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The Milton H. Erickson Foundation NEWSLETTER

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Summer 1997

I N T E R V I E W



Steve de Shazer and Insoo Kim Berg

Steve de Shazer and Insoo Kim Berg

by Dan Short, M.S.

BACKGROUND:

Steve de Shazer and Insoo Kim Berg are widely recognized as pioneers in the field of brief therapy and key figures in the promotion of a competency-based, constructivist orientation to therapy. In 1978, they co-founded the Brief Therapy Center in Milwaukee which continues to serve as a research and training facility.

In 1985, de Shazer published the conceptual model for solution-focused therapy. His prolific writings include six books and more than 50 professional papers and collaborative works. He has served on the editorial board for journals such as American Journal of Family Therapy, Journal of Marital and Family Therapy, Family Process, and Zeitschrift für Systemische Therapie. A highly sought after trainer, de Shazer has been invited to speak in conferences across North America, Europe, Australia, and Asia. Following the scientist-practitioner model, de

Shazer has served as Senior Research Associate at BFTC since 1989. He also is a fellow of the American Association for Marital and Family Therapy and member of the European Brief Therapy Association.

A native of Korea, Insoo Kim Berg has close to 30 years of clinical practice and more than 25 years of consulting and teaching experience. Berg has written more than 25 papers and collaborative works. Her major publications include Working with the Problem Drinker (with Miller), Family Based Services, Interviewing for Solutions (with DeJong), and Solutions Step by Step (with Reuss). She has conducted workshops on the topic of solution-focused therapy in diverse settings such as Berlin, El Paso, Washington, D.C., Hong Kong, Copenhagen, and Tasmania. She was a visiting professor for Flinders University Medical Center and has worked with other schools as lecturer and consultant. Berg is a participant in numerous professional organizations and has served on the editorial board of the Journal of Marriage and

continued on page 18

Ericksonian Seminar Set for December

The Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy is scheduled for Dec. 11-14,

1997, in Phoenix, Ariz.

Bringing together the leaders in the field of Ericksonian therapy, the meeting will feature fundamental and intermediate/advanced tracks. Atten-

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Volunteers Needed

Volunteer monitors are needed for the upcoming Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy.

The meeting is scheduled for Dec. 11-14, 1997, at the Hyatt Regency-Phoenix. Volunteers are needed for registration Wednesday, Dec. 10, 1997, and throughout the remainder of the weekend. In exchange for registration fees, volunteers provide assistance in registration, continuing education procedures, with faculty and staff, as well as in meeting rooms.

Positions are first opened up for full-time graduate students. If positions are still available nearer the conference dates, professionals may be given an opportunity to serve as volunteers if need is shown.

For additional information, call or write Diane Deniger, Volunteer Coordinator, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196, ext. 208; fax (602) 956-0519.

MCEP, ASCH Hours Accepted

Foundation earns providerships
for upcoming conferences

The Milton H. Erickson Foundation has been approved by the California Psychological Association Accrediting Agency to provide 25 Continuing Education hours for the December 11-15, 1997, Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy.

Additionally, The American Society of Clinical Hypnosis has approved all the courses for credit toward certification hours.

These approvals are in addition to the other organizations for which the Foundation is approved to provide credits, including the American Council of Continuing Medical Education, American Psychological Association, and the National Board of Certified Counselors.

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EDITOR'S COMMENTS

by Dan Short, M.S.

Bringing together the contents of this edition has been especially exciting and informative. Herein we are privy to the thoughts of an extraordinary couple, Insoo Kim Berg and Steve de Shazer. Also, Paul Watzlawick, Richard Fisch and Jay Haley reflect on their unique experiences with Gregory Bateson. As you know, these authors are in high demand. Yet, they devoted time and energy to the Newsletter and for that we are especially grateful.

Also, in this issue is continued focus on competing philosophies that will eventually determine what we as a profession treat as important or disregard as insignificant. In Vol. 17, No. 1, Lynn Hoffman described the importance of equality and of avoiding a condescending attitude. In this issue, Steve de Shazer and Insoo Kim Berg emphasize the complexity of all individuals, and the importance of deferring to the client's unique understanding of the problem and its solution. These ideas belong to a social constructivist philosophy which states that no one person can claim sole proprietorship to "the truth." While most social constructivists believe in an outside reality, human influence is seen as inseparable from human perception. This way of knowing the world can be compared to throwing a stone into a pond. If the only way the stone can "know" the pond is by being in it, then the stone can never know the true nature of the pond apart from its own influence. Therefore, truth is seen as something we create rather than something we discover.

However, there are those who argue for a different epistemology or understanding of how we derive knowledge. A logical positivist philosophy proposes that all knowledge is discovered in the outside world by collecting empirical data (i.e., that which we can see, hear, taste or touch). This data is then used to formulate natural laws that describe absolute rather than relative truths. As William Matthews states in the "Ethics" column, there may be some problems created by an absolute rejection of absolute truth. For instance, with regard to issues of social justice, contractual arrangements, or other decision-making contexts there is a need for a truth that is immutable.



Dan Short

Which of these two philosophies is most useful in the therapeutic context? Do we have to accept one or the other? Is there a third alternative? The answer to these questions will shape the evolution of our field.

We would be pleased to have those who wish to share their opinion participate in this discussion. In upcoming issues we will publish "Reader's Comments." Submissions may be E-mailed to:
newsletter@erickson-foundation.org

INTRODUCING THE INSTITUTES

L'Institut Milton H. Erickson D' Avignon-Provence

by Dan Short, M.S.
University of Massachusetts

Editor's note: The information for this article was gathered during an interview in Vaison la Romaine, France, with Dr. Patrick Bellet.

Correspondence with this institute may be addressed to: Dr. Patrick Bellet, B.P. 82, 84110 Vaison la Romaine, France. Telephone: 90 36 19 31.

L'Institut Milton H. Erickson D' Avignon-Provence is located in the small village of Vaison la Romaine, France. In addition to beautiful meadows and hills, Vaison la Romaine is surrounded by antiquity. On one hill stands a medieval castle and across the valley on another, stands an even older Roman amphitheater. The institute is in the center of town.

With such an antiquated setting it is only natural that a prominent characteristic of the institute is its appreciation for the history of hypnosis. The director, Patrick Bellet, M.D., has

collected several 18th and 19th century documents on hypnosis. His collection includes the first four editions of *Revue de L' Hypnotisme*; the first scientific review by Charcot, Bernheim and Liebeault; and the Memoirs of Franz Anton Mesmer. When asked why he named the institute after Milton Erickson, Bellet said it was to distinguish his program from traditional schools of hypnosis. He also emphasized, however, that Ericksonian hypnosis is not mutually exclusive of classical hypnosis and that in many ways they are similar.

The beginning of the institute dates back to 1990 when it was founded by Bellet as a nonprofit organization. Earlier, while teaching hypnosis in Paris, Bellet founded *Phoenix*. This publication is a highly successful journal designed to introduce the Ericksonian approach to therapy to the French speaking world.

Now, with the assistance of Jean-Claude Espinosa, M.D., Bellet organizes workshops and conducts training in hypnosis to groups of students throughout the year. The training consists of regular and advanced seminars. Both the first and second train-

Foundation Plans Meetings

The Milton H. Erickson Foundation is planning several meetings for the near future. In addition to the Seminar on Ericksonian Approaches to Hypnosis and Psychotherapy this December, the Foundation has scheduled events for next year and into the new millennium.

