: Utilizing Hypnosis in Pain Treatment in Psychotherapy, Joseph Barber, Ph.D.
- Induction with Children and Adolescents, Franz Baumann, M.D.
- The Parts Model: Demonstration of Work with Phobias and Anchors, Paul Carter, Ph.D.
- The Varieties of Ericksonian Hypnotic Suggestion, Stephen Lankton, M.S.W.
- Ericksonian Induction Strategies, Robert Pearson, M.D.
- Conversational Introduction to Trance, Kay Thompson, D.D.S.

### FROM 1982 SEMINAR:

- Utilizing Hypnosis in Psychotherapy, Joseph Barber, Ph.D.
- The Initial Interview in Brief Psychotherapy, Richard Fisch, M.D.
- Accessing Unconscious Processes, Stephen Gilligan, Ph.D.
- A Dual Induction Using Dissociation, Stephen Lankton, M.S.W. & Carol Lankton, M.A.
- The Constructive Use of Hypnotic Phenomena, Marion Moore, M.D.
- Ericksonian Induction Methods, Robert Pearson, M.D.
- A Conversational Induction with Fixation on Ideas, Bertha Rodger, M.D.
- A Quick Utilization Approach to Hypnotic Inductions, Sidney Rosen, M.D.
- A Fail Safe Double Bind Approach to Hypnotic Induction, Ernest Rossi, Ph.D.
- A Conversational Induction and the Utilization of Spontaneous Trance, Kay Thompson, D.D.S.
- Accepting the Subject's Cognitions as a Basis for Therapy, Richard Van Dyck, M.D.
- The Effective Utilization of Multilevel Communication, Jeffrey Zeig, Ph.D.

### FROM 1983 CONGRESS:

- Clinical Use of Trance Phenomena for Therapy and Pain Control, Stephen R. Lankton, M.S.W.
- Indirect Techniques of Hypnotherapy, Jeffrey K. Zeig, Ph.D.
- Utilizing Different Parts of a Person Simultaneously, Stephen Gilligan, Ph.D.
- Hypnotic Alteration of Pain Perception, Joseph Barber, Ph.D.
- A Fail Safe Double Bind Induction Procedure, Ernest Rossi, Ph.D.
- Conversational Induction with Utilization of Spontaneous Trance, Kay F. Thompson, D.D.S.

### FROM 1984 SEMINAR:

- The First Therapeutic Treatment of Dr. B., Joseph Barber, Ph.D.
- Unity, Complementarity and Multiplicity: Principles for Generative Personality in Ericksonian Hypnotherapy, Stephen G. Gilligan, Ph.D.
- Use of Multiple Embedded Metaphor for Psychological Reassociation, Stephen R. Lankton, M.S.W. & Carol H. Lankton, M.A.
- Brother Sun and Sister Moon: Multiple Trances and Experiential Encounter Between Therapists, Ernest L. Rossi, Ph.D.
- Conversational Induction Techniques, Kay F. Thompson, D.D.S.
- Using Metaphor and the Interspersal Technique, Jeffrey K. Zeig, Ph.D.

### FROM 1986 CONGRESS:

- 86 D-1 Enhancing Therapeutic Responsiveness, Jeffrey K. Zeig, Ph.D.
- 86 D-2 Rehearsing Positive Outcomes with Self-Image Thinking, Carol H. Lankton, M.A.
- 86 D-3 Using Dreams to Facilitate Hypnotherapy, Ernest Rossi, Ph.D.
- 86 D-4 Hypnosis to Alter Affect, Joseph Barber, Ph.D.
- 86 D-6 Family Therapy and Hypnosis, Stephen Lankton, A.C.S.W.

PRICES: ½" Beta or VHS—\$70.00 each\* ¾" U-Matic—\$80.00 each\*

**ORDERING INSTRUCTIONS:** After checking the box of the tape(s) desired, checking the format required to playback on your equipment, send this order form and your remittance to the Milton H. Erickson Foundation, 3606 North 24th Street, Phoenix, Arizona 85016, (602) 956-6196. Make checks payable to The Milton H. Erickson Foundation.

Please add \$5.00 per order for postage and handling. Foreign orders add an additional \$5.00 per tape for postage. These programs are only available for sale to professionals.

TOTAL NUMBER OF VIDEO CASSETTES ORDERED: \_\_\_\_\_

FORMAT REQUIRED: \_\_\_\_\_ Beta ½"    \_\_\_\_\_ VHS ½"    \_\_\_\_\_ U-MATIC ¾"

TAPE COST \$ \_\_\_\_\_  
1.2% Sales Tax  
(AZ residents Only) \$ \_\_\_\_\_

\*PAL copies of some programs are available at additional cost.  
Write to The Erickson Foundation for information.

Shipping & Handling \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

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## Clinical Practice of Hypnotherapy

by M. Erik Wright, M.D., Ph.D. with  
Beatrice A. Wright, Ph.D.  
Published by The Guilford Press, 1987

*Clinical Practice of Hypnotherapy* is a complete textbook on the subject of traditional hypnosis. Clearly written and well-organized, it emphasizes clinical applications of traditional hypnotherapy to specific problems such as pain, smoking, obesity, sexual difficulties, and sleeping disorders.

M. Erik Wright, M.D., Ph.D., was Professor of Psychology and Psychiatry at the University of Kansas for 30 years. During his career he received national recognition in the fields of hypnotherapy, psychotherapy, and sex therapy. At the time of his death, this volume was in process. His wife, Beatrice Wright, Ph.D., a distinguished clinical psychologist and author completed the remaining work.

The volume is divided into three parts: Part one introduces the underlying principles of hypnotherapy and its relationship to psychotherapy. It also contains descriptions of various structural methods for inducing trance. Among the topics presented are common misconceptions about hypnosis, procedures for introducing clients to the trance state, the language of hypnotherapy, and methods of nonverbal communication. The section ends with transcripts that demonstrate standard induction and deepening techniques.

Part two details a variety of traditional hypnotherapeutic techniques using actual cases. Six chapters are devoted to the subjects of guided imagery, projective techniques, time reorientation, dissociation (which includes a section on automatic writing and drawing), and techniques such as client-therapist role reversal and induced conflict.

Part three addresses a variety of special clinical problems, each presented in a separate chapter that provides detailed therapeutic procedures. The described treatments include Dr. Wright's views on the nature of the problems covered, the historical and cultural contexts, biological aspects, and current theories. After exploring these facets of the problem, clear and specific hypnotherapeutic strategies are presented.

This text is intended for advanced students of hypnosis. It offers a complete discussion of advanced hypnotherapeutic procedures and supports them with theoretical background information and transcripts of actual processes. The work reveals Wright and his dedication to detail and carefully structured therapy. However, in the effort to be thorough, some of the material becomes tedious and plodding. The reader may have a tendency to skip ahead. Nevertheless, this will be an interesting reference volume for those clinicians who wish to broaden their understanding of traditional hypnotherapy.

Reviewed by David L. Higgins, M.A.  
San Diego, California

## The Erickson Monographs

Stephen R. Lankton, Editor  
Brunner/Mazel, Inc., Publisher

Volume 1: Elements and Dimensions of an Ericksonian Approach

Volume 2: Central Themes and Principles of Ericksonian Therapy

Volume 3: Treatment of Special Populations with Ericksonian Approaches  
(edited with Jeffrey K. Zeig)

The *Ericksonian Monographs* made its debut in 1985 with far too little fanfare for its appearance. The *Monographs* were created for a most worthwhile purpose: to promote research, theory and clinical applications related to Ericksonian approaches by providing a forum for publishing innovative work. The *Monographs* publishes only original writings and covers such topics as the diverse applications of hypnosis and strategic therapy to the psychotherapy of individuals, couples, and families. The first two volumes also contain book reviews, providing valuable perspectives on recently released books related to Ericksonian therapy.

As a member of the editorial board, I can't claim to be unbiased about the *Monographs*. As editor of this newsletter, there is also legitimate basis for assuming a pro-Erickson stance in my review of the *Monographs*. Bias aside (mostly, I think), I really like the *Monographs*. The papers are original and most are interesting, relevant, and well-written. Furthermore, I appreciate a forum in which diversity of thought and expression is encouraged. From personal experience the writing and rewriting that Lankton demands — he is a good, tough editor, assuring that the quality of included papers is high.

Volume 1, the inaugural issue consisting of eight chapters, is representative of how exciting the *Monographs* can be. It includes a previously unpublished article on principles of medical hypnosis by Milton H. Erickson, which was contributed by Mrs. Elizabeth Erickson. Ernest Rossi presents a previously unpublished training example of Erickson's with his own (Rossi's) commentary. Jeffrey Zeig offers several anecdotes relating to his personal experience of Erickson. Get the picture? The *Monographs* presents an opportunity for valuable works that have no other forum quite as appropriate or as focused. This is the main reason the *Monographs* has been developed into a publication that will appear with regularity (Volumes 4 and 5 are in the final stages of preparation as of this writing).

The second volume focuses more on theoretical aspects of Ericksonian approaches. Creative thinking is obviously necessary if the field is to advance, and creative thinking is evident in this volume of nine chapters. Ronald Havens presents an article on the role of a future orientation in Erickson's therapies, a valuable idea upon which many techniques are based. Stephen Lankton presents a complex and creative method he calls the "Scramble Technique." Hugh Gunnison insightfully compares the methods of Erickson with those of Carl Rogers.

The third volume contains eleven papers that were presented at The Third International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, held in December, 1986. The chapters include case presentations and techniques for dealing with such problems as phobias, pain, stuttering, autism, psychosis, and multiple personality. The widespread applicability of Ericksonian concepts and methods evidenced in these chapters is both illuminating and exciting. The contributing authors have demonstrated exactly what was hoped for in conceiving the *Monographs* — generating new developments in Ericksonian approaches.

