

The Milton H. Erickson Foundation NEWSLETTER

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Vol. 16, No. 1

Spring 1996

Brief Therapy Conference Dec. 11-15, 1996

The Third Brief Therapy Conference at the San Francisco Hilton Dec. 11-15, 1996, will offer numerous educational opportunities.

More than 50 faculty members from around the world will be featured in sessions including workshops, panels, demonstrations, case discussions and keynote addresses. The clinically oriented meeting is sponsored by The Milton H. Erickson Foundation.

The conference is designed to provide 30 hours of continuing education

Volunteers Needed for Two Meetings

The Milton H. Erickson Foundation is in need of volunteer for its two upcoming meetings in 1996.

The Sexuality and Intimacy Conference is scheduled for May 17-19, 1996, in Dallas, Texas. The Brief Therapy Conference will be held Dec. 11-15, 1996, in San Francisco, Calif.

In exchange for the waiver of registration fees, a limited number of spaces have been reserved for graduate students who volunteer as monitors. Students who cannot afford to attend the Conferences and wish to volunteer should send a letter to that effect to the Erickson Foundation. A completed registration form, along with a letter from their department confirming full-time student status, area of study and anticipated graduation date, also should be sent.

Applications will be reviewed and decisions made on a first-come, first-served basis. Selected volunteers will be asked to send a \$75 deposit for each meeting in which they wish to participate. Deposits will be refunded after volunteers have completed their participation in the conferences. The purpose of the deposit is to ensure attendance and to avoid last-minute cancellations.

For information, contact Volunteer Coordinator Diane Deniger, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016.

credit. Participants can choose from more than 200 activities over the 4½-day event.

In addition to the educational program, the conference venue offers numerous entertainment possibilities, including Fisherman's Wharf, cable cars, shopping, galleries, and the general ambiance of one of the world's most beautiful cities.

The first Brief Therapy Conference was held in San Francisco, attracting some 2,800 attendees from around the world. A similar number is expected this year.

A special discount on registration fees is offered to Newsletter subscribers on page 7 of this issue.

The early registration fees are
Continued next page

Couples Conference to be held in Dallas, Texas

"Sexuality and Intimacy: The Challenge of Treating Couples in the '90s" will be held in Dallas, Texas, May 17-19, 1996.

The meeting will be similar in format to the first one held in San Francisco, Calif., last year.

Presenters are Ellyn Bader, Ph.D., with Peter Pearson, Ph.D.; John Gottman, Ph.D.; Harville Hendrix, Ph.D.; Joseph LoPiccolo, Ph.D.; David Schnarch, Ph.D.; Lonnie Barbach, Ph.D.; Ruth McClendon, M.S.W., with Les Kadis, M.D.; Bennet Wong, M.D., with Jock McKeen, M.D.; Sandra Leiblum, Ph.D.; Jeffrey K. Zeig, Ph.D.; and Bernie Zilbergeld, Ph.D.

A special registration fee is offered to readers of the *Milton H. Erickson Foundation Newsletter*. The registration form is on page 3.

For more information, call or write the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; phone (602) 956-6196; fax (602) 956-0519.

I N T E R V I E W

John Weakland

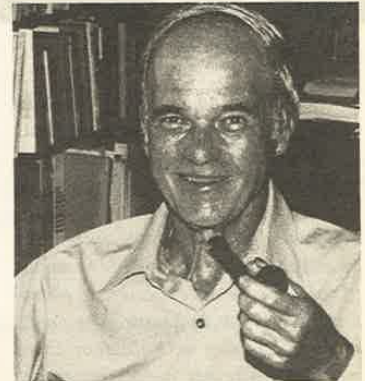
AN INTERVIEW WITH JOHN
WEAKLAND

by Sky Chaney, Ph.D.
preface

BACKGROUND:

John Weakland is recognized by many as a founding father of family therapy and one of the originators of the Brief Strategic Therapy model, developed at the Mental Research Institute (MRI) in Palo Alto, California.

On November 28, 1994, six months before his death, I met with John at his home to discuss the highlights of his career and his unique view of psychotherapy. Late that afternoon, we videotaped a discussion that John wanted to share with the world. Contained in this interview is what John learned from Milton Erickson, and how this experience influenced the development of the MRI model. John also reviews the Interactional View of human behavior, a timely perspective on the nature of human problems, that remains radical in a world where



many still believe that problems reside in people's heads. What was John Weakland's favorite intervention? How does John answer the "Miracle Question" as it relates to the future of psychotherapy? I invite you to enjoy this provoking interview.

Sky Chaney, Ph.D., is a member of the training faculty of the Mental Research Institute Catalyst Project, and is a founder of the Brief Therapy Center of Northern California. He is a co-originator of Medical Interactive Therapy, a model of care that provides innovative strategies for primary care
Continued on page 5

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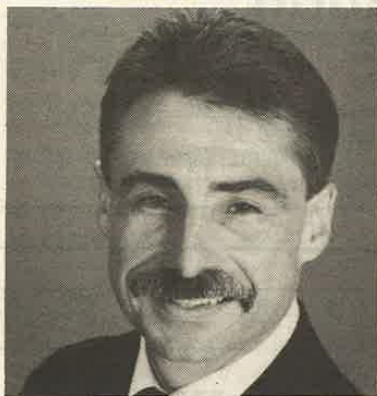


Carol Kershaw, Ed.D.

Healing and evolving a richer sense of self in connection with family is the heart and soul of psychotherapy. For psychotherapists to facilitate a deepening of experience, they must acknowledge and know intimately inner shadows. In those little moments of madness we all experience, everything we know to be true becomes false, everything we hold dear, loses meaning. Whether our defenses are overwhelmed by inner demands to please the family or by the pull and tug to escape toxins in a family system, it is our purpose in psychotherapy to help things make sense again. We only can do that if we have explored what motivates us to behave the way we do. Otherwise, we become experts with powerful techniques and foster a kind of technocentrism that is anathema to soul work.

In the midst of the psychotherapy process, moments of clarity and new perspectives may suddenly flash, representing a fundamental wise inner mind that exists beneath the confusion, doubt, pain, and suffering. Sometimes just tracking states of mind can lead to accepting what Buddhist monks call, "monkey mind," the obsessive thoughts or images that come and go rather haphazardly. By tracking these states of mind, as well as body feelings, we help ourselves and our clients accept a healthy dependency and the most fundamental desires: to belong, to be loved, to be acknowledged. Good conversation with the self or others can lead to health.

The issue of the Foundation Newsletter marks our passing the editorial baton. We have been pleased with the quality of the submissions to the Newsletter as well as our expansion of the kind and numbers of columns. However, as the Newsletter evolves it demands more attention.



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

The time is right for a move forward.

We have been pleased to participate in the improvement of this publication. We have been able to foster good relations between the Foundation and other professional groups. As we turn over the editorship, we turn our attention to our book in progress. We thank the Foundation, as well as Roxanna Klein and Betty Alice Erickson who have been wonderful to work with, for the opportunity to make a contribution.

With this issue, we introduce a new feature entitled "Connections." This anecdotal account written by Dennis Doke, M.S., addresses his own compelling feelings about visiting the sites mentioned frequently in Erickson's therapeutic assignments. He tells his own sense of discovery with enthusiasm and insight. We hope other readers will find Doke's account interesting. We hope that others who have had experiences which connect them to professional resources in a personal way will share their own accounts of "connections."

The Editors:
Carol Kershaw & Bill Wade.

Request for Information

Henry T. Close, Th.M., director of the Milton H. Erickson Institute of Atlanta, is preparing a book of ceremonies used in transitional moments in life. He would appreciate correspondence from therapists who have devised rituals or ceremonies for joyful or painful passages including birth, death, adoptions, turning off life support systems, dealing with trauma and other similar life changing events. He may be reached at 104 Ansley Drive, NE; Atlanta, GA 30324 or by phone (404) 892-6744.

William S. Kroger

By: Elizabeth Erickson
Phoenix, AZ

William S. Kroger, M.D., a pioneer in the medical uses of hypnosis, died December 4, 1995, at the age of 89. Dr. Kroger worked with Milton H. Erickson, M.D., in the Seminars of Hypnosis from which The American Society of Clinical Hypnosis developed during the early 1950s. His work in those organizations helped bring hypnosis into the mainstream of medical practice; the American Medical Association first approved use of hypnosis for medical reasons in 1958.

Author of *Clinical and Experimental Hypnosis in Medicine, Dentistry and Psychology* (J.B. Lippincott, 1963), Dr. Kroger had an impressive list of accomplishments. An associate professor at Chicago Medical School, past-president of the Academy of Psychosomatic Medicine, advisory editor and associate editor for international professional journals, he also authored numerous scientific papers and books primarily in the fields of hypnosis and psychosomatic medicine. He was a Fellow of both the International

Society for Clinical and Experimental Hypnosis and the American Society of Clinical Hypnosis and on the Board of Directors of the Institute for Research in Hypnosis in New York. He was a respected presenter at many leading medical and scientific societies at both state and national levels. Dr. Kroger also pioneered the use of hypnosis for anesthesia in modern medicine.

One of the many interesting aspects in Dr. Kroger's career was his work with hypnosis in law enforcement areas. He was instrumental in the arrest and conviction of a kidnapper in Chowchilla, California, who had kidnapped and then hidden an entire busload of school children in 1977. Using hypnotic techniques of memory enhancement with the school bus driver, Dr. Kroger was able to help him retrieve all but one digit of the license plate number of the van that was involved. This enabled the FBI to arrest the kidnappers. Dr. Kroger's work in this high-profile case helped legitimize hypnosis.

William Kroger will be missed by all who knew him. His contributions to the medical and scientific world will continue to live.

Conference Announcements

"Developments in Family Therapy" is set for April 15-18, 1996, in Puebla, Mexico. Organized by Vicente Martinez Valdes with administrative assistance from the Milton H. Erickson Foundation staff, the meeting will feature Bradford Keeney, Ph.D.; Joseph LoPiccolo, Ph.D.; Cloé Madanes, Lic. Psych.; Salvador Minuchin, M.D.; Peggy Papp, A.C.S.W.; Carlos Sluzki, M.D.; Paul Watzlawick, Ph.D.; and Jeffrey K. Zeig, Ph.D.

For information write Direccion de Relaciones Internacionales y Intercambio Academico de las BIAP, Benemerita Universidad, Autonoma de Puebla, 4 Sur 303, Centro Historico, Puebla, Puebla 72000 MEXICO; or fax 52/22/32 30 58.

The Erickson Foundation also is providing administrative assistance for a conference in Sao Paulo, Brazil, on the topic of Brief Therapy

Scheduled for July 4-7, 1996 presenters include Steve de Shazer, M.S.S.W.; Richard Fisch, M.D.; Jay Haley, M.A.; Michael Mahoney, Ph.D.; James Masterson, M.D.; and Jeffrey K. Zeig, Ph.D.

For additional information, write Jose Carlos Citor Gomes, Workshops y Eventos, Rua Jose Paulino, 1861-Centro; 13.013-002, Campinas/S:P; BRAZIL; telephone/fax 55-192-31-9955.

Hungary. The organizer of the event is the Hungarian Association of Hypnosis, under the auspices of the European Society of Hypnosis, the International Society of Hypnosis and the Eotvos Lorand University.