Proposed events for 1998 include "Sexuality and Intimacy: The Challenge of Treating Couples;" "Sex Therapy: Fundamental, Intermediate and Advanced;" and "Brief Therapy." Exact dates and locations have not been confirmed for those events. Sex Therapy likely will be held in Chicago in June; Brief Therapy will be in New York in August and Couples will be in Southern California in November.

The Foundation celebrates its 20th anniversary in 1999. While the actual birthday of the organization is in October, the event will be marked Dec. 8-12, 1999, in Phoenix, Ariz., with the Seventh Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. The event will feature leaders in the field of Ericksonian therapy. The last Erickson Congress was held in 1994 in Los Angeles.

Plans for The Fifth Evolution of Psychotherapy Conference also are under way. Dates and location have not been set, but the conference will be held in 2000, probably around the Memorial Day holiday in Anaheim, Calif.

In 2001, the Foundation will observe the date of the late Milton H. Erickson's 100th birthday, Dec. 5. Details for that meeting are still taking shape.



Dr. Patrick Bellet, M.D.

ing period are organized so classes can be taken back to back for one week, or during the weekends over a period of four months. According to Bellet the training groups are small, no more than 15, therefore, "The learning experience can be more intensive and extensive." In addition to hypnosis, the institute also organizes training in special topics such as sexuality, pain, depression, and trauma. On several occasions the institute has hosted internationally recognized speakers such as Daniel L. Araoz and Jeffrey Zeig.

When asked about future plans, Bellet said the institute plans to help some of its former students begin a

continued on page 5

The Brief Therapy Conference

August 26-30, 1998 — New York, N.Y.

PROPOSAL TO PRESENT A PAPER

Accepted papers will be presented Wednesday, August 26, 1998. Paper presentations will last 30 minutes.

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

Name _____ Degree _____

University where highest degree was earned _____ Major _____ License # and State _____

Address _____

City/State/ZIP/Country _____

Telephone (Day) _____ (Night) _____

2) Names, Addresses and Degrees of copresenters (if any):

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

3) Title of Presentation:

4) Audiovisual equipment required:

35mm slide projector

Overhead (transparency) projector

NOTE: Any other audiovisual equipment must have special approval prior to the Congress.

Enclosure checklist: (SEND FIVE COPIES OF EACH) Attach this cover sheet to only one copy. The other copies should contain only the title because the review process will be blind.

200 word presentation summary

50-75 word abstract (for publication in the program and syllabus)

Educational objectives (minimum of two objectives). In your objectives, indicate what participants will have learned at the end of the presentation. Be specific, e.g.: 1) To list three principles of hypnotic induction; 2) To describe three techniques of brief therapy for simple phobias.

Two true/false questions to be used for continuing education purposes.

Curriculum vitae of all presenters. (Two copies only.)

If my proposal is accepted and placed in the program, I will be present at the Conference. I am submitting an original paper which will be evaluated for inclusion in one of The Erickson Foundation publications.

Signature _____

Date _____

Proposals must be postmarked by September 19, 1997. Acceptance or rejection will be sent by January 15, 1998.

Mail proposals to:

The Milton H. Erickson Foundation
Brief Therapy Committee
3606 N. 24th Street
Phoenix, AZ 85016-6500 USA

CASE REPORT

Hyperemesis Gravidarum: A Single-Session Hypnotic Intervention

by David O. Navarre, L.M.S.W.-A.C.P.,
Austin, Texas

Susan reported nausea and vomiting throughout her first pregnancy, to the point where she was bedridden for the third trimester. However, she had successfully carried a healthy child to term. Pregnant a second time, she was experiencing nausea and vomiting and was becoming concerned about the progressive severity of her condition. She was adamant she did not want a pregnancy similar to her first experience.

Although she had no previous experience with hypnosis, she was referred by a friend who had a successful hypnotic experience, and she had a strong desire to resolve her problem. She also was curious about what was causing it.

The method I selected was based on a personal variation of the hypnotic approach pioneered by Ernest Rossi, Ph.D. I suggested her therapy would center on asking her unconscious mind basic questions about the source of her discomfort and what she needed to do to be relieved.

I asked Susan to hold her palms facing each other, approximately 6 to 10 inches apart, and to focus her attention on her hands. I continued the induction, using a series of truisms, to establish an abbreviated "yes" set, leading to a dissociation permitting ideomotor responses from her unconscious. "As you focus your attention on your hands, imagine that they are like magnets ... If the answer to the question I am about to ask you is 'yes,' your hands will be attracted to each other. If your answer is 'no,' your hands will remain where they are or be pushed further apart." I instructed her not to use her conscious ability but rather to allow her hands to respond "all by themselves." I asked, "Is your unconscious mind willing to look for the source of this condition?" Her eyes remained open and fixated as she studied her hands for a response. As they drew closer together, I again reminded her not to consciously influence the movement of her hands; simultaneously I

encouraged her to notice any other sensations in her body or thoughts, images or emotions she might be experiencing in her "mind's eye."

Once her hands touched, I suggested that response to the next question would be indicated by experiencing weight shifts in her hands. If the answer was "yes," one hand would become heavy and slowly move to her lap. If the answer was "no," one hand would become lighter and raise. I asked, "Is your unconscious mind willing to have the courage to explore the source of this problem?" Her answer was "Yes."

I ratified her responses with minimal verbal replies. Crucial to this approach is that the therapist avoid "talking too much," thus allowing the client to provide the most pertinent and individual responses possible. I did encourage her to maintain concentration with her internal experience while facilitating her verbal responses. Periodically, when I noticed behavioral responses, I would ask her, "What are you aware of now?" At one point she said she saw a beautiful yellow color.

During her internal exploration, Susan understood that her nausea and vomiting were related to her fears, along with her feelings of powerlessness and of being unable to shape the outcome of the infant's growth within her. An unusually heavy sigh, coupled with an apparent inward contemplation suggested satisfaction with her discovery.

At this point I asked a third question. "Is your unconscious mind willing to explore a solution to this problem of nausea and vomiting?" As she again indicated an ideomotor response of agreement, she remarked she continued to see the most beautiful bright yellow color. Furthermore, she laughed with pleasure as she said that when she saw this color, she felt very comfortable and the nausea went away.

She was guided through the process of exploring how seeing the beautiful yellow color alleviated her nausea and created comfort for her as well as the feelings of discomfort she had when she wasn't seeing it. This was repeated several times to anchor the response and to give Susan a feeling of powerfulness over her nausea. Susan remarked she was "amazed" at how comfortable she could feel and that it "was so simple." She said she

intended to surround herself with this color, wear yellow clothing and add yellow to the decor in the bedroom.

Coincidentally, as she was leaving, I noticed the mail pile on my desk included a small bright yellow envelope. I tore a piece from the envelope and told her to carry it with her and look at it if she ever felt nauseous. Several months later, I received a yellow "thank you" card from her with a picture of her newborn son.

DISCUSSION

by: Mickey Skidmore, A.C.S.W., Lake
Lure, North Carolina

While some clinicians may be discouraged with an "alleged" waning of interest in Ericksonian approaches, (e.g., see Zeig, 1994), single-session interventions such as this rejuvenate my pride, exhilaration and resolve in referring to myself as an Ericksonian therapist. Cases such as these show that Erickson's contributions continue to cascade down to new generations of health care practitioners.