The *Monographs* affords those interested in the fast growing world of Ericksonian approaches the chance to get more depth than the average journal can provide. The *Monographs* also provides a place to publish for authors who want to advance the field of Ericksonian therapy.

Stephen Lankton deserves a great deal of credit for his efforts in making the *Monographs* so valuable a resource to practitioners, and I think Brunner/Mazel deserves credit for their support of the Foundation and its professional activities.

The *Monographs* can be ordered directly from Brunner/Mazel, Inc., 19 Union Square W., New York, N.Y. 10003. (212) 924-3344.

Reviewed by Michael D. Yapko, Ph.D.  
San Diego, California

## Volunteer Coordinator Needed

The Milton H. Erickson Foundation is looking for an individual who can coordinate volunteers for the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, scheduled for Dec. 7-11, 1988, in San Francisco, California.

This part-time position will be filled on a temporary basis, and the primary emphasis of the job will be on setting up all volunteer activities for the Congress. Congress volunteers assist in numerous areas including registration, faculty support, audio-visual monitoring and other activities. The volunteer coordinator will schedule volunteers, as well as make assignments based on the needs of the Foundation faculty and staff.

The volunteer coordinator must be willing and able to work in Phoenix, Ariz., prior to the Congress and in San Francisco for a week in December 1988.

Please contact The Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016; (602) 956-6196, for additional information.

## CONFERENCE ANNOUNCEMENTS

The Milton H. Erickson Institute of San Diego is presenting its fourth annual conference March 4-6, 1988. The theme is "Brief Therapy of Anxiety and Depression." Twenty-eight leading practitioners will present innovative ways to address the most common disorders clinicians are asked to treat. See the display ad in this newsletter for further information.

\*\*\*

The American Society of Clinical Hypnosis presents its 30th annual conference March 13-18, 1988. To be held in Chicago, the conference consists of three days of workshops, including a two-day workshop on Ericksonian approaches (with Michael Yapko, Ernest Rossi, Michael Samko and Ronald Havens). Three days of scientific presentations follow. In celebration of this 30th anniversary of the meetings, a more elaborate meeting is planned. The following are some of the workshops scheduled at the ASCH Conference: Ericksonian Hypnotherapy; Hypnosis and Dreams; Hypnosis in Behavioral Medicine; Hypnosis with Anxiety and Phobic Disorders, and Hypnotherapy with Children.

For more information, contact ASCH, 2250 East Devon Avenue, Suite 336, Des Plaines, IL 60018.

\*\*\*

The Milton H. Erickson Foundation is organizing the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, to be held December 7-11, 1988, in San Francisco. The Congress theme is "Brief Therapy: Myths, Methods, and Metaphors." More than 100 leading practitioners will participate as they address issues and techniques of brief therapy. See the display ad in this newsletter for further information.

\*\*\*

The 11th International Congress on Hypnosis and Psychosomatic Medicine will be held August 13-19, 1988, in the Hague, The Netherlands. Special addresses will be presented by Frederick J. Evans, Ph.D.; Ernest Hilgard, Ph.D.; Martin T. Orne, M.D., Ph.D.; Karin Olness, M.D.; Hans J. Eysenck, Ph.D., and David Collison, MBBS.

There will be a scientific program consisting of symposia and a workshop program. Participating Erickson Foundation faculty include Andre Weitzenhoffer, Ph.D.; Kay Thompson, D.D.S. and Michael Yapko, Ph.D.

For information contact The Congress Secretariat, P.O. Box 16065, 2301 GB Leiden, The Netherlands.

"Illness can come on all of a sudden; one can make a massive response all at once to a particular thing. I do not think we need to presuppose or propound some long, drawn-out causation and a long, drawn-out therapeutic process. You see, if illness can occur suddenly, then therapy can occur quite as suddenly."

*Healing in Hypnosis, p.71*

# The Healing Self: Advances In A Series Of New Workshops

## Therapeutic Trances: Generative Approaches To Ericksonian Hypnotherapy

This intensive and experiential 3-day workshop will explore how generative change can be stimulated within the therapeutic content. A central theme will be the therapist's use of self and the therapeutic context, along with a variety of techniques, to access and develop a "generative personality" for healing.

Participants will explore how unconscious processes may be useful or not, depending on elements of context such as interpersonal relationship, resource symbols, intention, and bodily state.

The value of hypnotic processes in this therapy will be emphasized via demonstrations, exercises, didactic presentations, case descriptions, and group (hypnotic) processes.

Participants will learn how hypnotic processes can transform experience in significant ways, especially in terms of accessing healing resources, shifting frames of references, changing bodily feelings, aligning with intention, and enhancing confidence. In short, an Ericksonian model of hypnosis will be presented as a model for empowering the healing self.

This model will emphasize the joint participation of therapist's and client's unconscious processes. Special attention will be given to developing an interpersonal relationship where the therapist is deeply connected as "a part of yet apart from" the client.

### Day 1. Therapeutic Trances -

Ericksonian approaches to hypnosis and therapy. Sorting for assets and skills, the principle of cooperation, and the Generative Self. Becoming "apart of and apart from". Biorapport, verbal rapport and interpersonal trances. Therapeutic trances vs. symptomatic trances. Eliciting therapeutic trances in self and others. Accessing unconscious resources via experiential-symbolic hypnotic processes.

### Day 2. The Healing Self -

Psychophysical contexts for psychosomatic healing. Realigning and utilizing interpersonal contexts. The experiential use of resonating symbols, vibrating "inside" and "outside" the physical body. Hypnotic rituals, ordeals, and other therapeutic rites of passage. Reconnecting with the generative unconscious. Using trance phenomena in healing: Dissociation and association, regression and progression, amnesia and hypermnesia, introjection and projection.

### Day 3. Symptoms Into Solutions -

Unconscious as foe or friend. Changing symptoms into generative trance phenomena. Deframing and reframing. Amplifying unconscious resources. Creating futures. Amplifying unconscious expressions. Realizing intention via posthypnotic suggestions.

A central focus throughout the workshop will be how these processes can be applied with specific clinical complaints (e.g., anxiety, depression, substance abuse) and in different interpersonal contexts (e.g., couples work).

**Philadelphia, PA**  
Holiday Inn, Center City  
March 11 - 13, 1988

**Boston, MA**  
Lafayette Hotel  
March 25 - 27, 1988

**Chicago, IL**  
Westin Hotel  
April 8 - 10, 1988

**Los Angeles/Anaheim, CA**  
Anaheim Hyatt  
April 29 - May 1, 1988

**Detroit/Southfield, MI**  
Southfield Hilton  
May 13 - 15, 1988

**Washington, DC**  
National Clarion Hotel  
September 9 - 11, 1988

**Orlando, FL**  
Delta Court of Flags  
Sept. 30 - Oct. 2, 1988

**Columbus, OH**  
Hyatt Regency  
October 14 - 16, 1988

**EARLY REGISTRATION:**  
Postmarked or charged at least  
6 weeks in advance . . . \$225.  
Postmarked or charged at least  
3 weeks in advance . . . \$235.

**REGISTRATION:**  
Postmarked or charged within  
20 days or at the door . \$250.

**STUDENT REGISTRATION:**  
Postmarked or charged at least  
6 weeks in advance . . . \$195.

### — WORKSHOP LEADER —

**STEPHEN G. GILLIGAN, Ph.D.**, received his doctorate in psychology from Stanford University. He studied with Milton H. Erickson, M.D., for over four years.

Dr. Gilligan's book on Ericksonian psychotherapy, entitled *Therapeutic Trances*, was published last fall by Brunner/Mazel. His other publications include articles and chapters on learning, memory, emotion and hypnotherapy.

Dr. Gilligan has been conducting training in Ericksonian psychotherapy since 1975. He has been a major faculty member at all the Congresses and Seminars organized by the Erickson Foundation.

Steve is especially well known and respected for his ability to teach theory and practice in a comprehensive, experiential, humorous and caring fashion.

These workshops focus on how health professionals can creatively apply the innovative psychotherapy approaches of Milton Erickson, M.D., in both their professional and personal lives.

Each day will offer didactic presentations, demonstrations, training exercises, and group inductions. Participants will have several opportunities to experience naturalistic trance throughout the workshop.

### WHO SHOULD ATTEND —

This workshop is open to professionals in health related fields who hold graduate degrees. Graduate students in accredited health related programs will be admitted, at discount, when their application is submitted with a letter from their department certifying their **current, full time status**.

### YOU WILL LEARN HOW TO:

1. Help clients develop trance states through interpersonal experience with the therapist, and use trance states as the primary context for therapeutic change.
2. Develop and therapeutically utilize hypnotic phenomena such as amnesia, dissociation, and age regression.
3. Apply Erickson's utilization principle (e.g., pacing and leading techniques) to generate hypnotic processes that absorb, recontextualize, balance, and differentiate the client's symptom complex.
4. Appreciate symptoms as (self-devaluating) trance phenomena; apply Erickson's utilization principle to absorb, balance, and differentiate the client's symptom complex, i.e., make use of the client's pre-existing style to transform "problem" to solution.
5. Develop skills in reorganizing and utilizing nonverbal minimal cues.
6. Apply hypnotic techniques such as telling stories, creatively utilizing "resistance", and developing therapeutic dissociation.
7. Use an individualized hypnotic approach for specific complaints, e.g., pain control, eating and sleep disorders, etc.
8. Trust and use your unconscious creativity.
9. Facilitate lasting changes by maintaining a person-to-person connection, even when the client is accessing internally.
10. Align with the client's personal and present style, see symptoms non-pejoratively, and use symptom patterns as patterns for solutions.
11. Apply these principles when working with individuals, couples, and families.



# Ericksonian Hypnosis And Psychotherapy

With Stephen G. Gilligan, Ph.D.