For information, write Wolff Travel Budapest International, Budapest, Pf. 197. Hungary H-1518; fax (+36 1) 186 1954.

Brief Therapy *continued*

\$345 for professionals (\$245 for full-time graduate students who provide a certifying letter from their school or department on letterhead stationery indicating proof of full-time graduate student status of December 1996) until May 3, at which time fees will increase by \$50. The discount to Newsletter subscribers is \$50 off the early registration fees. The special discount ends April 15, 1996.

The Evolution of Psychotherapy A View from the Audience

by Kay Cauthorn, M.S.
Dallas, TX

Attending the recent Evolution of Psychotherapy Conference was a thrill. The only "problem" I foresaw was choosing from the vast number of wonderful speakers. If I attended this program, given by legend in the field, I would miss that program, also given by a legend in the field. I was grateful that the format allowed me to sample material from a wide range of thinkers so I could pick and choose and even change my choices as the days flew by. Many of the panels and conversation hours gave me the opportunity to feel connected and experience the warmth and caring of individuals so highly regarded professionally.

James Hillman, M.D., challenged the audience to look at larger societal issues, as did the Keynote Speaker, Gloria Steinem. Cloé Madanes' succinct presentation of her 20-step treatment protocol for abusers impressed me as a way of defusing and healing family tragedies. Even the discussants were illuminating. Jeffrey Zeig's encapsulation of the salient points of Salvador Minuchin's orientation for supervision solidified the audience's learning.

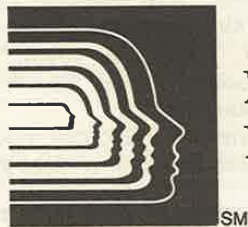
Excellent organization at the conference made my life easy. Not only were sessions well described, schedules clear and meeting rooms easily found, there were opportunities for networking. Even a meeting of Alcoholic Anonymous was available for those who wanted that support.

I think all who attended would agree: the intellectual brilliance of this conference outshone even the lights and glitter of Las Vegas.

Foreign News

The Institute of Group and Family Psychotherapy of Moscow, Russia, is sponsoring an eight-day conference in May. Betty Alice Erickson, M.S., Richard Landis, Ph.D., and Leonid Kroll, M.D., Ph.D., will apply the principles of Ericksonian Psychotherapy and Hypnosis to brief therapy and to the current issues common to patients today.

Integrating Sexuality and Intimacy: The Challenge for Treating Couples in the '90s



Friday-Sunday, May 17-19, 1996
Dallas, Texas

featuring

Ellyn Bader, Ph.D., and Peter Pearson, Ph.D.
John Gottman, Ph.D.
Harville Hendrix, Ph.D.
Joseph LoPiccolo, Ph.D.
David Schnarch, Ph.D.

Ruth McClendon, M.S.W., and Les Kadis, M.D.
Bennet Wong, M.D., and Jock McKeen, M.D.
Sandra Leiblum, Ph.D.
Jeffrey Zeig, Ph.D.
Bernie Zilbergeld, Ph.D.

Sponsored by: **The Milton H. Erickson Foundation and The Couples Institute**

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SPECIAL REGISTRATION FEES: \$300 U.S. (\$200 for full-time graduate students) for registrations postmarked on or before April 15, 1996

REGISTRATION FORM

PLEASE COMPLETE ALL THE INFORMATION REQUESTED BELOW

____ Enclosed is my registration fee of \$ _____ .

____ Students Only: Enclosed is my certifying letter of full-time student status.

____ Physically challenged? _____ How can we accommodate you? _____

NAME: _____ DEGREE: _____

MAJOR: _____ UNIVERSITY: _____

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*Students must provide a certifying letter from their school or department on letterhead stationery indicating proof of full-time student status as of May 1996.

UPCOMING TRAINING

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

DATE	TITLE/LOCATION/LEADER	CONTACT
1996		
3/28-31	"Ericksonian Approaches in Clinical Practice;" Belo Horizonte, BRAZIL; Jeffrey K. Zeig, Ph.D.	1
4/1	"Brief Treatment of Depression and Anxiety;" Campinas, BRAZIL; Zeig	2
4/2	"Brief Treatment of Depression and Anxiety;" Sao Paulo, BRAZIL; Zeig	2
4/12-14	"Fundamentals of Ericksonian Hypnosis;" Sherbrooke, Quebec, CANADA; Zeig	3
4/15-19	"Phoenix Intensive Training Program—Advanced;" Phoenix, AZ; Brent Geary, Ph.D., and Zeig	4
4/25-28	"Developments in Family Therapy;" Puebla, Puebla, MEXICO; Invited Faculty	4, 5
5/17-19	"Integrating Sexuality and Intimacy: The Challenge of Treating Couples in the '90s;" Dallas, TX; Invited Faculty	4, 6
5/24-25	"Hypnosis and Modified States of Consciousness;" Rome, ITALY; Invited Faculty	7
6/1-2	"Utilization: To Be Effective in Application;" Copenhagen, DENMARK; Zeig	8
6/1-2	"Fundamentals of Ericksonian Hypnotherapy;" Catania, SICILY; Geary	9
6/4-8	"The Process of Therapy;" Rottweil, GERMANY; Zeig and Bernhard Trenkle, Dipl. Psych.	10
6/8-9	"Advances in Ericksonian Psychotherapy;" Tubingen, GERMANY; Zeig	11
6/8-9	"Brief Therapy for Couples;" Guildford, ENGLAND; Geary	12
6/10-11	"Ericksonian Approaches in Treatment of Trauma and Psychosomatic Disorders;" Guildford, ENGLAND; Geary	12
6/10-11	"Enhance Therapeutic Effectiveness: Key Concepts in Ericksonian Psychotherapy;" Fribourg, SWITZERLAND; Zeig	13
6/17-21	Phoenix Intensive Training Program — Fundamental; Phoenix, AZ; Geary	4
6/24-28	Phoenix Intensive Training Program — Intermediate; Phoenix, AZ; Geary	4

Contact Information

- José Augusto Mendonca, PsyD., Angela Mendonca, PsyD., and Sofia Bauer, M.D.; Instituto M.H. Erickson de Belo Horizonte, Rua Conde de Linhares, 837; CEP 30380-030, Belo Horizonte/MG; BRAZIL; Tel: 55 31-296 52 99; Fax: 55 31-337 8221.
- Jose Carlos Vitor Gomes; Workshops Eventos; Rua Jose Paulino, 1861 - Centro; 13.013-002-Campinas/SP, BRAZIL; Tel/Fax: 55 192-31 9955.
- Michel Kerouac, M.A.; L'Institut Quebecois de Therapie et d'Hypnose Ericksoniennes, Inc.; 33 Beaudette; North Hatley, Quebec, CANADA JOB 2C0; Tel/Fax: (819) 842-4549.
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- Psic. Vicente Martinez Valdes, Fac.; Direccion de Relaciones Internacionales e Intercambio Academico; Benemerita Universidad Autonoma de Puebla; 4 Sur 303 Altos; Centro Historico; Puebla, Puebla, C.P. 72000, MEXICO; Tel: 52 22-42 68 41; Fax 52 22-32 30 58.
- The Couples Institute; 445 Burgess

Drive; Menlo Park, CA 94024; Tel: (415) 327-5915; Fax: (415) 327-0738.

- Italian Society of Hypnosis; Viale Regina Margherita, 37; 00198 Rome, ITALY; Tel: 39 6-854 2130; Fax: 39 6-854 2006.
- Danish Society of Medical Hypnotherapy; Svend Andersen, Psychologist; Laerkebakken 5, Gjesso; 8600 Silkeborg, DENMARK; Fax: 45-86 82 73 33.
- Dr. Giambattista Strano; Via Eleonora d'Angio n.2; 95125 Catania, SICILY.
- Bernhard Trenkle, Dipl. Psych.; Bahnhofstrasse 4; D-78628 Rott-

weil, GERMANY; Tel/Fax: 49/741-41477.

- Elsbeth Zieger; Psychologisches Institut; Eberhard-Karls-Universität Tubingen; Gartenstr. 29; D-72074 Tubingen; GERMANY; Tel: 49 7071-29 53 06; Fax: 49 7071-29 59 56.
- Integrated Therapies & Trainings; 173 Southway; Guilford, GUZ 60J, ENGLAND; Tel: 44/1483 502787.
- Ann and Willy Schenk; Institut de Formation Systemique; Chemin de Primeveres 1; CH-1703 Fribourg, SWITZERLAND; Tel: 41 37-24 16 86; Fax: 41 37-24 17 97.

INTRODUCING THE INSTITUTES

The Milton H. Erickson Institute of Australia

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

The Milton H. Erickson Institute of Western Australia (MHEIWA) is primarily an educational institute. Its creator and director, George Burns, felt that prior to MHEIWA's inception in 1984, hypnotherapy training in Western Australia had been following a rather conservative approach. He hoped the Institute would be able to expand the dimensions of psychotherapy and hypnosis in Western Australia. To that end, he chose to name the institute after Erickson because his name had become synonymous with innovative, positive, resource-focused and solution-oriented approaches.

The core of MHEIWA is their primary trainers, George Burns, Graham Taylor and Rob McNeilly and their secretary Julie Nayda. Burns has been state and national chairman of the Institute of Private Clinical Psychologists of Australia as well as Fellow and past president of the West Australia Society for Medical Hypnosis. He is both the director of MHEIWA and the Hypnotherapy Centre of Western Australia.

Taylor has been Director of Training for the Western Australia Branch of the Australian Society of Hypnosis, is a Fellow and past president, as well as directing the training program for the West Australia Society for Medical Hypnosis. He has been state and national chairman of The Institute of Private Clinical Psych-



George W. Burns

ologists of Australia.

McNeilly has a general medical and gynecological background. For the past 15 years, he has been in private practice as a counselor using Ericksonian approaches. He is the author of *Healing with Words*. (Editors Note: Reviewed in Vol 15 #2.)

Julie Nayda is recognized as having the job of keeping all of their feet "on the ground" and ensuring that everything is well organized. She came to MHEIWA a skilled medical secretary and fulfills the role of practice manager, organizing national training tours, securing venues for seminars, typing book manuscripts, ad infinitum. She also provides a repertoire of jokes and in Burns' words, "keeps everyone who works at MHEIWA 'sane'."

Currently, MHEIWA has two major training programs. The first program is offered only to psychologists and psychiatrists. This entrance requirement has meant that the Institute has not had to focus on basic psychological/psychiatric knowledge for general practitioners and enabled the program to focus more on advanced

Continued next page

Institutes *continued*

hypnotherapeutic applications. The program contains 100 hours of workshops, supervision and assigned work. Competency is assessed through written examination and direct supervision.

MHEIWA offers a second program focusing on a wider range of psychotherapies. This program is offered to registered health professionals and not restricted to psychologists and psychiatrists. Throughout the year, these workshops are presented by local and international trainers.

This year, MHEIWSA plans to expand its training to include a comprehensive program in medical hypnosis which will be specifically geared to medical practitioners. It will involve more than 100 hours of workshop courses with supervision and assigned work. Each participant will be evaluated through competency-based supervision and written examinations.

Also this year, the psychotherapy training series will be expanded to include strategic therapies. This expansion will bring the psychotherapy program up to the level of the hypnosis and medical programs' requirements for hours of training and supervision.