While there are numerous aspects of an Ericksonian approach depicted in the Case Report, perhaps the most noteworthy is Navarre's variation of Rossi's approach. It has been said frequently and in a variety of ways that Milton Erickson did not practice Ericksonian psychotherapy (Zeig, 1994). I know personally that Rossi himself encouraged Navarre to write about cases in which he used 'Navarrian' therapy. In my view, the author's adaptive approach clearly incorporates a rich variety of Ericksonian principles.

One could say the induction began before Susan's actual session. She had no previous hypnotic experience, strong positive expectations, and a strong desire to learn about her problem. This, as well as her strong motivation for treatment, created a desirable set-up any therapist would relish. Moreover, the experience of Susan's friend contributed to the development of a quick rapport.

Navarre began the formal induction with truisms, development of a "yes" set, and facilitated a conscious/unconscious disassociation which those familiar with Ericksonian methods will recognize.

I imagine Rossi would be heartened by the creative adaption described in this Case Report.

Navarre maintained the essential structure of Rossi's approach while including his own personal innovations. While Rossi historically prefers to employ pathways stressing mind-body communication, the author's course engaged ideomotor responses to unconscious processing. Rossi's three step intervention essentially inquires first, if there is an issue or problem. Second, there is a history or review of the problem and finally, a future orientation or exploration of learning and/or solutions to the problem (Rossi, 1993 & 1994).

Navarre first focuses on the source of the problem and asks Susan's unconscious to indicate willingness to search for the source. Susan then was encouraged to begin to explore this. Finally, Navarre facilitated unconscious work which "solved" the problem. Those familiar with Rossi's work will see similarities, yet Navarre's incorporation of his unique style illustrates the endless possibilities to such an approach.

Navarre concludes his session by anchoring the solution provided by Susan's unconscious with her senses of relief, empowerment and pleasure. This procedure provided closure to a successful piece of therapeutic work. Further anchoring occurred with Navarre's creative use of the yellow envelope on his desk. The success of this case is validated by her reciprocal use of yellow in the birth announcement.

This case presents perhaps the fundamental hallmark of Erickson's teaching — to embody one's own abilities, skills and expertise within the umbrella of Ericksonian principles. Navarre shares his personal variation of Ericksonian approaches in this case. More importantly, I believe he successfully demonstrates how Erickson continues to influence new generations of therapists.

References:

- Rossi, E. "The Psychobiology of Mind-Body Healing", Houston Texas. 1992 training seminar.
- Rossi, E. *The Psychobiology of Mind Body Healing: New Concepts of Therapeutic Hypnosis* (revised edition) New York: Norton, 1993.
- Zeig, J. K. (Editor) *Ericksonian Methods: the Essence of the Story*. New York, Brunner/Mazel, 1994.

Corrections and Clarifications

Vol 16 # 3, p. 14. The videotape, "Entranced: Hypnosis, Health and Healing," is available from the Australian Society of Hypnosis, South Australian Branch, Inc., AMA House, 161 Ward Street, North Adelaide, South Australia, 5006.

Vol 16 # 3, p. 6. The audiotape review of "Tailoring Various Traditional Inductions to Specific Clients" was contributed by Judy Goodstein, L.C.S.W. of Dallas, Texas.

Vol 8 # 1. In the Interview with David Cheek, M.D., references are made to other individuals and their works. The correct spellings are used here. Dr. Galina Solovey de Milechnin was married to Dr. Anatol Milechnin, who is now deceased. They co-authored a number of papers together. Dr. Ferenc Vogyesyi was credited in error with authorship of "The Pavlovian Syndrome: a Trance State Developing in Starvation Victims." That article, which was published in the January 1962 issue of the *American Journal of Clinical Hypnosis* was authored by Dr. Anatol Milechnin.

Media of Note

A Teaching Seminar with Milton H. Erickson by Jeffrey K. Zeig, Ph.D., has been translated into French. The 1997 publication is available through SATAS s.a., Chaussée de Ninove 1072, B 1080 Bruxelles, Belgique. The original book was published in 1980 by Brunner/Mazel, Inc., New York.

* * *

Michael D. Yapko, Ph.D., recently completed a contribution for *Encyclopedia Britannica's* 1998 Medical and Health Annual. His article is entitled "Spotlight on Brief Therapy." The Erickson Foundation is mentioned as a resource.

Archives Fundraiser Under Way

The Milton H. Erickson Foundation has raised more than \$2,000.00 toward its \$50,000.00 goal for the 1997 Archives Fund Raiser. The total cost for preserving the Archives is \$100,000 and will take three years to complete the project.

Bricks from the late Milton H. Erickson's home/office at 32 W. Cypress in Phoenix, Ariz., are being given to donors to the project.

"We hope to raise at least \$10,000 this year through the sale of bricks. This money will go toward the preservation of audio- and videotapes of Dr. Erickson that are housed in the Erickson Archives," said Executive Director Linda Carr McThrall.

A donation form for the Brick Project is located on this page.

Institutes continued

new institute in the center of France. Already there are close ties with an institute they have assisted in Geneva. However, last Spring a new association was formed including sites in North France, West France, Paris, Belgium, Normandy, Toulon Mediterranean, and as mentioned, Geneva. This same type of movement towards increased collaboration was a theme I heard echoed in many of the institutes across Europe, MEG (in Germany) beginning perhaps the greatest example.

Another important event for the institute is its 1997 Summer conference, held on June 6-8th. According to Bellet this will be the first French speaking forum of hypnosis and brief therapy. The impressive faculty number more than 50 and come not only from France but also from Quebec, Belgium, and Switzerland.

At the conclusion of our meeting Bellet, in his own eloquent style, commented that, "Sometimes we look to the past in order to know our future." If this is true, then I would expect that in the future we will see more impressive accomplishments coming from Bellet and *L'Institut Milton H. Erickson D' Avignon-Provence*.

**VISIT
OUR
WEBSITE:**

<http://www.erickson-foundation.org>

The future of The Milton H. Erickson Foundation began yesterday...



You can buy a piece of history and join our progress as we begin The Archives Fund.

32 West Cypress Street in Phoenix, Arizona could be called the "home of hypnosis," because it was the home (residence) of Dr. and Mrs. Milton H. Erickson and their children for nearly 20 years. The beautiful brick structure has been razed to make room for commercial growth. We salvaged a limited number of the bricks and are offering them to our readers as a token when you make a donation to our Archives Fund.

The Erickson Archives is a repository for audio- and videotapes of Dr. Erickson, along with other historical material pertinent to his work and legacy to the world of psychotherapy. We have hundreds of hours of videotape that we need to preserve. The project is costly, but the material is invaluable. We would be grateful for your help!

- YES!** I'd like a commemorative brick! Enclosed is \$25 U.S.
- YES!** I'd like a limited edition commemorative brick (Numbered and signed by Mrs. Elizabeth Erickson). Enclosed is \$100 U.S.
- YES!** I'd like a brick and a special commemorative pencil sketch of 32 W. Cypress St. in Phoenix drawn by a former student of Dr. Erickson. Enclosed is \$250 U.S.
- I don't really need a brick, but enclosed is my donation of \$:_____.

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CYBERNEWS

The Erickson Foundation is gathering E-mail addresses to create a database. Readers who would like to receive information via E-mail should send their addresses to the Erickson Foundation: office@erickson-foundation.org. We look forward to hearing from you in cyberspace!