## Healing In Hypnosis: A 5-Day Intensive

This 5-day intensive workshop by Dr. Gilligan has been widely acclaimed as one of the most valuable training programs in Ericksonian hypnotherapy and clinical applications available in North America. It provides an effective balance of conceptual, vicarious and experiential learnings that brings therapists again and again with renewed value.

The central theme of the workshop is the experiential use of Self-in-Context, along with various techniques, to access and develop solutions to long-standing problems. This experiential-contextual approach emphasizes the dual and simultaneous use of the therapist's self as an active participant in, and independent observer of, the client's processes. Thus, participants will be encouraged to pursue both professional and personal growth in the workshop, and can expect to learn how to use various methods and techniques with both themselves and others.

Central aspects of Ericksonian psychotherapy will be detailed with specific attention to - 1) Creating a sufficient context for change (e.g., motivating the client, developing rapport, building response potential); 2) Treating specific types of problems (e.g., phobias, habit control, psychosomatic illnesses, and "psychotic" processes); 3) Consolidating and generalizing trance changes with both hypnotic strategies (e.g., amnesia, posthypnotic suggestions, self-hypnosis) and non-hypnotic strategies (e.g., neuro-linguistic techniques, homework assignments, and "mixed state" work.

These and other topics will be covered in multiple ways. For example, there are usually at least two live demonstrations and two exercises per day. In addition, Dr. Gilligan will present on a number of his past and present cases and discuss cases presented by participants.

### Day 1. The Cooperation Principle -

The individual self and the collective self. Developing therapeutic trances in self and others. Confusion techniques. Accessing, tracking and differentiating techniques. Client patterns as techniques. Self-hypnosis for generating solutions.

### Day 2. The Generative Self -

Using multiple languages in hypnosis. Training the creative unconscious in self and others. Mutual hypnosis. Using the unconscious as co-therapist. Deframing and multi-framing. Re-connecting with the collective (e.g., family, tribal) unconscious.

### Day 3. Deep Trance Phenomena -

Specific therapy procedures for change involving age regression and age progression, dissociation and association, dreaming, and therapeutic metaphors. Treating specific complaints such as food and drug abuse, compulsions, anxieties, and depressions.

### Day 4. Symptoms As Solutions -

Symptoms as gifts; symptoms as trance phenomena; symptoms as disconnected resources. Recontextualizing symptoms as unconscious expressions. Hypnotic symptom prescription.

### Day 5. Generating Futures -

Age progression. Deep trance identification. Hypnotic experimentation with other personae. Advanced self-hypnosis strategies. Beyond hypnosis.

San Francisco, CA  
Cathedral Hill Hotel  
July 20 - 24, 1988

New York City, NY  
Loews Summit Hotel  
July 27 - 31, 1988

New Orleans, LA  
Sheraton New Orleans Hotel And  
Towers At The French Quarter  
November 9 - 13, 1988

Honolulu, HI  
Hilton Hawaiian Village  
January 25 - 29, 1989

**EARLY REGISTRATION:**  
Postmarked or charged at least  
6 weeks in advance . . . \$375.  
Postmarked or charged at least  
3 weeks in advance . . . \$395.

**REGISTRATION:**  
Postmarked or charged within  
20 days or at the door . \$415.

**STUDENT REGISTRATION:**  
Postmarked or charged at least  
6 weeks in advance . . . \$325.

### CONTINUING EDUCATION CREDIT

The three-day workshops are approved for 21 contact hours and the five-day workshops for 40 contact hours by: the National Board for Certified Counselors and by the New York State National Association of Social Workers. Approval by the aforementioned is limited to organizations and does not necessarily imply endorsement of individual offerings. The workshop is also approved by the Florida Board of Professional Regulation for all disciplines within their jurisdiction as well as by the California Board of Behavioral Science Examiners for 21 to 40 hours of hypnosis education towards certification for marriage and family therapists.

### CERTIFICATE -

A certificate validating your continuing education will be presented to each workshop participant.

### TAX DEDUCTION -

An income tax deduction is allowed for educational expenses (including tuition, travel, meals and lodging) undertaken to maintain and improve professional skills. (See Treasury Regulation 1.162-5).

### HOW TO REGISTER -

Complete the registration form provided and mail with your check or charge (with your authorization to charge), or telephone to charge to your Visa or MasterCard. Students may register at the special rate only when their application is submitted with a letter from a regionally-accredited institution certifying their **current, full time status**. Registration is limited and applications are accepted in order received. Persons who wish to register on site should call in advance to determine availability. Request for refund must be made within 14 days of the workshop and is subject to administrative charges of \$35.00.

### FOR FURTHER INFORMATION -

Write or call Associate Trainers, 567 Split Rock Road Syosset, N.Y. 11791  
Telephone: (516) 922-2926

#### REGISTRATION FORM

REGISTER me for the  Therapeutic Trances workshop  Healing In Hypnosis workshop

Held in City \_\_\_\_\_ on (date) \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Profession \_\_\_\_\_ Major \_\_\_\_\_ University \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (Day) ( ) \_\_\_\_\_ Telephone (Night) ( ) \_\_\_\_\_

Payment - Make checks payable to Associate Trainers or charge to  Visa  MasterCard

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Total enclosed as indicated above: \$ \_\_\_\_\_

MAIL TO: Associate Trainers, 567 Split Rock Road, Syosset, New York 11791  
For faster service (MasterCard & Visa only) call (516) 922-2926

# How to Be an Ericksonian (Milton, Not Erik)

Linda Chamberlain, M.S., University of Denver

*This engaging satire on that peculiar breed of human beings called "Ericksonians" appeared in the Journal of Polymorphous Perversity (copyright 1987 by Wry-Bred Press, Inc., P.O. Box 1454 Madison Square Station, New York, N.Y. 10159). It is reprinted with their permission.*

What psychotherapist has not dreamt of having been a part of that fledgling group that studied with Freud in Vienna, Rogers (Carl, not Mr.) in Wisconsin, or Skinner at Harvard. Well, it's too late for that. Their disciples have already been chosen and sent out into the academic and professional world to spread their testaments. Although few people actually get to work beside the great theorists in our field, many more of us can get in on the publicity and profits that follow shortly after the select few begin to set up their own groups of followers. Witness the phenomena of the neo-Freudians, the post-neo-Freudians, the neopost-neo-Freudians, the pseudo-post-neo-Freudians, etc. It is the intent of this article to alert professionals to a recent major theorist who is assuredly soon to be highly influential in the psychological community. Milton H. Erickson is fast becoming legendary and now is the time to become associated with his work if you want to have the opportunity to publish lots of articles and books (particularly thick and costly ones) and make the profitable lecture circuit.

Becoming an Ericksonian therapist is no easy task. Milton Erickson's theories and techniques are often incredibly obtuse and abstract and, since he rarely wrote anything himself, his work is open to varied interpretation by those insiders who form the core of his followers. And interpret they have. Many current Ericksonians have been forced to create separate rooms in their homes or offices just to contain the volumes of work about Erickson, most of which have seductive titles like *I Talked to Erickson Personally Myself* (Plankton, 1971) and "What Milton Said Indirectly to Me" (Rossini, 1979). To save others the superhuman effort of trying to grasp what Erickson was attempting to express, I have outlined the necessary and sufficient ideas and information that one should display in order to be identified as an "Ericksonian."

## Principle #1: Wear Lots of Purple

All good Ericksonians know that it was Milton's favorite color because he was reportedly color-blind except for purple. (Also, all legitimate books on Erickson are bound in purple.)

## Principle #2: Know One or Two Good Metaphors

These are not your basic simple little sayings like "All the world's a stage." These are long, involved stories that are reported to make some absolutely astounding "unconscious changes." There are approximately 3.4 million of these in the books about Erickson and if you are associating with other Ericksonians, you had better know a few metaphors or at least be able

to recognize one when you hear it. An example from Rossini (1979) is: "So one day God calls the Pope and says, 'Hey Pope, I got-a some good news, I got-a some bad news.' And the Pope says, 'So what's the good news?' and God says, 'From now on, there will be just one religion, all people united.' And the Pope says, 'That's-a great; so what's the bad news?' and God says, 'I'm calling from Salt Lake City.' " This is a good basic metaphor, but they need not have a punch line or even make sense. Any long, complex story that involves lots of symbolism is adequate for beginners.

## Principle #3: Make Simple, Enlightened Statements About Erickson's Work

Be able to emphatically state "He wasn't just a hypnotist" or "He wasn't just a psychotherapist" in opposition to what the other Ericksonian's in your group are saying. You don't have to do anything else — they will take it from there.

## Principle #4: Know How to Really Use "Inductions"

When a group of Ericksonians are talking about inductions, do not make the mistake of thinking they are talking about going into the military. This has to do with all that hypnotic stuff that Milton was always doing, the main focus of which seemed to be to get people to close their eyes without saying "Close your eyes." In fact, if you really want to impress an Ericksonian, wait until someone in the group gets bored enough to become sleepy and close their eyes. Then take credit for having done an induction without anyone becoming aware of what you were doing while the conversation was going on (Ziegfried, 1984).

## Principle #5: Go to Phoenix, Arizona

Plan a pilgrimage to Phoenix for your next vacation. Visit the Erickson home, the Erickson family, the Erickson Foundation, and plan to climb Squaw Peak (at dawn) as that is reportedly where Milton's ashes are scattered. It is even better if you can plan this during an International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy that are held every few years for the clan to gather and compare notes. This is where you are sure to find lots of the inner circle Ericksonians. Be sure to wear lots of purple.