A highlight for MHEIWA occurred in 1992 when the Institute approached the committee organizing the visit of the Dalai Lama of Tibet to Australia, to see if he could speak to health professionals on Buddhist concepts of the mind. In response to the interest, the committee organized a symposium on Eastern/Western concepts of mind. George Burns was invited to join His Holiness to participate as panel discussants, along with Professor of Psychiatry, Alan Germain, and Professor of Neurosurgery, Bryant Stokes. This was the only time such an event has been organized in the Southern Hemisphere and it proved to be extremely popular.

The future directions of the Institute are to continue its active role in teaching hypnotherapy and psychotherapy. Currently, it has established an excellent reputation for training in hypnosis and psychotherapy throughout Western Australia. It is recognized as one of the major training facilities and "importer of international experts" in these fields. Through the direction and vision of its founder, George Burns, The Milton H. Erickson Institute of Western Australia has fulfilled its goal of expanding the dimensions of psychotherapy and hypnosis in Western Australia.

Interview *continued*

physicians and medical staff. Dr. Chaney is an apprentice of John Weakland. You may contact Sky Chaney at the Brief Therapy Center of Northern California, 4527 Montgomery Drive, Suite F, Santa Rosa, CA 95409 or via email at skychaney@aol.com.

Sky Chaney: (SC) *I have the great privilege to sit down for a few minutes and talk with you, John. We've had a number of conversations over time, and I always leave with things to think about. What I've done is thought of some questions that other people might have if they had an opportunity to be with you.*

John Weakland: (JW) Well, let's see what I've provoked.

SC: *You've been involved in the business of doing therapy for 40 years or so and I'm wondering who the people are that influenced your thinking in your approach to therapy.*

JW: Well, I'll give a short list because, probably, in some way or another it would include almost everybody I've read about as well as met, but the main ones would be Gregory Bateson, Don Jackson, Milton Erickson, Jay Haley and my colleagues at MRI, and later, continuing very importantly, with my colleagues at the Brief Therapy Center, Dick Fisch and Paul Watzlawick.

SC: *And what would you say about their influence, either individually or in general?*

JW: That's a much more complicated question. I don't know that it's possible to give a brief answer because from the beginning I started essentially from scratch—I had not been originally trained as a therapist. Bateson got me interested in people and communication; Jackson, I was very interested in as a therapist from talking to him and observing him; a great deal from Milton but I think we'll probably get into that more later. Jay, I worked with very closely half a dozen years, both in connection with Gregory and in connection with Don Jackson and Milton; and over many, many years in the Brief Therapy Center with both Dick and Paul.

SC: *You mentioned Milton Erickson. What kind of contact did you have with him and, in a nutshell, what are some of the things that you may have learned from him?*

JW: The main contact I had with him after we met, was when he came to give a teaching seminar with some colleagues in San Francisco in the middle 1950's. Jay and I began to go down to

Phoenix to meet with him on the order of about a week at a time a couple of times every year over five years or so. Jay continued after that. We would spend all the free time Milton had available discussing things about therapy and hypnosis and schizophrenia. Then we would go back to our hotel and sit down to play over what we had been taping, prepare some more questions and go back for another round. Also, there were some further contacts, a couple of times, when, during that same general period, he would come through Palo Alto for a few days.

What did I learn? A great deal. Let me hit some of the things that I think were most basic even though they're general, rather than specific. I learned something about paying close attention to clients. I learned something about change is always possible even in what appeared to be desperate or "fixed-in-concrete" situations. And I learned it is the business of the therapist, essentially, to take charge and influence people to make changes in useful directions.

SC: *I'm wondering whether you feel Milton had an influence, either general or specific, on the MRI model.*

JW: Well, I think certainly he did, and it was two things, I would say. All the general points I just mentioned fit into

what we did at MRI. In addition, I would say there were probably some things we heard from Milton that he used in various cases that we attempted—more or less—to copy, that is, particular interventions, ways of getting people to make changes. It was always remarkable to us to see the things Erickson could get people to do that were different from what they were accustomed to doing.

SC: *Over the years, you've come to be recognized for your contributions to family therapy and also to what has become known as the interactional view of looking and understanding people. What got you involved in beginning to think interactionally?*

JW: Let me say just a couple of words, first, about what I see as the relationship between two areas you mentioned—family therapy and the interactional view. I think the interactional view, as it applies to treatment, essentially began mainly with work with families and it developed into something called family therapy. I think many people have a view of family therapy that's too narrow, too concrete—that it only deals with families as such. My way of looking at this is: the interactional view is a great deal broader than just questions of families and even family problems.

Continued on page 19

Dr. Brian Alman's THE SIX STEPS TO FREEDOM



Brian Alman, Ph.D.

From this compassionate and skillful teacher, a HEALING MASTERPIECE has emerged. Based on 20 years experience, Dr. Alman offers treatment approaches to dependencies and addictions from identification to resolution, and it is now available to all of us.

This self-study program contains 8 audio tapes, a personal video session and an interactive journal:

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- Step 2—How the Past Dictates the Present
- Step 3—Who and What Triggers Dependency or Addiction Over and Over Again
- Step 4—Relapse Prevention Tools: Moving to a New Level of Living
- Step 5—Resolutions and Strategies for Finishing with Any Dependency or Addiction
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ETHICAL DIRECTIONS

Mental Health Profession Contributes to Moral Decline?

by Deane Shore Berson, M.D.
Colorado Springs, CO.

In a training program for psychiatrists, a doctor presents a case of a married man wanting help for impotence with his girlfriend. Though the doctors discuss treatment technique, none mention that this man's conscience might be what is making it difficult for him to have sex in the context of an affair. This silence about moral concerns may teach students that faithfulness and marital vows are not relevant considerations for the doctor or patient.

Too many stories like this one have come to my attention recently for me to remain silent. I am proud to be in a profession that helps people in their areas of deepest hurt. But I believe that some of the values we teach are contributing to lower morality in our clients and in society.

An agency counselor says to a mentally handicapped client who is about to break an agreement with her friends, "It's OK either way; it's up to you." Several other counselors nod approval. Wouldn't it be more appropriate for these counselors, acting as surrogate parents, to say to the client something like, "So long as you have not agreed to something immoral or dangerous, it is important to keep up your agreements."

Whichever statement is said, the counselors, by advising the client, are urging her to adopt their values. Psychotherapists impart their values throughout therapy, e.g., "You're buying into a guilt trip," "It's OK to masturbate," "We shouldn't impose our values on another person," "It's neither right nor wrong." Though not necessarily recognized or acknowledged, one goal of a therapist is to change the conscience of the patient to be more like that of the therapist. When people invite a mental health professional to help them find relief and healing for the most intimate aspects of their lives, they are committing an act of faith that the professional's values will be good ones for them to learn.

A generally excellent psychologist says to a client who appears to have a false memory of having been sexually abused (but who seems reluctant to look at the possibility that the memory is false), "It doesn't matter if it's true or not; what matters is your perception." But isn't it true that both her perception and the truth mat-

ter? If the client's perception is true, she might help herself if she confronted and exposed the person who abused her. If her perception is false, she would hurt both herself and the alleged abuser if she made a false accusation.

This idea that only perception matters is one of the more subtle and dangerous values that many mental health professionals teach. A respected psychiatrist says, "It's all a matter of perception—it's known that when two people observe the same events, they come away with different perceptions." Colleagues nod their heads in agreement. None mentions the studies that show that some people are far more accurate observers than others; thus facts often can be determined and do count. Neither do any of the therapists protest at how this philosophy could be used wrongfully, for example against a rape victim on the witness stand: Defense attorney, "You felt you were being raped. He felt though you repeatedly and loudly said 'No'—that you really wanted to have sex. It's all a matter of perception."

Do such values get transmitted to our clients? Consider the man whose ex-wife recently admitted to him and their daughter that she had told false stories about him to the daughter. He privately asks his daughter about these stories and wishes to reassure her that if she tells him what her mother said, he will not be vengeful toward them. Rather than simply tell his daughter that he won't be vengeful, he says, "What did Mom say about me—it's not good or bad."

Not good or bad to tell false stories? Where did this idea come from? The father says he learned in weekend psychology seminars that everything is a matter of perception. While it is true that how we evaluate things depends on how we perceive them, this does not mean that all that matters is perception. The survival of humanity also matters, and for us to survive, we must adjust not only to physical reality but also to moral reality. Just as physically a misdirected knife will cut a finger rather than a tomato, societies that fail to morally and legally condemn assault will cause greater suffering to their members. In the realms of both physical and moral reality, all perceptions are not created equal. Accurate perceptions—ones that correspond with reality—are necessary in order to avoid the cut finger and the society where assaults are commonplace.

Thus, for us to survive, we must agree to perceive as moral reality that certain things are bad, e.g., lying, stealing, murder. When we in the mental health profession fail to add this corollary to our

teachings about perception, at best we are being careless and naive, and at worst we are promoting evil.

Having only been taught that all is a matter of perception, however, this father tells his daughter to view telling false stories as neither good nor bad. Rather than teach her that telling the truth is a nearly absolute value, he describes it as a morally neutral act. I know this father would be upset with his daughter if she lied to him, but his advice to her is morally confusing. Our

Editors' Note: The following Code of Ethics is currently in use at the Family Therapy Institute of Washington D.C. The ideas here are clearly delineated and while practitioners may not fully agree with each elaboration, the principles involved are important and central to good therapy. This code, with additional annotation of the ideas has been published in and is reprinted with permission of the author and the editor.

Keim, James P. (1995) *Strategic Therapy Panorama des Thérapies Familiales*. Edited by Elkaim, Mony. Editions du Seuil. Paris France.

CODE OF ETHICS:

1. The first rule of strategic therapy is an adoption of the age-old medical maxim, "do no harm." Simply stated, therapy should not hurt the clients, society, or therapists. One guideline-recommended by Haley is that a therapist should only use therapeutic procedures which the therapist is willing to experience or have his or her children experience. No therapist may ask a client to undertake any harmful, immoral, or illegal action, even as a paradoxical intervention (Haley, 1989). Part of not doing harm is the responsibility to avoid giving damaging diagnostic labels.
2. The therapist must practice in a competent manner and must accept responsibility for creating change in therapy; Not accepting responsibility for change results in blaming clients for failure in therapy. Blaming the clients results in patronizing treatment of clients, decreased effort on the part of the therapist and perpetuation of blame cycles that are part of the pathology of the client's social context.
3. Therapists must assume that they wield tremendous influence. Clients are safest when therapists assume they wield too much, rather than too little influence. The therapists must take responsibility for the intended and unintended effects of their direct and indirect influence on clients and

profession helped confuse him.

Because those who have the resources to receive our help are often in positions of influence—professors, writers, psychotherapists, politicians, and clergy among them—the values we have been teaching our clients for decades have been passed to many others. Might we then be partially responsible for the development of a society where today more and more people act as though there is no difference between right and wrong?

the client's social system. A therapist is not the same as a classroom lecturer whose audience is relatively free to accept or reject his teachings. A client in therapy should be considered to be in an extraordinarily vulnerable position, much like that of a hypnotic subject in a trance, and should not be taken advantage of.

4. Therapy must be respectful of clients. Because of their influence, therapists are in a uniquely powerful position to denigrate clients and therefore must be all the more sensitive. Live supervision is especially helpful in training therapists to notice their inadvertent insults.