Website Review

Hypnosis is alive and well on the Internet. Many websites are devoted to hypnosis. Quite a few are strictly commercial endeavors of dubious value; however, there are a number of Websites providing accurate information and resources. Respected organizations and clinicians now are represented on the "web." It is my intent to review such "sites." Obviously, my opinions are strictly my own.

Enter <http://lankton.com/> into your web browser (Netscape Navigator 3.0/Internet Explorer 3.0 or a newer version) and you won't be disappointed. You will be transported to the home page of Stephen and Carol Lankton and Associates. This site is figuratively and literally a winner. The site was a winner of a worldwide Microsoft contest, which means that it is rated technically excellent. It also is well designed for a novice to navigate. (This comes as no surprise as Stephen Lankton also designed the Erickson Foundation's web page (<http://www.erickson-foundation.org>)).

For anyone seeking information on Ericksonian hypnosis, the Lanktons' page is a gold mine. The browser can find material including papers on Milton H. Erickson's life, and contributions to hypnosis and psychotherapy by the Lanktons, Jay Haley, Betty Erickson, and a direct link to the Milton H. Erickson Foundation. Of special appeal to those not fortunate enough to have met Dr. Erickson are several different teaching sound bytes, as well as sound bytes of Stephen and Carol Lankton, available to listen to online. Also available is a schedule of the Lanktons' seminars, information on their many publications and their Corporate Consulting endeavors.

Veteran web browsers know that in addition to outstanding content, a great website provides "links" to other great websites. The Lanktons provide useful links to Ericksonian websites, professional organizations, clinical colleagues and other sites of interest. This site is a worthwhile addition to your list of favorites. Visit soon and spend a pleasurable time

online.

Reviewed by:

Joseph C. O'Rourke, L.C.S.W., B.C.D.
www.voicenet.com/~jorourke/

Lista Sistemica

"Lista Sistemica" is a forum or discussion list in Spanish for Mental Health professionals with a systemic orientation. They facilitate the interchange of experiences, ideas, opinions and information, as well as the diffusion of common interest activities for the systemic community. Lista Sistemica is sponsored by the Buenos Aires Systemic Association (ASIBA).

To subscribe, send a message to: majordomo@psico.net; leave "Subject" blank; write in the body message: "subscribe sistemica <your E-mail address>"

If you are not familiar with majordomo, include the help command in the next line.

Example (without quotes):

"To:majordomo~psico.net, subscribe sistemica johndoe@xyz.com, help, End"

For questions and/or suggestions, please E-mail the coordinator, Lic. Eduardo H. Cazabat edu@sicoar.com.

Visit ASIBA web page at <http://www.psiconet.com/ASIBA>; visit Sistemas Familiares (ASIBA Journal) web page at http://www.psiconet.com/ASIBA/Sistemas_Familiares.

Editor's note: We would be glad to have contributors to this column. If you are interested in reviewing mental health websites, send the review to Betty Alice Erickson, Editor-in-Chief, 3516 Euclid, Dallas, TX 75205. Websites could feature hypnosis, psychology, self-help groups, organizations, etc.

Richard Crowley to Present 'Dream' Workshop

"Life Is But A Dream," featuring Richard Crowley, Ph.D., who has served on the faculty of several Erickson Foundation-sponsored events, will be held in August and October in Taos, N.M., at the famous Mabel Dodge Luhan House.

The event will be held Friday-Sunday, Aug. 8-10, and again Friday-Sunday, Oct. 31-Nov. 2, 1997.

For information, call (800) 846-2235.

UPCOMING TRAINING

DATE	TITLE/LOCATION/LEADER	CONTACT
1997		
7/11-13	Essentials of Brief Therapy/Guildford, ENGLAND/ Michael D. Yapko	1
7/14-18	Intensive Training Program – Fundamental/Phoenix, AZ/ Brent Geary, Jeffrey K. Zeig	2
7/15	Hypnosis in Pain Management/Manchester, ENGLAND/Yapko	3
7/18-20	Personal Growth and Development of the Clinician/Big Sur, CA/ Zeig	4
7/19-20	Essentials of Hypnosis/York, ENGLAND/Yapko	1
7/21-25	Intensive Training Program – Intermediate/Phoenix, AZ/ Geary, Zeig	2
7/28-8/1	Brief Time-Limited Psychotherapy in a Managed Care World: An Ericksonian Approach/Cape Cod, MA/Zeig	5
8/20-24	Residential Training in Clinical Hypnosis/Los Gatos, CA/ Deborah Ross	6
8/22-24	Hypnosis in Time-Limited Therapy I: Fundamentals of the Ericksonian Approach/Rhinebeck, NY/Zeig	7
9/5-7	Advanced Intensive Training in Hypnosis/Guadalajara, MEXICO/Zeig	8
9/18-19	The Utilization of Ericksonian Methods in Systems and Family Therapy/Munich, GERMANY/Zeig	9
9/19-20	E-Mail from the Unconscious: Psychotherapy in the Cyber Age/Newport News, VA/Betty Alice Erickson, Charlie Johnson and Jeff Goldman	10
9/20-21	Advanced Techniques of Ericksonian Hypnotherapy/Rome, ITALY/Zeig	11
10/12	Depression: Using Tasks to Facilitate Treatment/Santa Clara, CA/Zeig	12
10/16-19	Residential Advanced Supervision Training in Clinical Hypnosis/Los Gatos, CA/Ross	6

Contact Information

1. Integrated Therapies and Trainings; Guildford, ENGLAND; tel: +44 483-502-787.
2. The Milton H. Erickson Foundation, Inc., 3606 N. 24th St., Phoenix, AZ 85016-6500; tel: (602) 956-6196; fax: (602) 956-0519.
3. University Hospital of S. Manchester; Manchester, ENGLAND; tel: +44 161-291-3758.
4. Nancy Lunney, Esalen Institute, Big Sur, CA 93920; tel: (408) 667-3000.
5. Gilbert Levin, Ph.D., Cape Cod Institute, Department of Psychiatry, Albert Einstein College of Medicine, 1300 Morris Park Avenue, Room 1308, Belfer Building, Bronx, NY 10461; tel: (718) 430-2307; fax: (718) 430-8782.
6. Deborah Ross, Ph.D., Los Gatos Institute – Medical Hypnosis Seminars, 19845 Skyline Blvd., Los Gatos, CA 95030; tel: (408) 354-7738; fax: (408) 399-0128.
7. Kathi Zemann, Omega Institute for Holistic Studies, 260 Lake Drive, Rhinebeck, NY 12572-3212; tel: (914) 266-4444; fax: (914) 266-4828.
8. Juan Francisco Ramirez, M.S., Centro Mexicano de Programación Neurolingüística, Av. Lerdo de Tejada 2485, Interior C, Col. Arcos Vallarta, Sector Juárez, 44130 Guadalajara, Jalisco, MEXICO; tel: +52 3 615-8447; fax: +52 3 616-5653.
9. Gaby & Gerd Müller, Munich Family College, Muhlstr. 6, D-85235 Pfaffenhofen, GERMANY; tel: +49 8134-92 363; fax: +49 8134-92 365.
10. Loretta Mueller, CHANGE, 12515 Warwick Blvd., Ste. 300, Newport News, VA 23606; tel: (757) 930-2626; e-mail lamawm@erols.com
11. Camillo Loredio, M.D., Instituto Italiano de Psicoterapia Relazionale, Viale Regina Margherita, 37, 00198 Roma, ITALY; tel: +49 8134-92 363; fax: +49 8134-92 365.
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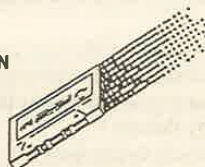
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CONNECTIONS

Gregory Bateson and Communication

Editor's Note: This article is based on excerpts from an informal conversation between Paul Watzlawick, Richard Fisch, Jay Haley and Roxanna Erickson Klein in December 1996 at the Brief Therapy Conference. Much of Bateson's work predated Dr. Fisch's involvement at MRI, so he has provided some background information for the reader.