## Principle #6: Know How to Use the "Confusion Technique"

If you make a serious faux pas when saying something about Erickson and find that the conversation comes to a screeching halt and all eyes are narrowly turned on you, simply comment on how you have been working on that comment as a specific use of "trance induction through the confusion technique." Beware of resorting to this, however, as you may then be elected president of your local Erickson Institute or be asked to review and edit some Erickson monographs.

continued page 16

## Ongoing Training in Ericksonian Hypnosis and Strategic Therapy

with Jeffrey K. Zeig and Staff from  
The Milton H. Erickson Center for Hypnosis and Psychotherapy  
Class size limited to 12

12 sessions — 3 hours/session  
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A STUDENT'S QUERY

I write as a graduate student working toward my MFCC (marriage, family child counselor license). Being at the midpoint of my studies, I have had a number of theories introduced to me, and I need to ask: Is there life after school? Or, in other words, will the day come when I will have confidence that I have finally settled on the theory and approach that is right for me? Surely others have struggled along this same path.

Signed,  
An Anxious Student

Dear Anxious Student,

Your letter asks a question that has no simple answer. Perhaps I can offer some things to consider.

Be assured that not only is there life after school, but real life starts after school! The gap that continues to exist between theory and practice is real, not illusory. Until you are in the situation frequently of having to respond directly and meaningfully to a client's concerns, you will not have the chance to discover your own range of responses, beliefs, values, and skills — all the things that eventually integrate into a clinical demeanor that is as individual as you are. Use your theoretical learnings to guide your curiosity and compassion, and allow yourself the chance to shape and reshape your understandings and approaches as you acquire clinical experiences.

I remember a story I heard from Paul Carter. Another student asked Erickson about how long one would need to study in order to become proficient in using hypnosis. Erickson carefully considered his response, and (paraphrasing) said, "Well, I've studied hypnosis for about 50 years, have researched and written scores of articles, have worked with thousands of clients...and I think I'm starting to get the hang of it!" — Ed.

"Once you break through rigid, fixed patterns of behavior patients are forced to reorient; they are forced to pick up the pieces to put them together; and they are forced to function in a totally different way."

Healing in Hypnosis, p.210

KROGER INTERVIEW

Bill Kroger's interview and his views expressed brings hypnosis closer to an everyday and understandable experience, and I appreciate the Newsletter for publishing the views of a hypnotist and a realist combined.

There are a lot of buzz words going around attempting to explain the essence of hypnosis and I am glad to see some realism put into a valuable tool for psychotherapy.

O. Spurgeon English, M.D.  
Narbeth, PA

I'm very pleased that you interviewed Bill Kroger in the latest issue of the Newsletter. I share Bill's view that he has been overlooked with respect to our generation's view of the history of hypnosis. So, thanks again for remedying our failure to pay attention to such an interesting, significant figure in clinical hypnosis.

Joseph Barber, Ph.D.  
Los Angeles, CA

Ongoing Training Event Announced

The Milton H. Erickson Center for Hypnosis and Psychotherapy will begin a second ongoing training session in July 1988.

Training will be conducted by Jeffrey K. Zeig, Ph.D., in conjunction with Center staff therapists. The course, which will run twice a month on Fridays from 1:30 to 4:30 p.m., will continue through December 1988. It is limited to twelve participants.

Deadline to register for the training is May 1, 1988. Cost is \$720. An initial payment of \$240.00 is due with registration. Payments of \$120.00 per month by VISA or MasterCard authorization or post-dated check will be due beginning in September.

Training dates are July 8 and 22, August 5 and 19, September 9 and 23, October 7 and 21, November 4 and 18, and December 2 and 16.

The training will include didactic presentations, role playing, live supervision, demonstrations, behind the glass supervision and videotapes of Milton H. Erickson, M.D.

A registration form appears on page 10 of this issue.

Interview continued

tionship to nonverbal and somatic memory storage may have profound implications for better understanding mind-body relationships and healing. Recently Cheek has collaborated with Ernest Rossi and coauthored the forthcoming volume *Mind-Body Therapy: Methods of Ideodynamic Healing in Hypnosis* (W.W. Norton). He also is the author of a well-known text with Leslie LeCron entitled *Clinical Hypnotherapy*.

This interview was conducted at the American Society of Clinical Hypnosis Conference in Las Vegas, Nev., in April 1987.

Y—The work you've been doing has been considered classic by many. I want to start by asking you how you assess your influence in the field of hypnosis.

C—I think if I've been able to contribute anything, it would be that I've worked with [and developed] the techniques that were really initiated by Erickson in terms of being able to watch people very carefully - to not only hear what they are saying, but to get a deeper level impression of what they're thinking but not saying. Often times it's contradictory. A head movement, for instance, may contradict what a person has said.

I remember the first person who got me wondering about this. It was a fertility patient about 40 years ago who came to me after five years of not being pregnant. I asked her the question that I always ask, which was, "Did you want to have babies when you were first married?" She said, "Oh, yes" while her head was going from side to side. It took about two years before I realized that she had seen on the family Bible that her mother and father were married only three months before her birth date. Her sister had shown her the date, and that was an example of the basis for and ideomotor response.

This was a number of years before I began working with [Leslie] LeCron in 1956. I saw how quickly he could get access to unconscious information by using a Chevreul's pendulum and finger signals. With that, and the encouragement I got on [studying] hearing under anesthesia [my interest in ideomotor signals grew]. I had never been able to get anyone to tell me about an operation until I got them to review the information unconsciously with finger signals. Then, they were able to

bring the information up to where they could talk about it. I think that my one major contribution was being able to access information very quickly that is in no other way reachable...

Y—I assume not everyone is familiar with ideomotor signaling and your ideomotor techniques. Can you give a succinct explanation?

C—We register impressions at a very primitive level of brain activity in the brain stem. Probably the first and most primitive form of response is the physiological one to input, i.e., there's food or there isn't food, or there's danger out there. Very primitive animals move with very slow motion, chemical at first — i.e., molecular level animals: Then when motion is evolving, animals have smooth muscles which move very slowly. Then much higher [evolutionary] development came along with the development of the spinal column and vertebrae to meet the need for fast action.

You get muscle action, which is what we're tapping into when we use ideomotor responses. We're watching how muscles move, i.e., a finger lifting or little repetitive movements of a pendulum which reflect thoughts. [With a thought] like "yes, yes, yes," you get a little swing from the pendulum. We change the thought to a no, and since our brain knows the difference between a yes and a no, we get a little different body action. It's much simpler when we use finger signals. Even in un-hypnotized people we get a movement they select for a yes — we don't have them purposely move the muscle — they think yes then pretty soon they'll get a little body action. It's very much like the way we move our heads — up or down to say yes, or shake it to say no. Once we've selected those movements unconsciously with a conscious thought, then we can ask a person a question that is answered with a "yes" or a "no," or "I don't want to answer." That comes from a deeper level. Just as we learn to typewrite or we learn to drive a car, we relegate those responses to an unconscious level. If we had to think everything consciously, we'd go nuts! So, we relegate things. And it's with repetitive unconscious review that we're able to tap such information as birth experiences, general anesthesia experiences.

One particular value is the way we can

continued page 13

Abuse in the Family: Sexual, Physical & Drugs:

A Strategic Therapy Workshop with Jay Haley and Cloé Madanes

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## Upcoming Training

DATE	TITLE/LOCATION/LEADER	CONTACT
1988		
1/15-16	Hypnosis within Clinical Practice; Chapel Hill, NC, R. Reid Wilson ...1	
1/16-17	Advanced Metaphors; Los Angeles, CA, Jeff Zeig Ph.D., and Bill O'Hanlon, M.S.....2	
1/22-23	Integrating Ericksonian Hypnosis; Philadelphia, PA, Jeff Zeig.....3	
1/22-6/10	Advanced Studies in Hypnotherapy: Six-monthly training seminars; N. Richland Hills, TX, Beverly M. Stoy, C.S.W.....4	
1/24	Interspersal and Confusion in Hypnosis; Philadelphia, PA, Zeig.....3	
1/30-31	Strategic Storytelling; St. Louis, MO, Jill Freedman and Gene Combs.....5	
2/3-7	Ericksonian Approaches to Therapy; Pensacola Beach, FL, Stephen Lankton and Carol Lankton.....6	
2/5	Brief Therapy Approaches to Compulsive Disorders; Austin, TX, Bill O'Hanlon.....7	
2/6-7	Integrating Individual and Family Systems; Approaches to Brief Therapy; Austin, TX, O'Hanlon.....7	
2/5-6/24	Introduction to Hypnosis and Hypnotherapy, An ongoing training; Dallas/Richardson, TX, Stoy.....4	
2/5-6	Clinical Use of Hypnotic Phenomena; Chapel Hill, NC, Wilson.....1	
2/5-10	Basic Ericksonian Therapy workshop; Penzberg, West Germany, Zeig.....8	
2/11-14	Advanced Supervision Group; Penzberg, West Germany, Zeig.....8	
2/16-18	Intermediate Ericksonian Hypnotherapy; Ravensburg-Weissenau, West Germany, Zeig.....9	
2/18-21	Hypnosis: An Adjunct to Medical and Psychological Interventions; Los Angeles, CA, Eleanor Field.....10	
2/26-3/2	Training in Clinical Hypnosis; San Diego, CA, Michael Yapko.....11	
2/27-28	Ceremonies for Change; St. Louis, MO, Freedman and Combs.....5	
2/27-10/15	Hypnotic Communications in Clinical Practice; Los Angeles, CA, Richard Cohn and John Buksbazen.....12	
3/4-6	4th Annual San Diego Conference on Hypnotic and Strategic Interventions; San Diego, CA, Invited Faculty.....11	
3/4-6	Erickson Hypnosis; Boston, MA, Linden Morningstar, M.A.....13	
3/11-13	Therapeutic Trances; Philadelphia, PA, Stephen Gilligan, Ph.D.....14	
3/12	Developing and Delivering Metaphors; Philadelphia, PA, John Edgette, Psy.D.....3	
3/12-13	Ericksonian Hypnosis and Depth Psychotherapy; Boston, MA, Morningstar.....13	
3/18-20	Advanced Hypnosis; Sydney, Australia, Zeig.....15	
3/21-23	Evolution of Psychotherapy; Sydney, Australia, Zeig.....15	
3/25-26	Therapeutic Trances; Boston, MA, Gilligan.....14	
3/25-28	Intermediate/Advanced Ericksonian Hypnosis; Brighton, England, Zeig/O'Hanlon.....16	
3/26-12/3	Healing and Persuasion in Clinical Practice; Los Angeles, CA, Cohn & Buksbazen.....12	
4/6-10	Ericksonian Approaches to Therapy; Pensacola Beach, FL, S. Lankton & C. Lankton.....6	
4/1-3 & 4/29-5/1	Ericksonian Hypnotherapy; St. Louis, MO, Freedman and Combs.....5	
4/7-10	Therapeutic Trances; Chicago, IL, Gilligan.....14	
4/14-17	Advanced Training; Pensacola Beach, FL, S. Lankton and C. Lankton.....6	
4/16-17	Ericksonian Approaches to Shamanism & Transpersonal Phenomena; Boston, MA, Morningstar.....13	
4/21-24	Alcohol and Other Drugs: Recent Knowledge — State-of-the-Art; Arlington, VA, Invited Faculty.....17	
4/22-24	Ericksonian Psychotherapy; Santa Cruz, CA, Zeig.....18	
4/23-24	Spiritual Hypnosis: Integrating Ericksonian and Nontraditional Healing; Boston, MA, Morningstar.....13	
4/24-27	Hypnosis: An Adjunct to Medical and Psychological Interventions; Los Angeles, CA, Field.....10	
4/29-30	Treatment of Habit Disorders; Chapel Hill, NC, Wilson.....1	
4/29-5/1	Therapeutic Trances; Los Angeles, CA, Gilligan.....14	
4/29-5/1	Ericksonian Hypnosis; Hartford, CT, Morningstar.....13	
4/29-30	Intermediate Ericksonian Hypnotherapy; Williamsburg, VA, Zeig.....19	
5/13-15	Therapeutic Trances; Detroit, MI, Gilligan.....14	