5. Therapists should have a minimalist view of changing clients' world views; this ensures maximum respect of the world view of the client. In successful therapy, the therapist instigates a change in the clients' world views. However, attempts to change a client's world view should be limited to the presenting problem which the therapist has contracted to change. Consciousness-raising, here defined as influencing a client for a purpose not directly related to solving the presenting problem, must not be confused with therapy. For example, the Nazi ideology of a father would have to be addressed when the presenting problem is the violence of the son. However, the Nazi ideology would not necessarily be addressed if a Mr. Smith came to therapy for help in dealing with the death of his eighty year-old mother.

A minimalist view of changing clients is a consequence of recognizing that the therapist's construction of reality is not in general more valid than that of the clients (Haley, 1973, Watzlawick, 1984). For example, it is helpful for a therapist to view problems in terms of hierarchy and sequence; however, it could be a terrible idea for clients to view

Continued on page 9

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BOOK REVIEW

Propagations Thirty Years of Influence From The Mental Health Institute

John H. Weakland, MFCC,
Wendel A. Ray, Ph.D., Editors
New York: The Haworth Press, Inc.,
1995. 304 pages

To say that the research and training done at the Mental Research Institute (MRI) has been highly influential to countless psychotherapists, and that many of those who have been influenced by MRI have themselves become major contributors to the advancement of psychotherapy is an understatement. But it is a statement worth making. *Propagations: Thirty Years of Influence from the Mental Health Institute*, edited by John Weakland and Wendel Ray, illustrates the remarkable influence of MRI. This book is more than just an "awards banquet." It is a work of profound clinical scope to which some of psychotherapy's most influential leaders have contributed.

The book, as John Weakland

points out in his introductory comments, is a "mixed bag." Like a holiday buffet, not only is it varied, it is rich as well. *Propagations* begins with a historical introduction which, presented in dialogue form, invites the reader to experience how MRI was formed from a personal perspective. Mara Selvini Palazzoli follows with a statement about how this institution influenced her work. While serious students of brief, strategic and family therapy will find these chapters fascinating, they are only an appetizer. The main course comes in the form of both theoretical and case discussions which include significant offerings from early MRI members such as Gregory Bateson, Janet Bavelas and Carlos Sluzki, and Beavin later contributors to brief therapy such as Steve de Shazer and Insoo Kim Berg. This material when taken as a whole, demonstrates how MRI has influenced brief and strategic therapy. When each chapter is savored individually this book delivers some of the most creative thinking and therapy ever done.

Propagations launches into theoretical discussions concerning meta-communication. The interactional

theory and therapy of Don D. Jackson is insightfully discussed by Wendel Ray. Section II presents a variety of case studies and results of research on strategic and brief therapies. This material is specific, pragmatic, and delightfully interesting to read. The material is extremely useful today in an era when therapists are called upon to submit specific treatment protocols and to accomplish goals within a limited number of sessions.

Section III includes a number of articles examining MRI's influence from a variety of venues. Prabha Appasamy writes an interesting first-hand account of the difficulties of practicing psychotherapy in India, where biological psychiatry and psychotropic medications reign supreme, and where most people, referral services included, do not know what to expect from psychotherapy. Douglas Green, an ordained minister, takes us out of the realm of therapy with his Thanksgiving sermon, "A National Day of Complaining." He discusses how his preaching style has changed as a result of his connection with MRI.

Section IV takes the reader to the outer reaches regarding, how therapy, language in action, meta logic and

quantum psychology affect health issues. This reviewer found this section to be the most fascinating.

Many edited books do not "hang together." The articles are interesting but taken as a whole, they do not read well. *Propagations* does. This book is varied in style and content. It is clear that MRI and its interactional, linguistic, and strategic view of therapy have made a profound impact on therapy, medicine, and even the ministry. Yet this book is not a finished product. It is not the final word but a stopping point along the way. Like a good meal, it is fulfilling at the moment but leaves one with avid anticipation of future offerings. In an age of bloated claims, sloppy research, and aggressive marketing, *Propagations* celebrates without bragging, and yet makes its points eloquently and elegantly.

Propagations also is a memorial to the genius of John Weakland whose death this past year left the therapy world with a large void. Thanks, John and Wendel for this delicacy.

Reviewed by:

Bill Wade, M. Div., L.P.C., L.M.F.T.
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Francine Shapiro, Ph.D., originator of EMDR, is a Senior Research Fellow at the Mental Research Institute, Palo Alto, California, and the recipient of the 1994 *Distinguished Scientific Achievement in Psychology Award* presented by the California Psychological Association. She has trained over 14,000 clinicians internationally and has been the invited speaker at and presenter at numerous national and international conferences. She is the author of *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures* (Guilford Publications, 1995), and many articles and book chapters on EMDR.

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AUDIOTAPE REVIEW

The Construction of Therapeutic "Realities"

by Paul Watzlawick, Ph.D.
Tape MG264-62AB
Workshop 48: \$21.00 (2 tapes), 1994
Distributed by
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Watzlawick begins the session by exploring the irony of the title itself, and the school of constructivism, which purports "reality" only be constructed by the individual. After all, if there were an absolute reality, why would it require construction?

Providing clear and illuminating case examples of the process by which people create meaning in their words, he explores the function of the therapist in assisting the client to construct reality in ways that stimulate more useful and enjoyable behaviors. Metaphorically speaking, if the client has a "heads" only view of the problem, the therapist flips the coin to show the "tales" side of the issue.

Watzlawick uses parables to illustrate the nature of perspective in the construction of reality. He stresses the

importance of the therapist's exploration of how a client's construction of reality maintains and exacerbates the symptom. In the case of conflictual relationships, whether they involve couples or countries, the therapeutic challenge is to find the point of intersection in the differing views. Reality, according to Watzlawick, always is the result of a clash between the competing realities in the world of relationships. He provides memorable anecdotes to demonstrate how altering the perception of a situation can dramatically eliminate the problem.

He is passionate in his arguments for the relative nature of reality, which he postulates as a "third force" resulting from the interaction of an actual experience and the person's "meaning-making" process. He believes this third force reality can be beneficial to the family system, and then explores related concepts such as contrasting personality structures. Watzlawick provides numerous case examples in which small contrasts in the system create large changes. He follows with challenging exercises illustrating how the perspective on a problem usually is more limiting than the problem

Ethical *continued*

problems in these terms. Different constructs of reality can be simultaneously valid depending on the different roles of the parties involved (Watzlawick, 1984).

6. Therapists must maintain an awareness of the advantages and disadvantages of the use of overt versus indirect directives. The following discussion compares skillfully given overt and indirect directives. With an overt directive, the therapist's influence is overt and clearly identifiable to the clients. Dependence on the therapist is more likely to occur with the use of overt directives as sometimes clients credit the therapist instead of themselves as being responsible for change. However, the intent and influence of direct directives is open to review by the clients and is thus less likely to lead to abuse. With an indirect directive, the therapist's influence is not clearly identifiable and may even be invisible to the client. The client receiving the indirect directive is more vulnerable to bad interventions because the directive is not as easily reviewed. The advantage of indirect directives is

that the clients' feelings of self-determination and self-confidence tend to be increased more by indirect for change resulting from indirect than overt directives. Thus, both overt and indirect directives have their advantages and disadvantages that must be monitored in each case. In general, indirect interventions require more clinical skill.

7. Common sense is an important as theory when determining what might harm clients. Therapists should trust their gut feelings about appropriateness of interventions and discuss uneasiness with a supervisor before proceeding.
8. The therapist is responsible for using the most dignified, least intrusive intervention that will work within a reasonable time frame.
9. Therapy must not be oriented towards blame, nor should it collude in irresponsible or dangerous behavior or in the forfeiture of individual responsibility.

References:

- Haley, J., 1973. *Uncommon Therapy*. New York: Norton.
Haley, J., 1989. *Fifth Profession Ethics*. Unpublished Manuscript.
Watzlawick, P., Ed. 1984. *The Invented Reality*. New York: Norton.

itself. In short, how we view it affects how we do it. Often, encourages Watzlawick, going outside the boundaries of our perceived limitations is the very evidence we need to prove they never really existed. Like Erickson, he emphasizes that we need less to be told what to do, and more to be assisted in recalling what we already know best to do for ourselves.

Watzlawick then examines the nature of our reality, at the level of perception (primary reality), and the more critical level of meaning-making (second order reality). Like unique mental fingerprints, it is this second order reality, with its significant diversity, that plays a causal role in human conflicts.

He continues to build the case that reality can be shaped only after the fact. Furthermore, as participant observers in the experience of our own lives, he notes, we can never be completely objective about anything. The clear implication for the mental health profession, Watzlawick believes, is to encourage the abandonment of the notion of "good mental health" and

focus instead on helping clients to expand their reality in a way that enhances well-being.

He concludes with an examination of specific language forms intended to create second order change, contrasting indicative and injunctive speech. It is the injunctive language of hypnosis, Watzlawick explains, that creates change in a system. He emphasizes using Ericksonian directives, learning the language style of the client, avoiding negation and reframing any problem with a positive connotation.

These tapes offer a concise review by a literate master practitioner and are recommended for the collections of the novice and seasoned professional alike. "The Construction of Therapeutic 'Realities'" provides a valuable exploration of the heart of Watzlawick's approach to constructing therapeutic realities.

Reviewed by:
Helen Lemm, BSW,
New Orleans, LA

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- MH260-CP17** **Demonstration of Cognitive Therapy** Aaron Beck, M.D., Judith Beck, Ph.D. (Also Available on Videotape)

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- MH260-P9** **PTSD and Abuse,** Cloé Madanes, Lic. Psychol., Donald Meichenbaum, Ph.D., Francine Shapiro, Ph.D., Lenore Walker, Ed.D.; Moderator: Brent Geary, Ph.D.
- MH260-P12** **Children and Adolescents,** Claudia Black, Ph.D., Stella Chess, M.D., Cloé Madanes, Lic. Psychol., Donald Meichenbaum, Ph.D.; Moderator: Brent Geary, Ph.D.
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DIALOGUES

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- MH260-D4** **Current Controversies in Psychodynamic Therapy** Otto Kernberg, M.D., James Masterson, M.D.; Moderator: Camillo Lorioed, M.D.
- MH260-D7** **Essentials of Therapy** James F.T. Bugental, Ph.D., Irvin Yalom, M.D.; Moderator: Carol Kershaw, Ed.D.
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CONNECTIONS

My Pilgrimage to Phoenix

by Dennis Doke, M.S., L.P.C., L.M.F.T.
Irving, TX

The call to visit the city where the genius of Milton H. Erickson flourished in the last decades of his life beckoned me to return to Phoenix. My mind was full of tenth grade memories of the place and times that I had spent in that grade of school. Although some of the excitement of that life had faded, the mystique of the desert kept calling and when I read about Erickson I felt a need to revisit Phoenix. I wondered whether or not the experience of the visit would suffer the same feeling of letdown of so many childhood recollections that deflate under the eyes of the adult. However, a year after my pilgrimage, I still am in awe about Phoenix, the mountains, the heat and the hypnotic experience of being in "Milton's" city.

I first was introduced to hypnosis when M. Khatami, M.D., the director of psychiatry, at St. Paul Medical Center, where I work, suggested I study it. Over the next few years I read five books about Erickson's work. St. Paul agreed to send me on a week long intensive training program.