Note to readers — from Richard Fisch, M.D.:

Gregory Bateson, the world famous anthropologist, became interested in communication and its connection with mental illness and deviant behavior in the 1930s and '40s. When an anthropological viewpoint is introduced into the study of mental illness, communication and social interactions automatically are considered. One of Bateson's earliest publications with this orientation was "The Cultural Determinant of Personality" in *Personality and Behavior Disorders*, published in 1944. Bateson's work also was quoted by one of the first psychiatrists who studied communication as a part of psychiatric problems, Jurgen Ruesch, M.D., who wrote *Communication: Social Matrix and Psychiatry*, published by Norton in 1951.

What came out of the Bateson Project was truly a revolution in psychotherapy. It moved the explanation for problems from the individual to interactions between people — to communication and social interactions. The "Double Bind" theory of a cause of schizophrenia developed next. In this theory, a cause of schizophrenia was seen as the result of people being given conflicting information. Any response was incorrect or "rejected" by the receiver, and primarily by the principle caretaker who was usually the mother.

Of course, we now know there is a chemical basis for much schizophrenia. In many ways, the discovery of a biochemical imbalance has been a setback for the advancement of therapy. It is easy to rely completely on medication for treatment and fail to address the interactional and communicative aspects of the disorder. And it is easy to rely on biochemical, metabolic or genetic "causes" for deviant or, as I prefer to name it, "complained about behavior" rather than examine communication, inter-

actions and therapy and why the therapy is not working.

Paul Watzlawick (PW): When Gregory Bateson began to get interested in the strange behavior of schizophrenic patients he, being an anthropologist, did not do what a psychiatrist would do, which would be to ask, "How does this behavior fit into my exact knowledge of what schizophrenia is all about." Instead, Bateson asked himself, "In what kind of human interrelation system would this strange behavior make sense?"

Jay Haley (JH): It was an interesting time because nobody had ever done any work with families. Everything we were doing was new. There was no precedent for it, there was no literature on it.

PW: MRI was one of the first institutes in the United States to get a government grant to study what was later called "family therapy."

JH: The Bateson Group couldn't get a grant from the government for years because the government only would fund research on what had already been proven. But finally in 1959 we got a grant to study family therapy. John Weakland administered that grant.

PW: Among other things, you [Haley & Bateson] investigated the interaction between a ventriloquist and his puppet.

JH: Well, Bateson was interested in communication and everything is communication.

Roxanna Erickson (RE): Did you really study a ventriloquist and his puppet?

JH: Yes. A proctologist ventriloquist. [everyone laughs]

RE: Was it a case study?

JH: No, this was just a doctor in San Francisco who enjoyed being a ventriloquist. And we were trying to handle the metaphors that are involved when a guy speaks through a puppet. It was that kind of a problem.

RE: What was the outcome of that? Did you write an article?

Richard Fisch: We never really got that one.

JH: I don't think we knew what to do with it.

PW: One of the articles they wrote was the message that this is a gray area. After observing animals in the San Francisco Zoo they wrote a very interesting and important article ...

JH: He filmed the otters in the zoo.

RE: Who filmed the otters?

JH: Bateson did. Bateson always filmed his work. He made 20,000

films and they are all stored somewhere. A tremendous amount of material.

But he filmed the otters because he was interested in whether or not animals could communicate about communication. When an animal communicates play they have to differentiate: Is this the bite of play or the bite of combat. If they don't know which it is they are in trouble. So they have to bite playfully. And to do that they have to let each other know, "this is play." Bateson was interested in studying that double level communication. He not only studied otters but he also studied octopuses, with some care.

PW: Yes. But nothing ever came of this. I remember for many, many months ...

JH: And you [Watzlawick and Bateson] used to haul the water from the sea!

PW: ... we went to the bay everyday and got sea water for our octopuses.

JH: You got garbage cans full of sea water.

PW: Unfortunately, they [the octopuses] never told us anything.

JH: Another interesting thing: Bateson was the ethnologist at the VA hospital. And they didn't know what to think about him because he was supposed to be dealing with patients as an ethnologist, but he was interested in other things. He asked the research committee if he could use the hospital morgue to install tanks of octopuses for study. The research committee couldn't decide whether or not this was important, or if he should be in the morgue, or if he should be studying octopuses when he was an ethnologist. So finally, in confusion, they granted him permission to put in the tanks. We went in there and began to watch the octopuses but got bored to death with it. So he took them home and put them in his living room. And then he watched them at his home.

RE: What happened with these animal studies? Were there ever any conclusions?

PW: It wasn't animal studies that was the main point of interest. Bateson's interest was in communication. This happened between animals but ...

JH: Well, he thought it would be simpler between animals than between human beings.

PW: The Bateson Group also studied the interaction between a blind man and his guide dog.

JH: You know, one of the significant findings about that was not about the dogs. It was about the blind. There were a number of blind who didn't even know a table goes all the way

around. They had been so protected all their lives. Then, suddenly they were handed the guide dog. The instructors had to train the people more than the animal, because the people didn't understand geography. It was an interesting problem that Bateson studied.

PW: Bateson was one of the founders of cybernetics. He had come up with totally new ideas about understanding what is going on, the interaction. There was no longer this one way street from the past to the present, so there was no need to understand the causes from the past. He was the first one to receive a rather large grant to study the pragmatics of communication.

JH: There was a series of conferences, called the Macy Conferences, which introduced the idea of cybernetics into a variety of fields. Bateson was in that group. Erickson was at the first meeting. Erickson represented hypnosis in that group so he was involved in the beginning of those ideas as well.

They had an interesting way of having a meeting. They would let someone stand up and speak, for 20 minutes, and if he wasn't interesting they began to shout at him. So you had to really have something interesting to say when you stood up at that group, according to Bateson.

PW: They were outstanding people, let's face it.

Young Lankton Takes Research to State Contest

Shawn Lankton, 13-year-old son of Stephen and Carol Lankton, recently participated in a project entitled "Tragedy and Triumph," in which he and two classmates reached the state level of competition for their entry.

The project was on Milton H. Erickson. The research included sources from the Internet, videotapes, books, magazines and individuals who knew Dr. Erickson. The entry took first place in the class level, first place in the school level and first place in the county level. The entry did not place at state.

However, young Lankton and his classmates were involved in two other competitions over the same time period. They placed first in a "Mission Impossible" contest, a science contest; and second in the other, which was a Science Olympiad. Shawn and his classmates are in eighth grade.