NOTE: The Erickson Foundation lists workshops as a service to Newsletter subscribers. We cannot attest to the quality of training provided in these workshops. A \$10.00 fee is required for each workshop submission.

5/12-13	Ericksonian Hypnotherapy; Salt Lake City, UT, Zeig.....20
5/14-15	Ericksonian Hypnosis and Depth Psychotherapy; Hartford, CT, Morningstar.....13
5/20-21	Brief Trance Experiences: Imagery for Healing; Chapel Hill, NC, Wilson.....1
5/21-22	Ericksonian Approaches to Shamanism & Transpersonal Phenomena; Hartford, CT, Morningstar.....13
5/28-29	Spiritual Hypnosis: Integrating Ericksonian and Nontraditional Healing Methods; Hartford, CT, Morningstar.....13
6/17-18	Hypnosis with Pain Management; Chapel Hill, NC, Wilson.....1

## CONTACT INFORMATION

1. Southeast Institute for Group and Family Therapy, 103 Edwards Ridge, Chapel Hill, NC 25714; (919) 929-1171.
2. The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016; (602) 956-6196.
3. John Edgette, Psy.D.; The Milton H. Erickson Institute of Philadelphia, 1062 Lancaster Ave., Suite 8, Rosemont, PA 19010; (215) 525-0223.
4. Beverly M. Stoy, C.S.W.; 1152 Country Club Lane, Ft. Worth, TX 76112, (817) 654-9600.
5. Jill Freedman, A.C.S.W., or Gene Combs, M.D.; 225 S. Meramec, Suite 501, Clayton, MO 63105; (314) 721-7667.
6. Carol H. Lankton; P.O. Box 958, Gulf Breeze, FL 32561; (904) 932-6819.
7. Seyma Calihman, MSSW; 605A Baylor, Austin, TX 78703; (512) 474-9020.
8. Wolf Buntig, M.D.; ZIST in Penzberg, ZIST 3, D-8122 Penzberg, West Germany; 08856/5192.
9. Jurgen Wippich; Psychiatrische Krankenhaus Weissenau, 7980 Ravensburg-Weissenau, West Germany; 0751/601-1.
10. Professional Associates in Clinical Hypnotherapy, Eleanor S. Field, Ph.D.; 5567 Reseda Blvd., Suite 115, Tarzana, CA 91356; (818) 708-3559.
11. The Milton H. Erickson Institute of San Diego, 2525 Camino Del Rio South, Suite 225, San Diego, CA 92108; (619) 295-1010.
12. Western Clinical Training Associates, John Buksbazen; 1460 7th Street, Suite 305, Santa Monica, CA 90401; (212) 453-2717.
13. Linden Morningstar, M.A.; P.O. Box 261, Templeton, MA 01468; (617) 939-5604.
14. Anthony Gaito, A.C.S.W.; Associate Trainers, 567 Split Rock Road, Syosset, NY 11791; (516) 922-2926.
15. Graham Andrewartha; Impact Centre, Suite 9, 59 Fullarton Rd., Kent Town, S.A., Australia; (08) 364-0377.
16. Robert McNeilly; 178 New Street, Brighton 3186, England; (592-6791).
17. Allen Haveson, N.C.A.; 12 West 21st Street, New York, NY 10010; (212) 206-6770 or (800) NCA-CALL.
18. George Ingram; University of California Extension, Cambridge House, Santa Cruz, CA 94064; (408) 429-2761.
19. Sally Franek, Ph.D.; 416 S. England Street, Williamsburg, VA 23185.
20. Terry Jenkins, Ph.D.; Wasatch Canyon Hospital, 5770 S. 1500 West, Salt Lake City, UT 84123; (801) 265-3000 or (801) 262-6199.

## Ericksonian Meeting Planned

The Institute of Systems Formation of Foyer St. Etienne in Fribourg, Switzerland, is organizing an Ericksonian hypnotherapy meeting with Jacques Antoine Malarewicz, M.D., Feb. 13, 1988. For information, write l'Institute de Formation du Foyer St-Etienne, Ch. des Primeveres 1, CH - 1700 Fribourg, Switzerland

## Eligibility Requirements Explained

Activities sponsored by the Milton H. Erickson Foundation are open to mental health professionals including physicians, doctoral level psychologists and dentists who are qualified for membership in, or are members of their respective professional organizations (e.g., AMA, APA, ADA).

The programs also are open to professionals with mental health related graduate degrees (e.g., MSW, MSN, MA, MC or MS) from accredited institutions.

Applications will be accepted from full-time graduate students in accredited programs in the above fields if they supply a letter from their department on letterhead stationery, certifying their student status as of December 1988. Student verification letters **must** state the level of degree toward which you are working, the area of study and the projected graduation date.

These eligibility requirements also apply to persons wishing to purchase audio- or videotapes or be placed on the Erickson Foundation mailing list.

For additional information call or write The Milton H. Erickson Foundation 3606 N. 24th Street Phoenix, Ariz. 85016; (602) 956-6196.

## Interview *continued*

access subliminally picked-up information from eyewitnesses to a crime. It's very valuable, and I've been doing a lot of work in examining witnesses. If they are afraid enough, they'll only pay close attention to the grossest part of it, like the smoking gun and the body on the floor. They've also been picked up, because of the emotion, an enormous number of other details. They can pick these up and relate them to you in a way that can be very helpful in the field of law enforcement.

I think another one of my contributions was my learning through work with surgical patients who have been traumatized that most of the trauma was not effected right there in the operating room, but rather when they are dreaming the nights after their surgery. Physiologically, very distressing things can occur that affect coagulation, respiration, bowel action — because of [the patient] repeatedly reliving the trauma of hearing something frightening. Often it wasn't intended to be frightening; the conversation in the operating room could have been casual, but because of the way of thinking that an unconscious person has, they [tend to] attribute everything that is said to them. So, if the surgeon is saying something about another patient from yesterday, the patient may feel that it relates to him. [Thus,] it could be very damaging.

**Y—For suggestion to have the kind of influence you're talking about, affecting patients' dreams, even affecting coagulation, we're talking about a very strong, mind/body interaction. Can you describe what you have found in your studies about this mind/body relationship?**

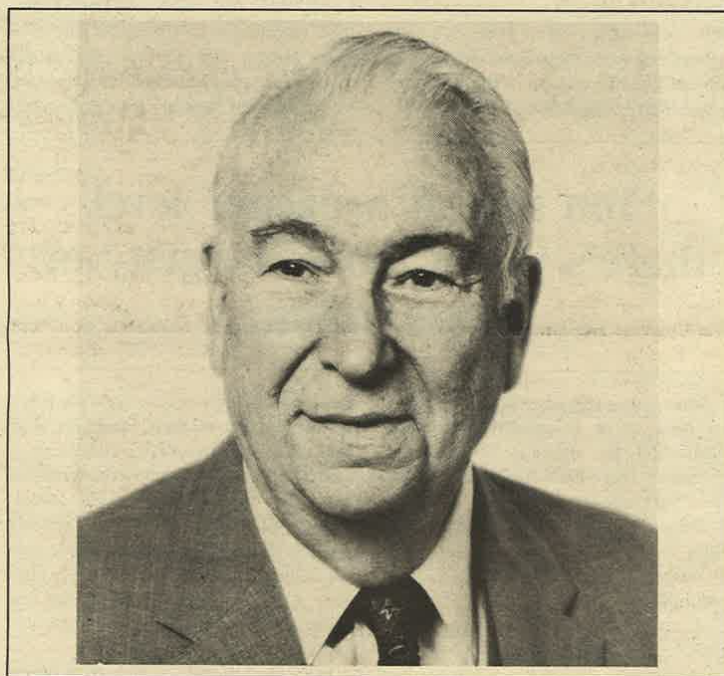
**C—**People involved with neurophysiology, something we've vaguely known for many years, are now beginning to tag the neuroproteins that are released at a cellular level in the brain and even throughout the body, and the receptors that respond to the proteins that are carrying the messages. I think the first such one was the endorphin: [Candice Pert and her group at the National Institute of Mental Health] learned about what the pain receptors do in relation to narcotics and also in relation to our own endorphins which are the precursors of what the morphine derivatives affect. As an obstetrician, I've been concerned for years with what happens emotionally that will keep a woman from menstruating, for example. Or, if she is very depressed or very angry, she may hemorrhage and bleed for long periods of time. We do curettage for this, but we're much more effective if we also think of what the brain is doing that makes these women do this bleeding. Fibroid tumors, and [some other abnormalities] of the uterus are definitely related to emotional factors. I've had patients who've regressed their fibroid tumors just by having a better understanding of themselves.