I arrived on a Sunday afternoon with my camera and with the knowledge that I would visit the Desert Botanical Gardens and Squaw Peak mentioned so frequently in Erickson's therapeutic assignments. I had plans to walk down the streets that I imagined Erickson had walked down. After settling into my hotel, I was surprised at how near the old home-office address I was. I imagined there would be some kind of a shrine there. I found the street but didn't have the correct house number. I asked a few people if they knew where he had lived, but they didn't know him. I thought everyone in Phoenix would know of him!

My next mission was to drive past the house where the Teaching Seminars had been held. After driving by twice, I suddenly felt compelled to see if anyone was home. Fighting my intimidations, I took a breath and knocked on the door. I apologized for the intrusion and inquired whether or not this was Dr. Erickson's house. To my surprise, Mrs. Erickson introduced herself and invited me in! I jumped at the privilege and felt a surge of satisfaction with this pleasant serendipity.

She showed me Milton's vast collection of ironwood carvings, carefully explaining how the earlier works were lacking in movement in their shape. I don't know how many times she pointed out the evolution of these hard wood carvings in the development of movement. The wild creatures carved from a hard wood could show movement. A year later, I was giving a talk of how Milton used existential and Logotherapy principles, and I told the group how Milton loved to collect the hardest wood, transformed by gentle and patient artistry to wonderful and beau-

tiful works of art that represented movement—change. Even the hardest wood could be transformed if the artist was patient and had vision.

I can still feel how excited I was to be able to visit a short time with Mrs. Erickson. Kind and gracious, she made me feel so welcome. We walked through the house and then outside passing a great Palo Verde tree to the little cottage adjacent to the main house where Dr. Erickson did much of his work. I was impressed by how much a great person is made so much greater when pushed forward by a loving spouse. Later, I bought an ironwood owl to bring home to remind me of the Ericksons—Betty and Milton.

I had two other agendas: Squaw Peak and the Desert Botanical Gardens. I began my journey up the former, intent on learning something profound. Halfway up I came to the conclusion that perhaps nothing was there to learn; maybe it was simply an experience. Then, I suddenly became flooded with insight: (1) God's mountains rise in glory and splendor much more magnificently than does any work of mankind. (2) Milton was a man of admiration and a mentor. His ashes are now scattered on this monument of God. We are but dust—what is man that God is mindful of him. (3) The goal to reach the top begins by

Continued next page

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WOMEN OF NOTE

Gloria Steinem

by Carol Kershaw, Ed.D.
The Milton H. Erickson Institutes
of Texas

After more than two decades, a woman who remains an influential journalist and one of America's most eloquent feminists, Gloria Steinem has contributed to breaking the trance of sexism. Founder of "Ms" magazine, she has written a succession of books. They include *Moving Beyond Words* (Simon & Schuster, 1994) and her 1992 book *Revolution From Within: A Book of Self Esteem* (Little, Brown, 1992) in which she links self-authority to the challenging of unjust authority.

As part of her research for *Revolution from Within*, Steinem consulted Nancy Napier, Ph.D., a psychotherapist trained in Ericksonian approaches and learned the utilization of revisiting earlier experiences to strengthen present life. Napier sug-

gested the use of Milton Erickson's concept of "future self" to ground and practice the self Steinem wanted to help readers develop. Using herself as a subject, Steinem recounted her discovery of a more compassionate and nurturing future self who could provide comfort and encouragement to a child self, qualities that had often been missing in her own growing up. Through this and other explorations Steinem came into better balance with and found more energy for her social activism. Through a personal example, she encourages the field of psychotherapy to connect with social activism and thereby be complete.

At the Evolution of Psychotherapy Conference (Las Vegas, Dec. 1995) Steinem suggested that there can be a deep wounding of the psyche. The psyche in each of us is neither "masculine" nor "feminine" but uniquely human. Our culture promotes a melting pot paradigm, where we are all the same, instead of a mosaic model in which each person is unique

and can work for the common good. Steinem suggests that therapists and social activists do the same work and emphasizes the need for a connection between inner life and outer activism. The work of connecting the two helps create not just a healing community where people are free to grow and express themselves, but a society that nurtures health.

Steinem suggested that the process of transformation is both up and out and down and inward. We should question the assumptions of culture in general and the assumptions of psychotherapy in particular. She focused on questioning our social conditioning and assumptions about the world. She suggested we question long held societal assumptions about what is health giving, our individual assumptions and even the professional assumptions demonstrated at the Conference.

What Steinem has observed in the overall attitudes and behaviors of many political leaders is anti-change, anti-equality, racist and regressive legislation, a result of their own wounding which they then repeat in the conditions they create for others.

Steinem urged a public health model for psychotherapists. In this model, when victims of an epidemic come to a physician, they are treated, but the medical profession also tries to stop the epidemic. She called for the psychotherapeutic community to become socially and politically active to stop the epidemics of child abuse, social injustices and other forms of violence.

Steinem suggested that people can facilitate change on both the inner and outer levels. Actions as simple as urging voting and as complex as the battle against child abuse demonstrate self respect. As she said in her keynote address at the conference, "The bad news is there is no one key to unlock the universe. The good news is that the universe is not locked." For that belief and her social activist stance, she has become a symbol of hope for a better future.

Editor's Note: The Keynote Address tape is available from The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016-6500. Cost is \$10.50. (Order tape No. H260-1).

BOOK REVIEW

The Handbook of Hypnotic Phenomena in Psychotherapy

by John H. and Janet Sasson Edgette
New York: Brunner/Mazel, 1995.

The Handbook of Hypnotic Phenomena in Psychotherapy will be an important addition to any hypnotherapist's library. It is scholarly work written in a well organized, accessible fashion. John and Janet Edgette begin with a clear and succinct overview of Ericksonian hypnosis that provides a foundation for the rest of the book. Milton Erickson used hypnotic phenomena frequently and believed people could change their quality of life through discovering latent potentials. At last we have a book that teaches the practitioner to begin using these undeveloped abilities.

The authors describe the process by which to choose the most effective phenomena for particular clients. Included are such phenomena as dis-

sociation, amnesia, time distortion, hallucinations, hypnotic dreaming and daydreaming.

The vast majority of the book is a detailed exploration of each and the indications and contraindications for their use as therapeutic interventions. Most fascinating is the step-by-step presentation on eliciting hypnotic phenomena, including the use of direct and indirect suggestions, double binds and presuppositions, dissociative statements, symbols and metaphors. The discussions also include naturalistic and structural forms of induction. Sample transcripts are presented for areas such as pain control, panic disorders, overeating and sexual dysfunction. The authors even include a group induction using future progression for therapists learning hypnosis.

The final chapter describes the use of hypnotic phenomena to induce, ratify and deepen trance. More transcript materials are used to demonstrate these methods. The transcripts can be used to practice the skills described as well as being a springboard for developing the therapists' own induction materials.

The Handbook of Hypnotic Phenomena in Psychotherapy is a valuable clinical resource. I highly

recommend the book for therapists to aid in understanding hypnotic phenomena and how these trance manifestations can be used to improve their clients' functioning. The book allows the therapist to meet the specific concerns presented by a wide variety of individuals, families or

groups. Even the most timid therapist will feel empowered to use hypnotic phenomena effectively and to enrich their repertoire of skills.

Reviewed by:
Peggy Fischer, M.S.W.,
Houston, TX

Connections *continued*

starting at the bottom. The top may appear imminent but don't stop short. Many peaks were crossed before I reached the top. (4) There are many secret and hidden messages on the mountain. These come from meditation and contemplation. The journey is slow, building bit by bit. (5) There are massive ledges of stone shooting straight up and leaning to the side. Don't lean against weak stones or one is without foundation. (6) Far off, the mountains look smooth and gentle. But both boulders and small broken rocks contribute to the stairway up. Cacti and shrubs, glowing yellow, some impressive and some not, all perform a function of combining into a glorious mountain. We are all like

rocks built into a temple—holy and suitable for God.

The Botanical Gardens didn't require letting go of conscious striving. The flowers on the cacti and desert trees made me aware of adapting to life and creating a meaningful experience in any kind of environment. Jack rabbits, quail and all kinds of creatures thrive in this garden, creatively finding needed resources in the shade and flesh of cacti.

I left Phoenix with education on hypnosis that the training seminar and students provided. Probably more important for me was the continuing impact that Erickson has on the people around the world who are introduced to him through the work he left behind.

BOOK REVIEW

Clinical Hypnosis: A Case Management Approach

Edited by: William C. Wester, II
Behavior Science Center, Inc., Publications
1987. 370 Pages. 24 Contributors

Clinical Hypnosis: A Case Management Approach was compiled and edited by William Wester to serve as a companion volume to his earlier publication, *Clinical Hypnosis: A Multi-disciplinary Approach*. It addresses topics not covered in his first book, and reflects the efforts of some twenty-four additional contributors, offering an excellent overview for beginning clinicians as well as presenting some extremely interesting case studies for experienced therapists.

The book is divided into three units: "An Introduction to Hypnosis;" "General Applications of Hypnosis;" and "Specialized Applications of Hypnosis." Unit One deals with a brief historical evolution of hypnosis, induction and deepening techniques, ideomotor signaling, styles of clinical self-hypnosis, and indirect hypnotic approaches. Although Unit One provides an introductory approach to the field, this is not an introductory text. Volumes have been written on each of the subjects that are covered, so it is obvious that a single chapter can provide only the most cursory overview. However, the respective authors disseminate a surprising amount of information in a concise fashion within the limits of the format.

The second unit, "General Applications," outlines uses of hypnosis in many areas including psychotherapy, psychiatry, dentistry, medical practice, pain management, and pediatrics. Due to the nature of the specific subject matter covered, the chapters on medical practice, pain control and pediatrics are rather technical, and somewhat difficult for a non-medical person to understand. However, within those chapters, techniques and approaches are detailed that would be immensely useful to anyone using hypnosis in a practice.

Unit Three is a compilation of highly specialized applications of hypnosis, including clinical neurology, sexual dysfunction, depression, Tourette's Syndrome, bulimia and oncology. Again, some parts of these chapters would be difficult for a lay person to understand, but the presentations were unerringly concise and effective.

Of particular interest to this reviewer were the two chapters in Unit Three dealing with the issues surrounding the

use of hypnosis in a forensic environment. The authors, which include Wester, take the reader on an extremely interesting and highly informative tour of the "evolution" of the use of hypnotically refreshed testimony in court.

A thorough explanation of the issues surrounding a hypnotic interview are presented. A detailed "checklist" type of planning and coordination sequence, prior to the interview, is also presented. Additionally, interview and post-interview issues are explored. All procedures, techniques, and approaches are aimed at legally validating hypnosis as a legitimate and viable information gathering technique. The chapter on admissibility of hypnotically refreshed testimony is the core of this issue and Drs. Sies and Wester do a remarkable job of leading the reader through the dynamic pendulum of court and public opinion concerning use of hypnosis in the legal system. These chapters alone make acquiring this book worthwhile.

Throughout the book, one gets the impression of a new approach to hypnosis. More emphasis is placed on the hypnotic process in the form of naturalistic procedures, unconditional acceptance of the patient's phenomenology, and a holistic approach to the client. Each author seemed to subscribe to a "Dance with the one that brung you..." approach to helping their patients by personalizing their treatment, rather than imposing a prescribed clinical agenda replete with rigidity and universally used procedures.