TOPIC REVIEW

"Whither Family Therapy? A Jay Haley Version"

by Madeleine Richeport-Haley and Jay Haley

videotape, 1997, 50 minutes
Triangle Productions, P.O. Box 8094,
La Jolla CA 92038

"Dance and Trance of Balinese Children"

by Madeleine Richeport-Haley and Jay Haley

videotape, 1995, 45 minutes
Triangle Productions, P.O. Box 8094, La
Jolla CA 92038

These two films illustrate an interesting, though not unexpected, development in the career of one of the founders of family therapy, Jay Haley, and his wife Madeleine Richeport-Haley, Ph.D. Each has long standing interests in film and video making. Together, they bring a wealth of resources and cooperative efforts in the production of important video-documentation of some of the elements that contribute to what therapy has become today.

Richeport-Haley is from an anthropological background, and adheres to documentary rather than interpretative perspective. The two videos, seemingly disparate in topics, actually demonstrate, in a similar way, that threads of influence coalesce into cogent ideas.

As with all documentaries of history, some footage is clearer than others, and some transitions are smoother than others. The sensation of watching old film strips may be jarring to some, but does reinforce the historical context and is not likely to be bothersome to anyone over the age of 40. The "older" audiences may even fondly recall days when that type of media coverage was considered to be state of the art.

This latest video also takes one set of ideas, and looks at the larger context of where the ideas and influences have arisen. "Whither Family Therapy? A Jay Haley Version" made its debut at the Brief Therapy Conference in San Francisco. Completed barely in time for a last minute add-on to the conference schedule, the first showing was an event of its own; approximately 1,000

attendees rearranged lunch plans to attend the premier viewing of this video.

Based on 40 years of conversations, seminars, lectures and teaching, the film contains a patched composite of old footage. Gregory Bateson, Don Jackson, John Weakland and Milton Erickson are a few of the individuals shown. Haley appears at various stages of his professional career and gracefully "ages" as the film progresses. He also discusses the influence that various luminaries had on his own thinking. Murray Bowen, Virginia Satir and Salvador Minuchin are a few of those mentioned.

The content of "Whither Family Therapy?" gives viewers a perspective of participants to the development of ideas over decades and their contributions within the larger scope of family therapy as it is today. Various threads of influence are traced providing a developmental continuity over time. Gregory Bateson's work in New Guinea and Bali, and later Menlo Park, including his renowned communication project and its impact on the study of the double bind is one example of manner in which the film portrays factors that have contributed to family therapy as it is today.

Haley presents a synthesis of the directive therapy approach with family therapy illustrated with cases. Emphasis is on the family life cycle, symptom clusters, and therapy done with an orientation of helping families get past stages within the natural family life cycle.

The second video, "Dance and Trance of Balinese Children," is a documentary which illustrates the manner in which trance induction is integrated culturally into the dance ceremonies of the Balinese. It tracks the trance induction through dance in native Bali and through Balinese families in the United States, and includes old footage taken by Margaret Mead and Gregory Bateson.

The underlying theme of "Dance and Trance" is hypnosis and trance. The degree to which hypnotic readiness and responsiveness are culturally learned phenomena creates questions as to how our own culture contributes to these phenomena. It is interesting to see, from a cultural point of view as well as from a therapeutic point of view, how cultural perspectives can contribute to life experiences and

expectations. This video is particularly good for therapists who are deeply interested in the hypnotic trance process.

Overall, both "Whither Family Therapy?" and "Dance and Trance" provide an excellent opportunity to witness creative discovery from a historical context expressed in a manner relevant to today's environment and perceptions. Each makes excellent resource materials for graduate students or practitioners who are interested in the development of ideas over time.

I highly recommend "Whither Family Therapy? A Jay Haley Version" to all professionals and

especially to those wishing to gain a deeper insight into the context of the ideas that constitute family therapy. "Dance and Trance of Balinese Children" will be valuable to professionals to help them gain a more complete understanding of the cultural context of hypnotic trance. Each tape gives a unique, interesting and educational view of history.

Reviewed by:

Betty Alice Erickson, M.S.
Dallas, Texas

Editor's note: This review was in Vol 17, #1 of the Newsletter, with errors. It is being reprinted with correct information.

AUDIOTAPE REVIEW

Brief Treatment of Substance Abuse: Solution Talk

by Insoo Kim Berg, M.S.S.W.
Brief Therapy Conference, San Francisco, 1996

Tapes J241-W17AB
\$21.00 (two-tape set)

Available from The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016

With *Brief Treatment of Substance Abuse*, Insoo Kim Berg, a leader in the solution focused brief therapy movement, presents us with a "how to" for applying solution focused therapy with clients. In her presentation, Berg focuses on using language and questions to assist clients in moving away from a "history of failure" and toward a "history of success."

Berg begins by emphasizing the importance of linguistics in helping this transition to occur. She advises therapists to be especially aware of elements in the English language that suggest a condition of permanency (e.g., I am depressed), and compares that to other languages in which descriptions suggest a temporary state (e.g., I caught depression). She also points out the tendency of the English language to describe things by means of dichotomy. Rather than using an "all or nothing" type of language, she advises a shift toward the middle ground.

In a taped session with a 21-year-old homeless man with a history of substance abuse, Berg illustrates the application of the "miracle question"

and "exception questions," both key elements in the solution focused approach. The miracle question guides the client into solution focused dialogue by focusing on the desired outcome. Then exception questions and other open-ended questions help the client elicit detail about, and build on, his success story.

A number of the concepts Berg incorporates in her solution focused approach are similar to concepts developed by Milton Erickson, although his work was not always brief or solution focused. Both approaches share a positive view of human nature and a belief that people have within them the resources they need to change: The therapist's role is to access resources and assist clients in utilizing them to resolve problems. Both approaches view clients as unique individuals. In working with clients, the two approaches place emphasis on change rather than on the cause of problems; furthermore, both emphasize a positive mind set where language is structured to subtly suggest a positive outcome.

Despite some background noise and sound level changes, the overall quality of the tape is relatively good and Berg's voice is clear and easy to understand. Berg's presentation style seems well-matched to her optimistic approach to therapy; her warmth, humor, optimism, and knowledge of various cultures come together to make for an enjoyable, informative presentation that is easy to follow.

Reviewed by:

Lisa Vinuesa, M.A.
Dallas, Texas

ETHICAL DIRECTIONS

The Problem with Post-Modern Thought

by William J. Matthews, Ph.D.
Editor, Current Thinking and Research in Brief Therapy

In reading Lynn Hoffman's previous interview in the *Newsletter* in which she argues in favor of constructivist thought with regard to psychotherapy, I thought it important to present a different view. Lynn and I are old friends and worked together in private practice for at least three years. During that time we gave numerous conference presentations and conducted workshops both nationally and internationally on a systemic approach to therapy. We did, however, disagree on a number of philosophical issues, the notion of post-modernism being one of them.

The core of post-modern theory maintains that folks do not discover objective reality as it is but rather we construct our own subjective realities in our language. Consequently, empirically based claims of the validity of a given therapy (or DNA tests, Hale-Bopp comet, etc.) can be considered no more legitimate than the claims of an astrologer, dowser, or crystal ball gazer. The essence of extreme post-modern theory claims the notion of verifiable knowledge is simply a local belief specific to that group of folks (in this case social and natural scientists), no more no less. For the post-modernist only the story or narrative matters, not whether said story has any validity.