I learned many years ago that another condition in my field of gynecology has psychological roots — endometriosis. Apparently, the hypothalamus and the limbic system are trying like the dickens to make everything in the lower pelvis pregnant, so that the peritoneum is stimulated into forming outer cells that are really only for lubrication in the abdomen to keep the gut

and the other organs from sticking together. It will metamorphose into glandular tissue that can actually menstruate at a time when a woman will be menstruating. In other words, it's trying to make glandular tissue that could receive an impregnated ovum.

**Y—That is amazing. Can you go on?**

**C—**Apparently, this invariably relates to attitude. The people who characteristically have endometriosis are women who have had a low regard for themselves as females even though in growing up they realize they are very attractive, they're very appreciated. As females, they may have started life with the feeling that they should have been a boy. It's a very common cultural phenomenon among Jewish people, Chinese, Japanese, and so on. The family wants a boy the first time, and [though] they're perfectly willing to accept a girl, the child that is born may get an imprinted impression of rejection. This can have a profound effect sexually and in many other ways.



David B. Cheek, M.D.

**Y—What do you mean when you use the term "imprinted?" That's an unusual word for talking about human development.**

**C—**Well, psychologists have known for a long time, and so have comparative zoologists, (i.e., [consider] the work of Konrad Lorenz in Germany), that the impressions that are given to a very young animal, (he was working with grey geese) will imprint. The young ones will make a little chirping (they call it a "lost piping" sound), the mother responds to this and that apparently sets in — it's like setting the film ready to be taken. When they get into the water, the young ones then relate only to the mother. But, he found that he could fool them — put a piece of wood in front of them after making a recording of the mother answering back, and the young ones would go to the piece of wood and not go to their real mother. He called

this "pregum," meaning "stamping in" and it was a short term learning process that didn't fade with time. It does fade, but among lower animals it is there as a fixed impression just long enough for them to know who their mother is, because if they go to the wrong mother, they drown. This is true of mammals as well as birds.

Imprinting seems to occur in humans at any time in life, and it may not fade at all, such as a baby being born to a mother who's been drugged by her doctor because she had a lot of pain and was frightened. The baby is born not hearing its mother's voice. As we now know, it has been listening and responding to a voice for at least three months before birth. That was first shown about 40-years ago, by Lester Sontag at Yellow Springs, Ohio, at Fels Institute. (Apparently, the old man at Fels-Naptha who made Ivory soap had some concern about prenatal influences and financially supported a lot of research).

I found that using ideomotor techniques we can get actual verbatim statements

**ed? What you're saying is actually a very radical concept of memory. Would you grant that most developmental theorists would say that what you're saying is very unlikely?**

**C—**Yes, because they don't have the information... We deny things until we get a chance to see things. I denied for 12 years that people can hear under anesthesia. Then I was motivated to look, because I had tremendous anxiety after surgery on my knee when the surgeon [commented that he] thought I had a sarcoma instead of just chronic inflammation. I tried desperately to see if people hear because my anxiety was relieved the minute he talked to me and told me what he had said in my operating room. I had taken my tissue slides to three different pathologists — one was a professor of pathology at Harvard University, and I didn't believe any of them. I was still anxious until I heard my surgeon tell me that he had made a sarcoma comment because it reminded him of a friend of mine who had a malignant tumor and lost his leg.

Similarly, you know Freud, and Breuer, and Jung — all of them gave up hypnosis, because they were getting [false results]. For instance, Freud couldn't hypnotize everyone to the extent that he thought they should be in order for them to have amnesia. They [Freud, Breuer and Jung] were forcing their patients to make up traumas that had never occurred. Freud [discovered patients were confabulating], Jung found it; Jung tells about this in a letter to one of his proteges back in 1913: He gave up hypnosis and gave up the trauma theory because he found that he could not get evidence that was accurate.

**Y—There's the idea that you just raised about instilling false memories. I you look at much of the literature on memory these days, certainly one of the most prominent theories is one on the construction of memories. People can take bits and pieces of experiences and combine them in order to create...**

**C—**I know about that... and I say again, you have to know the evidence. I have purposefully attempted to change the memory, for instance, of a surgical patient that was traumatized... I've done it for years with people with birth memories. [I may] have them relive their birth as it would have been if the mother had had a good doctor that had explained to her about pain and taught her to relax. What would mother have said [during the childbirth?]. They can fabricate what a mother would have said, but, they fabricated it out of what the mother had said she said later. See, they're able to superimpose.

If you take such a person who has agreed to this, has given you the report back and ask him, "How does it feel now with what I've told you?" and you get them to promise to keep that as a memory instead of the other. Then you test this out a year later, and you say, "Gee, I lost my record on this... What was it that we found out about your birth?" They will give you the birth [account] where the mother was screaming, and they couldn't hear mother. They felt alone and rejected, but the affect of that experience has diminished. They're not as badly [hurt]... because you can change the

*continued next page*

## Interview *continued*

affect, but you cannot change the details of an imprinted memory.

I've worked at this very hard. I really challenge people to test this out for themselves. Based on that false impression, you can fabricate a real trauma like witnessing a crime, and have it altered. I say, "Of course you can do this!" We've known for centuries that people can be shown through stage hypnosis to hallucinate a dog that really isn't there. I've had people hallucinate a dog over there at a verbal level, and I've asked their fingers, "Can you see a dog over there?" and they say, "Of course" and yet their finger says "no." You see, at a deeper level there's much more integrity of observation. What has been fixed in there is a memory with emotion. On the stage there is not real emotion. But, when it's been fixed by real experience, your next impact is a lighter level type of information, you see what I mean, it just doesn't.

**Y—For you, then, the concept of birth trauma makes sense?**

**C—Yes.** There must be something to it, like Freud, Otto Rank, and others speculated. But, they were basing their information on what people came up with in dreams. Dreams are very difficult to evaluate, because dreaming is usually a transference from a deeper level type of a thought process. This was what I started to mention. The next thing that impressed me very much was what happens, for instance, with a traumatic surgical experience that is not so bad in the operating room, but on repeated replication on successive cycles of sleep, not dreaming sleep, but deeper, they will argue with you [about the experience]. When you're getting an ideomotor response, for instance, of a finger that says, "I'm dreaming," as I ordinarily think of dreams — it is the kind that is garbled, it can be symbolic, and so on — and they'll give a signal when they're going over the thing that the surgeon said in-between signals of dreaming. And you'll say, "Well, that's a dream, isn't it?" And they'll indicate, with a finger, that it is not a dream. And then you'll say, "Well, what is that?" and they'll say, "Well, I feel that it's real. I'm reliving it — it's not a dream. And that is where the essence of it is that they're reacting to physiologically as though it is real. The effect of that can be a build-up. I found with women who develop preeclampsia, sever cramps, high blood pressure, protein in their urine (one of the dangers of obstetrics) this will never occur because of one dream. It will occur because of successive, frightening thought processes that build-up the effect until they're acting in stress. As all animals do in stress, we're holding back salts, electrolytes, water. See, we're basically marine animals, and if we're in danger or very sick, we have to hold back those things; otherwise we die clinically. So, I've found the deep stuff is very powerful, and we should know how to access this information. You cannot do it just by talking to a person, or asking "What did you dream last night?" They won't tell you. The reason why I feel that it is real, and there is validity to it, is because I have worked with women who have developed very severe toxemia, and have had them discover what the cause

of it was; they have felt (and this was not my opinion, but their subjective feeling) that they feel a tightness in their body, that they're reacting to this, once they know it was just a dream (I mean, in the sense that it was not real). For instance, here's an example of a woman who was doing perfectly well in pregnancy until about four weeks until term. She gave a party and three people came into the room, remarked how slender she looked, and one of them said, "You don't even look pregnant, Barbara." And she laughed about this, because she knew she was pregnant [and that] everything was all right. But that night, she dreamed about having a baby that looked like a grasshopper. It was a very intensely frightening dream to her. I saw her three days later, and blood pressure was up to 170/110. That woman, as soon as she discovered what was [upsetting her] went on with her relaxing and the other things I was teaching her. She brought her blood pressure down to normal, and went on the rest of her pregnancy to term. She did not stop putting out the protein, but obstetricians know that people can have protein in their urine and not have trouble. It's only [a problem] when their blood pressure is also up. I've had enough of these [cases] to feel pretty confident...

## 'You see, at a deeper level there's much more integrity of observation.'

**Y—You're obviously convinced there does not have to be a cognitive structure established for memory to operate. Prenatally there isn't one, and at birth there isn't one...**

**C—Who is assuming? Who is assuming that?**

**Y—You're saying that's not a safe assumption?**

**C—It isn't a safe assumption.** Suppose you listen to a Chinese lecture, now, today — I presume you don't know Chinese, but you're interested in whatever was the subject of the lecture. Then, you decided you've learned something about that and studied Chinese. You made a tape recording of the lecture. You play that tape recording 10 years later, when you know Chinese, and you understand it — does that make sense?