Additionally, at the end of each chapter there is a comprehensive list of references to aid the reader in further exploration of specific subject matter. As is uncharacteristic of a survey text, at the end of each chapter, the reader is left with a feeling of wanting more.

I can heartily recommend *Clinical Hypnosis* to the beginning hypnoterapist as well as the seasoned clinician. For the beginner, it will provide the skeleton upon which he or she can build knowledge and expertise in specific areas. For the experienced clinician, there is a quick source of specific useful information, techniques, and a comprehensive list of references to facilitate research.

Dr. Wester has also co-edited a more recent book, *Clinical Hypnosis with Children*. Combined, the three volumes complete a comprehensive trilogy on clinical hypnosis, and would be a valuable addition to any library.

Reviewed by:
Phil Fairchild, M.A., L.P.C.
Crockett, TX

BOOK REVIEW

Touching the Body; Reaching the Soul

by Sandra Wooten, M.A.
Santa Fe, NM,
Rosen Method Center Southwest
Publishing, 1995

Sandra Wooten gives her personal account of experience with energy and its therapeutic use through the Rosen Method of touch for healing in *Touching the Body*. She brings together mental, emotional, physical and spiritual components in describing how the Rosen Method and other techniques such as hypnotherapy bring forth creativity that can help heal the lives of the client and the therapist. This book is almost a journal of Wooten's experiences with this mode of therapy.

She combines some physical and psychological developmental aspects of childhood to emphasize the importance of touch during early years. This need to touch and be touched continues throughout the life span. The author points out how touch can add a richer and fuller meaning to one's life.

Wooten explores many areas including some principles from theoretical physics, quantum physics and mechanical engineering to help her understand the principles of the energy generated from touch. From this, she interpreted its therapeutic benefit to clients. She then used her experience with hypnotherapy to try to understand the alteration in consciousness that occurs with both methods of therapy. She believes the combination of touch and alteration in consciousness can bring forth memories that can

help with a healing process.

It is clear Wooten is able to connect with the client and become a part of the healing process. She describes this as developing a "somatic resonance" or "matching" with the client which creates a "mandorla" or an opening for a more intense kind of communication to occur between the therapist and client which takes place on both a physical and emotional level. Through following cues from the client's physical responses, Wooten describes insights she and the client would often have. She feels this is a way for the client to access unconscious issues. This use of a patient's ideomotor signaling to benefit that person is a variation of Erickson's acute observations of physical responses.

In an age where touch has many meanings and clients come with a variety of issues about touch, Wooten did not specifically address clients with trauma from a past history of negative touch through physical and sexual abuse. This leaves a void in explaining how touch is used in such cases. The book also is sometimes difficult to follow; the author seems to ramble when she tries to tie the principles of science with her personal experiences and insights.

Touching the Body; helps increase awareness about the importance of touch in everyone's life. In the examples Wooten gives, she does give a good case for combining the hypnotherapy techniques with the Rosen Method in order to benefit her clients.

Reviewed by:
Carolyn Jewell, R.N.C.
Dallas, TX

BOOK REVIEW

The Tao of Chaos

by Stephen Wolinsky, Ph.D.
Conn: Bramble Books. 1994.
349 pp, \$16.95, soft-cover

This book is difficult! Vertical bold face font titles mixed with horizontal bold face font titles at each chapter heading startle the brain. Then the interspersed orderly sequence of exercises and steps appears. The layout brings forth chaos and order whether it was intended to or not. However, the content within may be useful.

I found exercises and step-by-step instructions difficult to follow after a stream of important written abstractions. The concepts of appearance and

disappearance are stressed throughout the book. Concrete steps appear and abstractions disappear, just as abstractions appear and concrete steps disappear. By the time I had reached Tao of Chaos Exercise #76 (the final one), I was not sure who or what had appeared or disappeared, but was delighted at their disappearance.

The basic unifying theme is the loss of the essence of being. Enneagrams of personality types describe one form of defense against the state of chaos and terror. However, the author never addresses the question of whether this truly represents defense against the loss, or the void, or if it is a stage in growth and development.

Continued on page 18

CASE REPORT

A Shift for Victim to Empowerment

by Tim Baumgartner, Ph.D.
Houston, TX

A 24-year old client who had been in therapy almost continually since her mid-teens presented a long history of sexual abuse and incest. Five years previously, she had been hospitalized for major depression and suicidal concerns. At that time she reported abusive treatment by her psychiatrist. Complaints involved isolation when she refused medication, verbal insults, and suggestions of memories that she did not have. She reported that the psychiatrist subsequently lost his license.

Prior to seeing me, she was in therapy with another psychiatrist for five years. The client reported feelings of resentment and distress toward this psychiatrist. She reported that he insisted that she had engaged in specific sexual acts with her father. These acts were not consistent with her recollections. Therapy had included confrontation of the father.

The client was now married and had not been troubled by suicidal depression or drug abuse over the last three years. However, her history combined with her reported abuse by

family, boyfriends, employers and treatment providers contributed to her depression, post-traumatic stress, and "victim" self-image.

Treatment began with the setting of clear boundaries and focusing on the client's rights and expectations. Her abuse history was gradually disclosed, accompanied by expressions of fear and anger. The client agreed to the use of trance to shift her focus from the perspective of victim to one of curiosity and empowerment. She responded well to conversational inductions. The therapeutic focus was on learning and development as opposed to remediation. As she learned to express her feelings of anger and frustration, she began to express the need to "get away somewhere." Her fantasy was to take an island vacation, but she believed that she required psychiatric inpatient services to stabilize her thinking.

In our discussion, she expressed that the dollar price of the short hospital stay would be about the same as the desired vacation, however, she was concerned about her husband's "emotional price tag" that would result if she took a vacation. In therapy, I suggested that some people "prepay" vacations so they can enjoy the entire experience knowing that there would

be no legitimate bill waiting on their return. She was challenged to determine all "hidden" costs and experience them affectively and interpersonally, as soon as possible, so she could begin anticipating her trip.

The client accepted this suggestion, and shifted her focus from anticipation of hospitalization to planning for the trip. She took the vacation while her husband stayed home. Upon her return, she reported that she had successfully set boundaries with her husband and did not assume any emotional debt for her trip.

The metaphor of the vacation was used to reinforce her inner strength and independent action. The client reported successful goal planning, boundary setting, calculated risk taking, initiation of interpersonal relationships, and a feeling of inner courage and empowerment. Over the

following months, she remained in therapy and reported that the vacation provided a "turning point" for her. The client enrolled in college and performed well. While the change from "victim" to responsibility was rapid, and occasional slips into the former role occurred, the resources for change were integrated within her.

Suggested readings

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DISCUSSION

by Gene Davita, M.D.
Houston, TX

Baumgartner focused on presenting issues in the past as well as present boundary violations and abuse from numerous sources including professionals. Establishing a therapeutic relationship with clear expectations, respect for the rights of the patient and opportunity for her to express her emotions was paramount. This established a fluid, process focused therapy in which change could be promoted.

The patient seemed adept at trance since conversational induction worked well. She was able to move from the victim position to one of empowerment rapidly. More traditional therapeutic approaches that encourage hours of exploring victimization experiences can further crystallize that role. Such a shift in the therapeutic paradigm for a patient allows responsibility, self-assertion and creativity that universalizes to all areas of living.

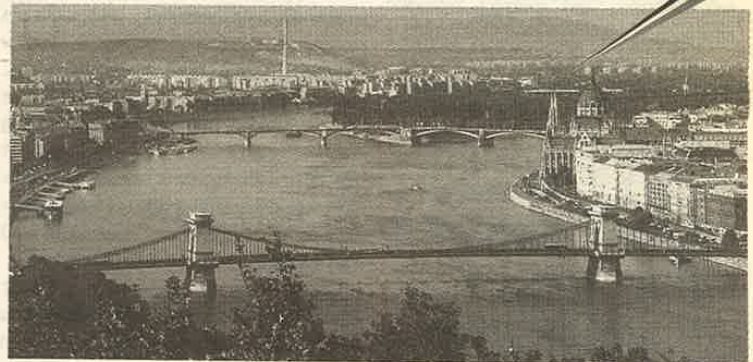
The patient's concerns with the

cost of hospitalization presented Baumgartner with an opportunity to employ an Ericksonian approach and the patient's fears then could become a useful part of therapy. The vacation metaphor allowed the patient to experience "getting away" and to create an experience that furthered her responsibility, assertion and individuation. This created even more encouragement for further growth and development in living by using the skills developed while turning a dream into a reality. She was further empowered by beginning to create a life of selfhood rather than perpetuating the life of a victim.

Baumgartner's work with this patient, who presented with a multitude of serious problems, demonstrates therapeutic elegance in his work with one aspect of her problems. The assistance of movement from being reactive in her life to being the source of creating her life was important. This resolution can serve as a springboard for future therapeutic advancement.

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PAID ADVERTISEMENT

FORUM REVIEW VIDEOTAPE

"Breaking the Bruxing Habit" Videotape Demonstration by Kay Thompson, D.D.S.

Recorded December 1994,
Los Angeles, California

Distributed by
The Milton H. Erickson Foundation

Editors Note: This "forum review" provides perspectives from both the dental and the psychological viewpoints. Jon Ousley, D.D.S. and Arlet Dunsworth, D.D.S., M.S.S., made comment on the demonstration, and Jerry Weiss, Ph.D. provided a more complete overview.

Arlet Dunsworth, D.D.S. This videotape is a good example of hypnotherapy. The subject is certainly an ideal one, and it is very apparent that she has had, as she says, multiple hypnotherapy sessions in the past. She appears relaxed and comfortable prior to starting the session, and is easily hypnotized to a state of complete tranquility. The warmth and empathy of the therapist is very obvious, and it should be noted that this type of treatment is extremely important.

The video is more of a demonstration than a teaching tape. The entire demonstration shows a methodology that is an alternative to the more commonly used approach of detailed explanations for techniques being used. Overall, the tape is a good example of a hypnotherapy session.

Jon Ousley, D.D.S. The treatment of bruxism requires a background of understanding about the causation of the disorder. There are a variety of factors that may be contributory, and different perspectives on the importance of each of these factors. In children, causative factors include eruption or loss of teeth, or environmental changes associated with anxiety and tension. A few years ago, otolaryngologists promoted the perspective that much of the bruxism in children was attributed to clinical or subclinical allergies, and teeth grinding was an effort to clear ear canals. More recently, the idea that bruxism is a sleep disorder has become prominent.

If hypnosis is successful in habit control, and the bruxism is a habit, then indeed, hypnosis may be successful in its modification. However, most importantly, a therapist should have a background of understanding of the current views of bruxism and of the problems specific to the patient prior to embarking on a therapeutic session.

Jerry Weiss, Ph.D. The points regarding possible physical causation raised by

Dr. Ousley are well taken, and apply to treatment of any patient with physical symptoms. These issues are not covered in the video and do raise important questions that should be addressed prior to the psychological treatment. In this case, as told in the title, treatment is approached as through physical causation has been ruled out.