Such thinking is ultimately dangerous and has serious implications for how we as social scientists (of which psychotherapy is a part) act. While no self-respecting scientist would claim that his or her data provides absolute immutable and final proof for a given reality, we do claim that the scientific method which simply seeks the ability to falsify a given hypothesis via public observable experience (i.e., data) provides the best method for ascertaining verifiable knowledge. To dismiss the notion of the scientific method and verifiable knowledge leaves us unable to discriminate between knowledge and superstition. As we have seen with the problems of hypnosis and recovered memory, facilitated communication, and the laetrile

"cure" for cancer, the absence of verifiable knowledge can lead to a great deal of pain and/or in the case of bogus cancer treatments, death.

In therapy, all stories are not equal (observing any experienced therapist discarding various hypotheses will confirm this notion). For example, a woman, whom we will call Nicole, says her husband beat her up. Her husband, a charming public persona, says he did not. She produces photographic evidence, witnesses, and a police report to substantiate her claim. Few reasonable folks would believe the charming husband. To continue this example, Nicole then comes into therapy and tells a different narrative about the battering, saying that it really was not battering and anyway it is not continuing (while showing bruises and other signs of distress). What therapist would believe that narrative? It is a narrative that flies in the face of physical evidence. All people, in accordance with the U.S. Constitution, are equal, all narratives are not.

Post-modernism in its most flagrant form would abandon the search for truth and replace it with simple ideological belief. In the words of the late Carl Sagan, "the more extraordinary the claim, the more extraordinary the proof required."

Hours *continued*

dees will select the track in which they wish to obtain training and remain in that selection throughout the weekend. The track format has been a popular one in past meetings sponsored by the Erickson Foundation, enabling seminar-goers to have intensive training in Ericksonian approaches.

Faculty at the seminar are Joseph Barber, Ph.D., Betty Alice Erickson, M.S., L.P.C., L.M.F.T., Stephen Gilligan, Ph.D., Stephen Lankton, M.S.W., D.A.H.B., Ernest L. Rossi, Ph.D., Kay F. Thompson, D.D.S., Michael D. Yapko, Ph.D., and Jeffrey K. Zeig, Ph.D.

A registration form can be found on page 17 of this issue of the *Newsletter*. For additional information, please call or write The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196, ext. 211; fax, (602) 956-0519.

Conference Notes

The 11th World Congress on Logotherapy is scheduled for June 25-29, 1997, in Dallas, Texas. "Viktor Frankl's Logotherapy: Search for Meaning, Dignity and Spirituality in Psychotherapy" honors the life and work of Viktor Frankl, M.D., Ph.D. For information, write The Viktor Frankl Institute of Logotherapy, P.O. Box 15211, Abilene, TX 79698-5211; phone, (915) 692-9597.

* * *

The Milan School of Family Therapy is celebrating its 25th Anniversary with a meeting in Pettansco in Northern Italy Oct. 9-11, 1997. For information, write Centro Milanese di Terapia della Famiglia, 20123 Via Leopardi, 19, Milan, Italy; phone, 02/48010997; fax, 02/4815350.

* * *

The World Congress of Behavioral and Cognitive Therapies" is set for July 21-26, 1998, in Acapulco, Mexico. For information and registration, write WCBCT '98, Program Committee, Apartado Postal 22-211, 14091 Tlalpan, Mexico D.F., Mexico City, MEXICO; fax (52-5) 665-5228; E-mail: WCBCT98@posgrado.psicol.unam.mx.

* * *

The Milton H. Erickson Foundation is planning its 20th anniversary celebration for Dec. 8-12, 1999, in Phoenix, Ariz. The Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy promises to highlight the growth and progress of the Foundation since its inception in 1979.

Jeffrey K. Zeig, Ph.D.

will appear at several of the country's most popular learning destinations. Combine education with pleasure this summer:

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For information: Dr. M. H. Peters
Cape Cod Institute, 1308 ECHS, Bronx, NY 10461
fax (718) 430-8782

Omega Institute August 22-24, 1997

"Hypnosis in Time Limited Therapy:
An Ericksonian Approach"

For information:
Omega Institute, 260 Lake Drive, Rhinebeck, NY 12572-3212
phone (800) 944-1001

BOOK REVIEW

The Evolution of Psychotherapy; The Third Conference

edited by Jeffrey K. Zeig, Ph.D.

Family reunions remind us of what we were and cause us to contemplate what we have become. Our elders share the family history with us and thus lend perspective. New babies give us hope that our family will carry on and provide a vision of tomorrow. This volume chronicles the third "Evolution of Psychotherapy" conference, held in Las Vegas, Nevada, in 1995, sponsored by the Milton H. Erickson Foundation. More than 6,800 "family members" attended this reunion, which celebrated the 110th birthday of our psychotherapy family. The series of Evolution Conferences are landmark events which bring together the current family elders to discuss and debate the state of the art of psychotherapy.

There are eight branches of our family tree represented in the book: the **Analytic Therapies** represented by Otto F. Kernberg, M.D., Judd Marmor, M.D., and James F. Masterson, M.D.; the **Cognitive-Behavioral Approach**, represented by Aaron T. Beck, M.D., Albert Ellis, Ph.D., Arnold A. Lazarus, Ph.D., Donald Meichenbaum, Ph.D., and Joseph Wolpe, M.D.; the **Contemporary Approach**, with William Glasser, M.D. and Alexander Lowen, M.D.; our host, the **Ericksonian Approaches**, with Ernest L. Rossi, Ph.D. and Jeffrey K. Zeig, Ph.D.; the **Experiential Approaches**, represented by Mary McClure Goulding, M.S.W., Erving Polster, Ph.D. and Miriam Polster, Ph.D.; the **Family Therapists**, represented by Jay Haley, M.A., Cloé Madanes, Lic. Psychol., and Salvador Minuchin, M.D.; the **Philosophical Approaches**, with James Hillman, Ph.D., Thomas Szasz, M.D. and Paul Watzlawick, Ph.D. and finally the newest addition to the family, the **State of the Art** with Stella Chess, M.D., Lynn Hoffman, A.C.S.W. and Margaret Thaler Singer, Ph.D.

This volume provides provocative presentations with responses and responses to responses in which a process isomorphic to the narrative approaches evolves. It is within such conversations that new meanings can

develop. The "stories" told at this reunion help us compare and contrast the various approaches. Threads of similar theories can be traced through various approaches to locate our lineage. Opportunities to identify moments when our theories have broken out in a paradigm shift would have made Thomas Kuhn, mogul of systems theory, proud. Rarely, outside a textbook, is one able to find such a wide variety of approaches under one cover. But rather than hav-

ing a boring "textbook" read to it, this book stimulates and challenges. It invites the reader into the debate as one reads responses which both agree and challenge. It allows us to examine where we have been and where we are going, and to wonder why.

The Erickson Foundation and Jeffrey K. Zeig deserve our thanks for compiling the family album, adding to it and bringing us together every so often to look at it. For those who did not attend the conference, this book provides a surrogate experience which will not disappoint. To close I will quote from the "Welcoming," by

Elizabeth M. Erickson, "Erickson always taught: Work hard, learn everything you can, take advantage of every opportunity that is offered, share with others, and follow your dreams. In many ways, this meeting is a metaphor of how he lived and what he taught. So I say to you for him: work, learn, share, live, and dream." And for those of us who were not there but read the book, I say, "Welcome to the family!"