**Y—I don't know — perhaps.**

**C—That's what a baby does, I think.** I mean, this is my interpretation, because it doesn't make sense that they would know language.

**Y—So, they will store these sensory impressions, and then be able to organize them and understand them later?**

**C—Yes.** Are you acquainted with the paper I wrote on head and shoulder movements during the birth process? This is one example, and I believe a very good one. If you have someone relive their birth as they understand subjectively their birth impressions, there's something else going on. That is, they're replaying their muscular responses to what was imprinted as a sen-

sory stimulus as well. A baby lines up on one side or the other of the mother, and very rarely will the back, for instance be absolutely [centered] in front, it's usually on one side or the other. The head, the access of the head is at right angles to the access of the shoulders. As the baby comes down into the birth canal, the greatest diameter is the diagonal if the mother is lying on her back, so the head comes down in either direction, that is off the vertical — 45 degrees; then, in order to get out of the outlet it has to rotate to a vertical diameter, which is greatest at the outlet. You see what I mean? It comes down to a slant, turns, and then as it comes out, there's tension on the muscles, because its head has been turned, so it will do what we call retribute — go back to its original position. Say, if the back is over here — it will come down this way and then go over here. The obstetrician watches that and then turns it some more so that the shoulders will come out in the vertical plane. I've done this with hundreds of people, and I have done things with babies that I know how they were delivered. I have their record that I dictated 20 maybe 18 years earlier, and did not look at my records until after I had done the interview, so I could not possibly have influenced

them. Under hypnosis they gave me exactly the position of their head and their back — at the time of their delivery — how it rotated, and which arm came out first. I felt that was pretty good evidence. Now that's tissue memory. It's perfectly possible they could have listened to grandma talking about the delivery later, but I have a lot of verbatim statements and evidence that what they remembered was accurate.

...Particularly when you've been as biased as I have... I had the same sort of training you did and the same sort of neurophysiological belief systems that were imprinted on me when I was in medical school [it seems like] 150 years ago! Against my beliefs, I have had to accept these thoughts. It was really hard-going at first, because I was working with LeCron, and I used to beg him, "Please, Les, don't talk about birth experiences — these guys will know that we're 'kooks' instead of just thinking that!" Every chance he got to have somebody with asthma or with headaches, he would ask them [for such memories]. This is the typical way he would approach people, and I think it's a beautiful way to get evidence, by having the person signal that there is a past experience and then answer questions like "Was that past experience relating to your headaches before you were 30-years-old?" Well, after going after the information psychologically and at an ideomotor level, they still don't know why they're getting a signal. "Was it before you were 20?" "Yes." "Before you

were 10?" "Yes." Each time they're reviewing the evidence in order to have a muscular answer. Let me get them back to before the age of one and then you ask them what's going and they'll tell you about their birth.

When they do this repeatedly then you'll find that what was coupled with the pressure on their head was the mother's epinephrine level. As an obstetrician one can easily relate to how this can happen. Mother's epinephrine level goes right through the placenta into the baby, so the baby is agitated if the mother is in pain or frightened, or both (usually it's both). The mother is tightening up because of her pain or her fear and the baby is packing against her pelvic muscles. The only pain a baby ever has during delivery, and I've delivered people with broken arms, broken collar bones, (they feel it snap, but it doesn't hurt), the only pain a baby has is head pain. That can be coupled with epinephrine so later when they make their own under stress (worrying about something), they can develop headaches. Both vascular headaches and migraine headaches can be on this basis. When you can see people stop having their headaches because they've discovered the origin and discovered they don't need that to happen; they don't need to flash back to this experience. They don't need to feel guilty about having their mother feel the delivery pain in the first place because that gets coupled in with it. So the guilt later can cause headaches. It's a conditioned response, a very simple mechanism we've known. So when you get that kind of evidence fed into you repeatedly, you can't just say, "Well, they came up with some sort of logical reason and that allowed them to cure themselves." We tried that at verbal levels for years.

**Y—So once people have that insight, it makes a difference.**

**C—Yes.**

**Y—Can I switch gears now?**

**C—Yes.**

**Y—You have been in this field so long and you have seen all the players come and go. Could you talk about some of the people who have most influenced you, some of the people you think have had the biggest impact on what's going on in the world of hypnosis today? That's part A of the question, and then part B: Could you describe the field's evolution, since you've been so central to it for decades already?**

**C—Well,** I had read some of Milton's papers before I ever had the chance to meet him, but I can't remember quite how I got on to them. I did know about him about 1950-51, and I can't remember if it was somebody who told me about Erickson or what, but I looked up his papers and was very impressed. Then I got a circular from Leslie LeCron, who was one of the great pioneers in teaching hypnosis, who said there was going to be a meeting and workshop in San Francisco. I was living in Chico, it was in 1954, in February. I couldn't go to it all three days because I was active doing obstetrics then and couldn't get away, but I went the second and third day and was so impressed with the different way in which both of them worked with hypnotic subjects, the permissive way in

*continued next page*

## Interview *continued*

which they approached hypnosis. All I had known before was telling people what to do and what not to do.

**Y—You said both of them. Are you referring to Erickson and LeCron?**

**C—**Yes, they were working together, and Aaron Moss who was a dentist [was also there]. At that time he had been shifted to another room working with all the dentists. Actually, about 60 percent of the interest in hypnosis was from dentists and about 35 percent from medical people. There were very few psychologists then but now it's an ascending bunch, and I'm happy about that.

I heard both of them talk about surgery, and they would say, "Be careful what you say in the operating room," and I'd think, what do they know about that, I've worked with this, and they're both wrong. I gave anesthetics, and I made sure people didn't hear after they went to sleep.

But, the permissiveness was the first thing that impressed me very much. I went on reading and listening to Erickson and working with Erickson in workshops. I also worked with LeCron. Both had their characteristics; they were both remarkable people. Erickson was very complicated and very intuitive. LeCron was intuitive, too, but with much simpler approach. He picked up most of his knowledge about ideomotor stuff from watching Erickson and listening to Erickson advising people to watch your whole subject instead of thinking, "What am I going to say next?" LeCron latched on to the possible simplicity of getting at information, where as Erickson was so complex.

I felt Erickson was the teacher's teacher. It was not easy for students working with Erickson to do anything but say, "My God, what wonderful things he is doing!" Showing people, for instance, they could not do something in some way they couldn't do. Showing them first that they could be obstructing themselves and clearing up a problem; but then they'd find some ways of doing it. He was teaching all the time, while he was making people seem to be manipulated. Psychiatrists watching Erickson work were often horrified, because they were concerned with his manipulative way of working with people. But I think all the time I watched him, he was teaching people that there are ways around things that can be difficult. Even if it seemed sometimes as though he was making fun of them, they were learning something from him — if they kept an open mind. In contrast, LeCron was always wanting the individual to make decisions for himself right off the top. The patient was not to be coerced in any way, not to be manipulated, but simply to answer the question, "yes" or "no," like a computer.

What impressed me the most was I learned the theoretical things from Erickson. Ten years after hearing him say something, I would discover that, "My God!" he had said that, and I thought I had said that." He was always way ahead of everyone. And

"Hypnosis is the most decisive training experience I've had."

*Paul Watzlawick November 14, 1987  
"Sessions with the Masters" workshop  
sponsored by The Erickson Foundation.*

to his dying day, he denied he was psychic, that he was clairvoyant.<sup>1</sup> But anybody watching him work knew that he was picking up so much more than just muscle action. I think he was picking up thoughts. I think that's where some people missed out working with Erickson. They were more concerned with the techniques he had developed and not giving enough thought to how he developed those techniques. To understand him, they would have to reach a little beyond most peoples' belief systems to get to the intuitive part. LeCron was didactic. The techniques he developed, I thought, merged well with what I learned from Erickson when putting the two together. They were both great people, and it was such a pity that they really didn't like each other.<sup>2</sup> Erickson was appalled at anyone pulling out a pendulum; he felt it was a gimmick, and it is a gimmick — if you take it and hold it and dangle it in front of somebody's eyes. But, if it's revealing a muscular action that you cannot see otherwise, this very fine ideomotor movement — then it's not a gimmick. It's a tool, and we ought to use all the tools we can.

**Y—You mentioned Erickson and you mentioned LeCron. Would you say there are others...**

**C—**I mentioned Erickson and LeCron, but I should have added the names of some other great people: Emile Coue, Charles Beaudoin (who wrote about Coue), August Forel, who showed that hibernating animals protect themselves as do people in hypnosis, Bernheim, for showing that very sick and unconscious people behave as though hypnotized, also Ferenc Volgyesi, who impressively linked hypnotic behavior to survival by demonstrating with his wife, Galena Solovay, that bleeding is controlled by hypnosis alone in relaxation, and for his great paper on the "Pavlovian Syndrome," occurring with starvation.

**Y—Can you describe any personal experiences with Erickson in particular that come to mind as being interesting or unusual?**

**C—**Well, I think most of the things that have characterized Erickson have already been put in the literature. His way of telling stories, for example, would be meaningful. If you had the sense to see, it was beautiful, it was like Christ giving anecdotes that were meaningful for the person to see, but otherwise were just stories. That was one of the great beauties of what Erickson could do. Call them metaphors or whatever you want to call them, but they were always appropriate with the person he was dealing with in the therapeutic setting. Erickson did not like to do therapy in demonstrations.<sup>3</sup> He had too much respect

## Fourth Congress *continued*

of psychotherapy. We want to maintain the essence of Erickson's teachings, but at the same time recognize the possibilities in adding new thinking.