Those of us who do hypnotic demonstrations know they can be hell. Pick the wrong volunteer, and all of your expertise appears to go down the drain. Any one of us can produce a less than exciting demonstration every now and then. And this tape, done by the normally vibrant and exciting Kay Thompson, is definitely not very exciting. But—should it be? Let's take a look.

The tape opens with Thompson and a pleasant middle aged volunteer named "Shirley" chatting as they sit across from each other on stage. (Perhaps Thompson had asked the audience for a volunteer who wished to be cured of bruxism, and Shirley responded. We'll never know.) As we listen to their conversation, we suspect that they have worked together before, and learn that Shirley has gone into trance many times.

This appeared to be one of those situations in which the demonstrator has no time to "know" the subject in order to individualize a spiel. A bulk of the tape appears to consist of Thompson's improvised recreation of an induction that she has probably used many, many times.

Thompson presented what sounded like a rather general "hypno-patter" about bruxism—a "canned" version rather than one made up for a specific person. However, perhaps she really did know Shirley from previous work, and this patter was correct for her. She structured it around the expressed concept that a child develops bruxism to deal with the inability to express negative, or as she calls them, destructive, feelings. Her expressed goal is to use hypnotic treatment to substitute a positive behavior for a negative behavior.

Thompson's treatment consisted of working with Shirley to give her a lot of ego strengthening and a way to defuse incoming messages that might activate fearful or angry feelings. She also did a little educating about needs for perfection and ways to rechannel energy into positive activity. Finally, there was a summary at the end about

bruxism and what to do about it.

Thompson did all of this while entertaining us with word and idea patterns. "It will be interesting for you to discover what you know about what you think you don't know about what you know..." and "we learn to bite back words...". Thompson says she likes to work with "word games" in order to both distract the subject as well as to make the message more meaningful.

And, like most demonstrations, we don't know if it was effective and helped Shirley to stop her bruxism. However, at the end of the tape, she did report that she was relaxed and enjoyed the experience with Thompson.

But, of course, the point of a demonstration like this is not whether it works, but rather "How does the demonstrator do it?" Looking at it from that point of view, we certainly learned how Thompson does it. As a demonstration of Erickson's model of cooperative hypnosis, Thompson was excellent. And, as always, although she wanders about a bit, she presents a picture of linguistic skills that many of us envy.

HISTORICAL TIMES

Guided Imagery

by Nicholas Brink, Ph.D.
Philadelphia, PA

The power of guided imagery was known to our ancient ancestors in the mythological dreams venerated at their alters. Images of kings, shining warriors, the confronting tricksters, fragile princesses, all influenced people and history and directed the course of life. With the advent of scientific thinking, the industrial revolution and the worship of the rational, these images have been relegated to the teaching of values, at best, or worthless fiction at worst. Only in limited areas of modern culture have these images begun to regain their reputation. Freud and Jung began to lead us on the return journey to appreciate the power of imagery in dreams and myth as the images of the unconscious. In the 1930s, Robert Desoille (1965), and later Hanscarl Leuner (1965), offered mental images to examine specific dimensions to life, imposing specific meanings to the images as Freud imposed specific meanings to dream symbols.

In America, the behaviorist model led to the use of mental imagery in

systematic desensitization (Wolpe, 1954). Though the use of imagery and hypnosis in healing physical disorders began much earlier, Carl Simonton (1978), who used imagery in the treatment of cancer, may have been the person responsible for its recent popularity. The use of the guided imagery to uncover psychological barriers and facilitate the process of healing has caused rapid growth in the new field of psychoneuroimmunology.

The human potential movement, self-empowerment, a budding interest in the religions of the Orient, and the works of Dale Carnegie (1936) and Norman Vincent Peale (1952), have taken us beyond the belief that feeling good about oneself is a sin and opened the way for using mental imagery in personal growth which led to the proliferation of self-help tapes and hypnotic/imagery ego strengthening techniques. Milton Erickson was one major influence in reversing the common belief of the evil of the unconscious mind by recognizing it as a healing force.

As an outgrowth of psychoanalysis, hypnoanalysis (Wolberg, 1945) used age regression to access the unconscious mind with its painful content for use in the psychoanalytic

process. The uncovering of useful material can now be made with greater precision using John Watkins' affect bridge (1971). Other imagery techniques of going down in an elevator or looking behind doors add to the repertoire of uncovering techniques. Edgar Barnett (1981) added a useful ego strengthening and healing technique in age regression of "with all the wisdom and understanding of your adult self, go back and help your younger self understand." The Gestalt Technique (Perls, 1970) of using the adjectives gained from describing unconscious images to identify aspects of oneself provides greater conscious understanding to these images.

Using imagery techniques for personal growth and the uncovering of unconscious tormentors may seem to clash—the monsters of the unconscious mind could subvert the growth of positive thinking. Some proponents of the schools of positive thinking believe that facing internal tormentors is unnecessary. Yet, Jack Kornfield (1993), a Zen practitioner, bridges these divergent viewpoints by suggesting that such tormentors interfere with the positive experience of meditation and need to be faced and resolved before freedom can be attained. My experience suggests that many abused

Continued next page

"Perfect Legs"

by Sandra Wooten, M.A.
Santa Fe, NM

Paul, 53, felt acute anxiety whenever he became aware of physical sensations such as his own heartbeat. Shy and soft-spoken, he courageously sought out Rosen Method body work with me. Sensitive touch and acknowledgment, which can induce trance, were the primary treatment, but work with hypnotherapy moved our work further still.

From six weeks through eight months of age, Paul had a cast which ended just above his knee on his pelvis and left leg. After the cast was removed, the doctor prescribed turning the leg for rehabilitation. However, Paul's mother did not know exactly when to stop turning and would manipulate the leg until he cried out in pain.

Touching Paul's body on the massage table, I was aware that this turning and twisting movement still traveled up through his hip joints and back and affected all the muscles in his body. Paul's innate need to move, sense and feel, to strengthen and define his own body and to develop sensory-motor learning skills were thwarted. Dissociation from his body had been his only recourse.

I touched his legs during every session, "speaking to his body" through the autonomic nervous system. The touch was contactful and

quiet though sometimes I gently rocked his legs or went deeper with my touch to meet the tension. In the first hypnotic induction, I spoke to sensations of touch such as feeling of clothes on his body or lotion on his skin. At my suggestion, Paul began applying lotion to his legs every day and soon reported both legs felt very different. Later I did a dissociation induction, "Imagine someone who looks just like you..." With my hand touching him, I could track the tiniest shifts of breath and spoke to these shifts by asking him to notice his experience. Paul reported feeling "an electric current" beginning in his legs moving through his body.

One day he came into the office wearing shorts and sandals as I had asked. I gently but firmly wrapped his left leg in towels simulating the cast. Then, slowly unwrapping, I exclaimed, "Why, your hips and legs are perfect! Perfectly healthy and normal!" Paul said he had experienced weight, numbness and helplessness with the cast (towels) around his leg. That evening he left a telephone message saying he had never *felt* his legs like this before. His legs felt strong and so did he.

Paul's anxiety at feeling normal body sensations vanished. At our last session, he said, "Working with you has been a profound experience, more so because I can't say what happened. I feel stronger and more sure of myself than I ever have before."

Historical *continued*

individuals have such poor ego strength that they deny their own wisdom, understanding and strength in facing their tormentors and find their younger self disgusting or frightening.

Guided imagery in therapy needs to be a constant interplay between growth in ego strength and facing increasingly painful issues to attain the freedom to reach the highest level of human potential. Each therapist may add exciting new hypnotic/imagery suggestions in the process of this journey toward personal growth.

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by Eric Greenleaf, Ph.D.,
Berkely, CA

Milton Erickson, on teaching a man to dance, said, "It was a matter of asking him to study the reality of his own muscle sensations." (Rossi, Ryan, & Sharp, 1992, p 123). In this bold and thoughtful psychotherapy, Sandra Wooten combined gentle touch and hypnotic conversation to heal a long-standing trauma, while cooperatively "studying the reality of muscle sensations." More, she provides a corrective emotional experience which provided the patient with his own sense of his very own body,

Respectful touch accompanies much hypnotic therapy, from shoulder signals to hand levitation and the induction of glove anesthesia. Sandra utilized Paul's dissociative learning and his eagerness for sensory experiencing to help him notice his own breathing, learning, all the while maintaining gentle contact through touch. The touch was, at times, still and focusing; at other times, it was gently rocking and soothing. Paul responded by caring for his own legs. Then, and only when Paul had begun to care for his own long-ago hurt leg, Sandra firmly repeated the patient's childish

helplessness. Like a loving parent, she revealed and praised the newly grown perfection of Paul's body.

Paul's final comment shines with the result of working so faithfully with a patient's unconscious learnings. He cannot say "how or why" but he *knows* that he has had a profound experience. Though they never walked together, Paul, held in Sandra's gentle touch, walked with her out of the deadening weight of his own past pain and fear.

Rosen Method bodywork, and other forms of attentive, hand-on treatment, when combined with hypnotic conversation, amplify the focused awareness, utilization, corrective emotional experience and unconscious mind learnings of the most tender and effective Ericksonian hypnotherapy.

Reference:

- Erickson, M.H. *Healing in Hypnosis*. (eds. Rossi, Ryan and Sharp) 1993. New York: Irvington.

Editor's Note: The Rosen Method of Body Work is a way of using gentle touch and massage techniques for the benefit of the client. Ms. Wooten has completed extensive training and is licensed.

Tao *continued*

ment. The deconstruction of the personality types and their subsequent reabsorption (reconstruction) back into the primordial void seems simplistic in the first few exercises and therapeutic conversations. I delighted, later, when the author commented this process might require additional therapeutic work and that it was more difficult than it appeared in the therapeutic conversations.

The constant references to previous books by the author left me with a feeling of a void in prior knowledge perhaps necessary to understand the current material. Wolinsky has written a number of books rather rapidly. References to previous books disrupted my reading.

Wolinsky keeps good company. He and I shared many mentors, some through personal exposure and others through reading. The author graciously uses the constructs of R.D. Laing, Heinz Kohut, Alexander Lowen, Humberto Maturano and Francisco Varela, Milton Erickson and many others in this book, which integrates a

Transactional Analysis approach with quantum psychotherapy.

People reading this book as a self-help book for recovery of one's being might find it complex and overwhelming while appearing easy. Paraphrasing the author, they might be "looking for help on all the wrong pages." Wolinsky's methods force our awareness of the source, the ground of being, the void, the space of possibilities from which the observer/personality dyad as well as the personalities derive. This awareness challenges behavioral scientists to work in an environment in which there is no "being" in the human being. I agree that "being" is a great space from which to come and from which to enrich our everyday life.

His concepts are useful and instructive. Maybe there is hope in finding a unified theory. *The Tao of Chaos* provokes and challenges one's own constructions and necessity for deconstruction.

Reviewed by:

Gene Davita, M.D.
Houston, TX

TOPIC REVIEW AUDIOTAPES

Sessions by Dr. Fisch

Reframing in Brief Therapy

Tape #264-6A

Conversation Hour Tape

#G-264-110

The MRI (Mental Research Institute)

Approach Tape

#G-264-1

All by Richard Fisch, M.D.

Distributed by

The Milton H. Erickson Foundation

These three audiotapes were made in December, 1993, at the Brief Therapy Conference in Orlando, Florida. Richard Fisch, M.D., is one of the founders of the Mental Research Institute in Palo Alto, California.