"We are a little disappointed in having to change the venue of this meeting, but we are looking forward to the new location. San Francisco has a feeling of that welcoming spirit which has been a part of all our meetings. The 1988 meeting will capture the old essence and add a new dimension."

for the possibility of uncorking a can of worms with people. I think he was concerned with what people would think if something came up and a person had an abreaction, for instance, in front of 100 people. You worry about the psychiatrists and what they think. Teaching hypnosis, you don't want to scare them away. We found that people can protect themselves very well. We always gave them [ways to do that] at an ideomotor level. If that's what their muscles were telling us, then they would respond "No, I don't want to answer," for example, if they didn't want to get into something.

**Y—That's one of the things that has always impressed me about your writing. You've always given people that safe way out. It's a way to save face, which I feel is very respectful.**

**C—**I found a curious thing. If you get somebody who, for instance, you're asking, "Would it be all right to know something about your birth?" and they signal, "I don't want to answer," I found that first response is essentially a total age regression. That is, on the level at which their body is beginning to react, they are there. They're on the scene, and it's too heavy for them to handle. At first, I was wondering what to say next when it would change for them from "I don't want to answer" to a "Yes." Distance often makes things seem less traumatic — anyone who's been through a critical thing finds it's easier to talk about it when it's back there [in the past] than it is if you're in the scene [now]. I would say, "How about just from [today], for instance, would it be all right to know about your birth?" and have the "I don't want to answer," change to a "Yes." Just as I had noticed if you let them go over it a few times, they're getting a distancing as well as a desensitizing to [the memory]. Then processing it can go on in seconds, 15, 20 second intervals that can allow them to then agree and go back and look at their birth. Usually, it's something heavy, but they can dissociate themselves from it. Another beautiful characteristic used in the ideomotor level questioning is it isn't "me" answering, it's my fingers. They don't have to feel involved or feel foolish for having done something wrong since now they're observers. One woman who had gone 18 months without a menstrual period felt she was pregnant. She had vomited, had milk in her breasts, had all the symptoms of

pregnancy, but no pregnancy. I was asked to work with her. I had a pendulum, because I didn't think she'd be willing to use hypnosis (I was just told to see her as one of the clinic patients). I showed her the pendulum, and I said to her, "The inner mind knows a lot more about what goes on in your body, and I know you want to have babies. Let's find out... and this is the way you can do it... to get to the unconscious..."

**Y—No formal induction?**

**C—**No induction. So I had her hold the pendulum up and I said, "Please think yes, yes, yes," and it went in the other direction of "No, I don't want to answer." I said, "Does your inner mind know you can have babies just like anyone else? I know you and your husband want them." She said "Yes, probably — no, I mean no." And I said, "Well, would it be all right to know why you feel that way?" She said, "No, I don't want to answer." She was puzzled. Then I said, "What about your husband, would it be all right for him to know?" That happened to be a lucky guess, because she said "Yes." Then we traced it back — "was it before you were 20, 30," and so on. [Eventually], she put the ball down, and she already knew subconsciously what it was. Her remark was, "My God, how can I have been so stupid?" I knew what she had just discovered, but I said, "What do you mean?" She said, "Well, when I was three months old, my father died of pneumonia and I guess I was afraid, that if I had a baby and she was the only child, my husband would die." I said, "Well, that does sound kind of weird, so let's ask the pendulum — "is that the whole story?" She said, "Yes." I said, "Well, that was 32-years ago (or whatever), and we have antibiotics and all kinds of things now. Let's ask your pendulum — "Do you realize now you can menstruate to show you're a female again?" It said, "Yes." By that time, she was in a trance. I asked her to go forward. This is a good way to find where resistance in people is. If they will hallucinate, which is what we were talking about earlier, if they can do this — if they can hallucinate something constructive, then they can hit it as a goal. You see what I mean? All good athletes do this, they see themselves [succeeding]. She picked a date [to menstruate] that was two weeks from the time of my interview with her. I saw her later, and she had menstruated, not on that day, but the

*continued next page*



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## Interview *continued*

next day! Now, that's neurotransmitters and receptors...

### Y—Remarkable.

C—I told of this case to a group of residents and to people interested — we had a sort of conclave of former residents of my professor. Dr. Tolanda at Johns Hopkins when he was 80-years-old. There must have been at least a 1,000 people in this huge room. Georgiana Seger-Jones was in the back of this room. She was also at Johns Hopkins and a world authority on the releasing substances from the hypothalamus that affect the ovaries and the breasts and the uterus. She shouted from the back of the room, "You know, David, it takes two weeks for the releasing substances to make a woman menstruate?" She had been working with people at long times without menstruation who were given the releasing substance, and find that it takes that long. I didn't know about it at that time — it was before I had done any reading about it! And the patient, I don't know how she knew! You asked about where the connection is between some of these thoughts and what happens. I'm excited now about how much we can learn about it. There are so many areas of research — now they can tag the messenger molecules. They're able to know not only where they are in the body, but where they locate, where they go in order to "turn the 'on' screws" on in the cells. There are a number of places remaining where we can do research. For instance, we know if we get a person to be oblivious at a central nervous system level of pain, they will not develop the inflammatory reaction to a damaged bit of tissue that would normally send pain to the brain. This is work that was done many years ago by James Eisdale in India. He noticed that when you get rid of pain by mesmerizing someone (this was in 1845), the three other cardinal signs of inflammations — redness, swelling, and local heat disappear. This will come back again once the individual gets the pain again.

Y—Any additional comments about the significance of your contributions for our readers?

C—If it might be said I have made contributions to our knowledge, I think my recognition of a way on checking nighttime ideation with repetitive unconscious review

methods would get my first vote because it is now clear most of the complications associated with surgical procedures stem from troubled sleep experiences that occur at deeper-than-dreaming levels of sleep. The same statement can safely be made about the majority of problems occurring with obstetrical patients. These include spontaneous abortion, premature labor, separation of the placenta in the last trimester of pregnancy, and the syndrome known as preeclampsia. I first recognized the importance of nighttime ideation in my obstetrical practice around 1952 when it became clear that nearly 60 percent of spontaneous abortions and threatened abortions started between 11 p.m. and 4 o'clock in the morning following troubled "dreams." My patients believed these were not dreams in the ordinary sense occurring during a REM phase of sleep. They were identified as "thoughts" appearing to the patients as intensely real.

Y—Thanks so much for the interview, David.

<sup>1</sup>Erickson was emphatic in his assertion that what he did clinically could be explained by physical evidence. Mrs. Erickson is equally emphatic about this issue. [JKZ]

<sup>2</sup>Details about the split between Erickson and LeCron are to be published in a forthcoming book of Erickson's correspondence. [JKZ]

<sup>3</sup>Erickson did conduct covert therapy in demonstrations. See, for example, *The Teaching Seminar with Milton H. Erickson and the chapter by Leo Alexander in Ericksonian Approaches to Hypnosis and Psychotherapy*. [JKZ]

## Position Announcement

Mountain Affiliates in Psychology of Stowe, Vermont, is seeking a licensed or license-eligible psychologist to affiliate with the practice, which is oriented to working systematically with families, women's issues, and eating disorders. Participation in the training program of the local community hospital also is included in the position. Send vitae to: Mountain Affiliates in Psychology, P.O. Box 424, Stowe, Vermont 05672.

## 1990 Evolution Conference Set

The Second Evolution of Psychotherapy Conference is set for December 12-16, 1990, in Anaheim, California.

The first Evolution Conference was held in December 1985 in Phoenix, Arizona. A landmark meeting, the first Conference attracted more than 7,000 attendees who wanted to see and learn from the leading experts in the field of psychotherapy.

Faculty members who have confirmed their participation in the 1990 meeting are Aaron Beck, M.D.; Bruno Bettelheim,

Ph.D.; Albert Ellis, Ph.D.; Robert Goulding, M.D.; Mary Goulding, M.S.W.; Jay Haley, M.A.; Arnold Lazarus, Ph.D.; Cloe Madanes; Judd Marmor, M.D.; James Masterson, M.D.; Salvador Minuchin, M.D.; Rollo May, Ph.D.; Erving Polster, Ph.D.; Ernest Rossi, Ph.D.; Virginia Satir, M.S.W.; Thomas Szasz, M.D.; Paul Watzlawick, Ph.D.; Carl Whitaker, M.D.; and Joseph Wolpe, M.D.

Registration information will be announced later.

## How to Be *continued*

### Principle #7: Have a Significant, Meaningful Experience Caused by Erickson

Try to associate yourself with Erickson as directly as possible (keep in mind that he died in 1980 so you could not have had too direct a contact with him after that). However, if you are desperate and want to go all out, you can report that something you saw on one of Erickson's videotapes planted an image of him in your unconscious mind and that now when you go into a trance, you see him and hear his voice. Relate as many personal anecdotes (these are even better than the metaphors already mentioned) about how Erickson said or wrote something that changed your life. You might try: "After watching a film of Milton working with an anorectic teenage girl, I found I could remember all the words to 'Louie, Louie'" (Fershur, 1981) or "About a month after I read his induction with the paraplegic, blind, Portuguese dwarf, hair started to grow over my bald spot" (Haley, 1984).

### Principle #8: Know Your Ericksonian Vocabulary

In conversations with Ericksonians, it is important to be able to respond to key words that are vital to Erickson's work but ambiguous enough that you can use them relatively freely without anyone being the wiser (those who are Freudians should already be adept at this). Try to use these words and phrases as much as possible: indirect, unconscious (not in relation to drinking too much at the APA Happy Hour), metaphor, trance, induction, im-

plied directives, utilization, indirect associative focusing, ideocognitive processes, multiple levels of communication, intercontextual cues, depotentiating conscious mental sets, catalepsy, pulsation changes, phenomenological experience as a state-bound learning, the non sequitur double bind, posthypnotic suggestion, negative hallucinations, and spontaneous trance phenomena. For those of you who wish to become truly competent, my *Dictionary of Ericksonian Words and Phrases* (Chamberlain, in press) will soon be available and is guaranteed to help you sound like Milton himself in just a few days (if you order early, only \$69.99!).

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