Of the three, *Reframing in Brief Therapy* is the weakest. A few gems of wisdom are buried in a tedious and somewhat disorganized presentation. One of the more important points made is the therapeutic task of shifting a pessimistic reality perspective to one more optimistic and hopeful. Fisch discusses this issue and gives credit to Milton Erickson for creativeness in engendering optimism which is fundamental and implicit in most positive changes.

Another important issue addressed is the recognition of problems that might or will arise with the resolution of the focal problem. A central point made is the separation of the identified problem from other problem-maintaining behaviors.

The strength of this presentation is Fisch's profound insight into problem perseverance resulting from ineffective attempts at problem resolution. The target of therapy, therefore, is to interdict the attempted solution.

Reframing, while touched upon with deep understanding, is not well covered in this audiotape. The presentation ranges from downright dull to sheer brilliance and leaves the listener longing for what could have been.

The *Conversation Hour* utilizes a question and answer format with audience questions ranging from systemic and change theories to specifics about the physical set up of MRI laboratory. The informal discussion focuses on the Fisch's personal recollections and professional reflections. He provides a great deal of insight into the conceptualization and history of change theory.

The inception of the MRI methodology, almost three decades earlier, began with a pooling of ideas by John Weakland, Paul Watzlawick and Fisch who were later joined by Art Bodin. Over a period of time, the methodol-

ogy that is uniquely identified as the MRI approach evolved and was refined.

Initially an informal exchange to relieve some of the isolation of solo practices, the project expanded when outside funding became available. Influenced by the work of Milton Erickson and the ideas of Jay Haley, the team formulated a research design that mandated outcome evaluation. The need to develop concrete methodology shifted the focus. The question, "How much can be accomplished in one case?" became central. While smaller changes were being evaluated, the expansive "ripple effects" associated with those changes, veered the project into an unexpected and different direction. The question that then emerged was, "How little change is sufficient to generate 'ripple effects' (which then go on to have a broader and immeasurable impact)?"

A decision was made to limit cases, within the project, to a ten session period for this evaluation. It was agreed that since people see a therapist because they have a complaint or dissatisfaction, a difference or change within the chief complaint would serve as the indicator of change. The MRI therapeutic approach is problem-focused with adherence to the client's definition of the problem and frame of reference. Outcomes are judged on the basis of the complaint.

Near the end of the first decade, the team had generated sufficient interest within the professional community to have an ongoing audience of visiting therapists. Questions were raised regarding the foundations of their approach; this stimulated the process of documentation of their shared body of assumptions. The book *Change* (Watzlawick, P., Weakland, J. & Fisch, Norton: New York) was published in 1974, the first of three books which have since become known as beacons for change theory. Watzlawick's *The Language of Change* was published in 1978 (Basic Books: New York), and *The Tactics of Change* (Fisch, R., Weakland, J. & Segal, L., Joey Bass: San Francisco) was published in 1982.

For individuals who have studied the MRI approach or change theory, this audiotape is a real treat. However, it is not sufficiently well structured for general use by those unfamiliar with this work.

In the MRI presentation, Fisch proceeds with a rich explanation of the differences between brief therapy and

insight therapy. This interesting intellectual description is annotated by case examples in which Fisch's dry wit nicely complements his depth of interpretation. He goes on to identify salient features of the MRI approach and gives distinctions of how that framework differs from more traditional therapy of the time.

The streamlined approach characteristic of the MRI takes very seriously that the more factors with which the therapist deals, the longer the duration of therapy and the greater the opportunity for error. Fisch builds a case for a directed approach, limited to the presenting complaint, emphasizing the client's perspective and frame of reference.

Problem definition can be a complex process which Fisch illustrates with several case examples. An insightful discussion demonstrates how an individual's reaction to problems or problem behavior might actively fuel the persistence of the problem. Fisch then covers, thorough case reports, the integration of emotion in problem resolution. This discussion is then extended to cover the element of timing.

This presentation does not follow a tight outline, but rather it seems to be

Interview *continued*

How did I get interested in the interactional view? I would say two things were important and considerably connected. One was, I became a student of anthropology and anthropology, at least tacitly, is interactional in the sense that it is not concerned with individuals as much as it's concerned with culture. That is something that is socially learned and maintained by interactions between people. And more specifically, I became a student, and later a colleague, of Gregory Bateson. He was very interested in interaction, although he usually spoke of it in terms of communication. I would use those terms almost interchangeably, at least in some contexts. So when I came out here to work for Bateson, we were doing studies of communication. These moved, at one point, into the study of hospitalized patients, and then, schizophrenic patients and their families.

SC: *At what point did the interactional view begin to influence the way psychotherapy was being practiced as opposed to a science like anthropology?*

JW: I would say that with us there were two aspects. The main one was that at a certain point we moved from just interviewing schizophrenic patients in the

an almost spontaneous expression. Fisch is a master of this approach; his wisdom is evident in his expression. There is some variation in the depth of the presentation; some explanations are simplistic, others are complex and some of the more complex explanations are cloaked in simplicity. Overall, the "MRI" tape is of both historical and practical significance to the serious student of this approach.

The tapes are sold individually and represent different approaches to similar material. Each of the tapes was recorded live, and audience participation is integral. Although the quality of the tapes are adequate, audiences are only partially or intermittently audible, making some question and answer segments difficult to follow. Overall, for serious students of change theory, I highly recommend the Conversation hour as well as the MRI audiotapes. For students of brief therapy, the MRI audiotape provides a unique perspective from Richard Fisch who has both the insight, and the ability to express it.

Reviewed by:

Roxanna Erickson Klein, M.S., R.N.
Dallas, TX

hospital. That was largely exploratory, although we were attempting to produce some therapeutic benefit if we could, even though we didn't know much about it. But when we moved from that to beginning to see the patients together with their families, I would say that was largely our first step into, or least in the direction of, family therapy. The other point that was relevant was that we were, by that time, working in association with Don Jackson who had already been doing some work with families.

SC: *You've had the distinction of having worked with a team of people who developed a significant model of doing therapy—the MRI model. Could you briefly describe how you all got together and formulated a model of therapy? What was the interaction around that?*

JW: I can give you, really, only my picture of how that happened. If you talked to Dick (Richard Fisch, M.D.) or Paul (Paul Watzlawick, M.D.) you might get a somewhat different answer. We got together mainly on Dick's initiative. He wanted to get out of the office where he was seeing patients all day long by himself and have some more contact and discussion with colleagues of therapy

Continued next page

Interview *continued*

and problems. So he proposed that we get together as a small group, and start a brief therapy center. To my mind, we really had only two or three basic ideas that led to everything else. One, of course, was that we work as a group: one person would be the therapist, the others would observe. Everything would be recorded and discussed. The two main principles I think were responsible for the direction we took within that framework were: one, we would focus on the client's main presenting complaint and stick to it, not try to look around it or behind it or beneath it but stick to what was the main presenting complaint. And the other thing was that by that time we realized it wasn't so easy to get people to change. We would try anything we could think of that was legal and ethical, regardless of whether it was conventional, or a long, long way from conventional. I think things just grew out of that.

SC: *What's the most important thing that a therapist needs to do?*

JW: It's going to sound dreadfully simple, but it is also very difficult. That is: really listen to what the client says. REALLY listen. This means a number of things and one of the main things it means, is don't get into the business of being so perceptive that you know what the client says or means better than the client does.

SC: *Boy—that's hard to do!*

JW: That is right—it's very hard to do.

SC: *What do we do with all of our training? Isn't that what that's about?*

JW: I'm afraid a lot of the training is about being perceptive and I think it's very dangerous. It's much more important to listen. One may get an idea from what you hear, but if you haven't heard rather specifically, you'd better check your idea out before you go off following it.

SC: *What's your favorite intervention,*

John?

JW: In general, I am leery of anything that smacks of being either too specific or too broad because I think you have to deal with the specific client in the specific situation at the specific moment in treatment all the time. And you shouldn't lose sight of that. But I would say that the intervention that I probably use most often, because I feel that it does not have quite a broad usefulness, is some form or other of advising the client to GO SLOW.

SC: *OK. Over the years you've had association with a lot of other people in the field, and there's a guy in Milwaukee, (Steve de Shazer, M.S.S.W.) who invented a special kind of question to ask, and I thought I'd go ahead and ask that question. I'm going to ask you a variation of the "Miracle Question."*

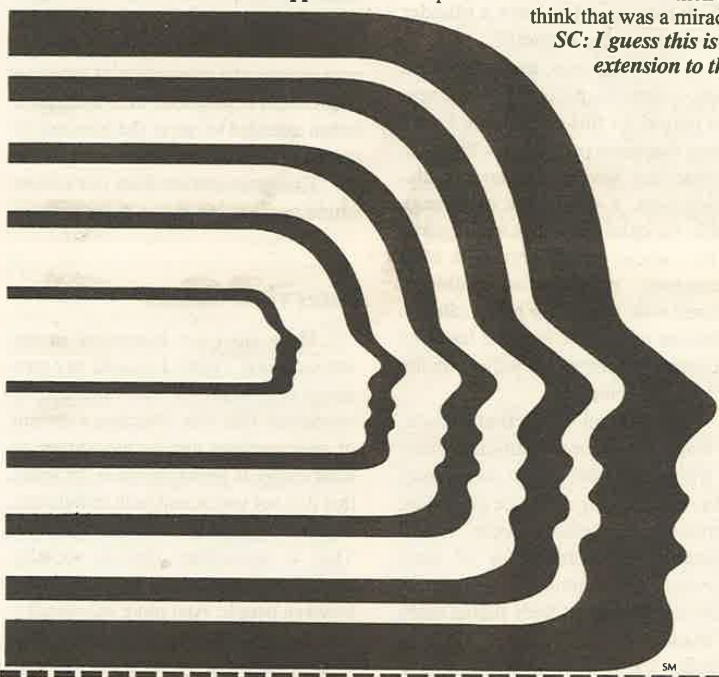
JW: Go ahead.

SC: *John, If you went to bed tonight and while you were asleep and unbeknownst to you a miracle happened*

and the field of psychotherapy evolved in a direction that you hope it will evolve. Then you woke up the next morning and began looking at the field seeing what was going on. What would you notice that would let you know that things were moving in the right direction?

JW: Let me say that, in the first place, that would really be a miracle! At one time I wouldn't have thought that—at one time I thought everything was going to change in the field soon because we had such great ideas and ways of working. But that hasn't happened. So, if the miracle happened, and I woke up the next morning and I went out and watched some therapists and they were mainly talking to their clients and saying, "What are you doing and saying? What are other people doing and saying in relation to you around your presenting problem? Are you talking about what you're all doing about that problem here-and-now?"—then I'd think that was a miracle.

SC: *I guess this is an extension to that*



question then. What would therapists be doing among themselves that might be meaningful?

JW: They'd be talking about interaction rather than talking about pathologies!

SC: *OK, John. Thank you for this interview.*

JW: You're welcome.

SC: *I really appreciate it.*

Media of Note

The Process of Hypnotic Induction by Milton H. Erickson, 1964 is being published in Japanese.

For information, write Kameda Book Service Co., Ltd., 8602-6 Ikarashi 2-no-cho, Niigata, 950-21 JAPAN.

Donations

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