Reviewed by:

Judy E. Graham, L.M.S.W.-A.C.P.
Dallas, Texas

VIDEOTAPE REVIEW

Eliminating a Compulsion

by Steve Andreas, M.A.
Brief Therapy Conference, San Francisco, 1996

Videotape J241-V13, \$75.00
Available from the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016

The greatest strength of "Eliminating a Compulsion," taped at the 1996 Brief Therapy Conference in San Francisco, lies in watching Steve Andreas applying theory into action with his subject. Although Andreas identifies himself as a research and development person, watching him skillfully work and engage the subject was both enjoyable and informative.

The majority of the tape involves Andreas demonstrating particular techniques helpful when working with a compulsive client. Although filmed before an audience, there are moments evident when both Andreas and the subject forget about the audience and become extremely focused on the process.

Andreas begins by gathering some general information and then having the client search for a *counter example* (something similar to her

compulsion but without the strong draw). After checking whether the subject has any conscious or unconscious objection to ridding herself of the compulsion, he begins to explore with her the perceptual differences between the two. He also explores her experiencing/learning style and assesses her to be kinesthetic and tactile.

At this point, Andreas implements a NLP technique created by Richard Bandler and referred to as the *ratchet method*. The technique involves repeating the image or sensation of the compulsion at a very fast pace and frequency. The result is a threshold effect, much akin to a balloon being blown up until it bursts (the compulsion diminishes). Andreas checks the generalization of the effect and explores the sense of loss associated with the diminishment of the compulsion.

In a somewhat spontaneous fashion, Andreas continues while the client explores losses in her life and using a technique called the "deck of cards" created by Robert MacDonald, he empowers the subject to use her positive feelings about the loss prior to losing it as a resource for strength and direction into her future.

Throughout the demonstration Andreas provides the viewer with some basic and valuable information. He says compulsions are a runaway system that has lost its governor and tends to collect things as it goes. He also says most people experience compulsions through a visual framework and therapy can utilize that visual modality. Examples of the use of perceptual alterations as an element of therapy include: an object glowing, coming in a closer field of vision, or becoming larger or becoming brighter. Andreas also talks about meta-feelings or feelings/responses related to the compulsive experience. He says the meta-feelings may last longer than the actual experience.

The only downside to watching the video are of a technical nature. Problems exist with microphone feedback and not hearing audience questions. Despite that, "Eliminating a Compulsion" can be a valuable and practical source of information when working with a compulsive client.

Reviewed by:

Jimmy Owen, M.S., L.P.C.
Dallas, Texas

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BOOK REVIEW

Hypnosis International Monographs, No. 1: Jerusalem Lectures on Hypnosis and Hypnotherapy

by Morris Kleinhauz, Burkhard Peter,
Shaul Livnay, Viorika Delano, Karl
Fuchs and Alida Iost-Peter, (Eds.)

This book is available in English from
Milton Erickson Gesellschaft Für
Klinische Hypnose (M.E.G.), Konradstr.
16, D-80801 München, Germany; tele-
phone +49/89/33 6256 (tel/fax)

This monograph contains a selection of papers presented at two professional meetings held in Jerusalem, 1992. As is often the case with a collection, the range of quality of these papers is striking.

Weitzenhoffer offers a fascinating analysis of the history of hypnotic models and methods from Bernheim through Erickson. He challenges the conventional belief that Erickson's contribution was in the domain of hypnotic methods; rather, he demonstrates that Erickson's innovations can be traced to Bernheim. In addition, Weitzenhoffer argues that Erickson did make substantial contributions to non hypnotic psychotherapeutic methods. In a second paper, he debunks the idea that catalepsy is a valid test of the hypnotic condition.

Kinzel's exploration of the historical roots of the cathartic method also questions received wisdom, proposing that this method was not a starting point of psychoanalysis. Rather, he says, the psychoanalytic method developed from a modification of Bernheim's suggestion therapy. This chapter requires the reader's patience with awkward language, but such patience is well rewarded.

Fromm recapitulates her ego psychological theory of hypnosis. In my view, this is a particularly compelling theory, and is a useful schema to guide clinicians in the application of hypnotic methods. Readers of the hypnosis literature will notice, however, that this paper adds nothing new to Fromm's previous expositions of this appealing theory. In a second paper, however, she raises a topic of great significance but rarely discussed in the hypnotic literature: Hypnotic methods substantially reduce patient's healthy defensiveness against clinicians' influence. Con-

sequently, such patients depend upon those clinicians' honesty, integrity and competence.

The work of the Australian psychologist Peter Sheehan (and that of his former student, Kevin McConkey) launched a significant evolution of the hypnotic research paradigm from the behavioral to the phenomenological level of analysis. Despite such an important shift, this work is not fully appreciated by North Americans and Europeans interested in hypnotic phenomena. Here Sheehan examines the widely held view that imagery is necessarily associated with hypnotic processes; he raises reasonable doubt about that view by demonstrating the lack of evidence in its support and, happily, by offering an alternative model. This is an intriguing paper that is rich in clinical implication and offers the reader an example of Sheehan's trenchant analysis of complex issues.

Zeig once again takes up the issue of direct versus indirect suggestion, paradoxically asserting that all hypnotic suggestions are indirect. Weitzenhoffer's chapter provides a strong alternative view, more consistent with current scientific knowledge regarding direct and indirect suggestion.

Rossi's paper is introduced as an examination of the research generated by his chronobiological theory. Unfortunately, he has focused largely on his earlier assertions, without supporting them with scientifically grounded theory.

In Bloom's personal account of his development as a clinician, he emphasizes the need for adequate training, respectful attention to research, and he encourages us to regularly seek consultation. The humane wisdom and gentleness of this experienced clinician vividly emerges from this paper.

Loriedo brings our attention to seemingly unimportant details and cues that, because of their profound impact and implications, can produce enormous and often unexpected changes in a person's life. He demystifies the clinician's capacity for noticing little things, and offers a set of guidelines for learning how to both notice and utilize minimal cues. Though Loriedo's chapter is an interesting and valuable contribution to this collection, it also reflects the necessary limitations of such a paper in communicating complex interpersonal dynamics. Those who know Loriedo and his clinical work may

find that this chapter does not convey his very special liveliness and good energy, his humor and his graceful interpersonal focus.

Fellows and Ragg present experimental findings that they interpret as undermining the concept of stability of hypnotic responsiveness. While I tend to agree with their conclusions, their own data are not convincing. The limitation of their experimental investigation, however, is well compensated by the intelligence of their discussion of the variability in hypnotic responsiveness that is familiar to most clinicians.

Fuchs, Zaidise and Peretz report on the use of hypnotic methods in treating male impotence. Unfortunately, the lack of comparison groups or experimental controls renders their results difficult to interpret.

In two papers, Kleinhauz and Solomon present a series of clinical anecdotes to illustrate the effectiveness of hypnotic methods in the treatment of combat stress reactions. They emphasize the necessity for treating such cases as emergencies.

Livnay's paper on the use of a musical gong in psychotherapy is based on assertions that are open to question. Because he offers no evidence, I find his argument for the effectiveness of this therapy not at all persuasive.

Peter offers a thorough education on the problems that beset patients who are HIV+ or who present with ARC or AIDS, and offers a lucid basis for using psychological methods, including hypnotic, in the facilitation of adaptive coping as well as the potential for supporting immune function. Following this thoughtful discussion, Peter presents a particularly courageous clinical case. He does not make unsubstantiated claims for the efficacy of these methods, yet the compelling clarity and humanity of his paper is likely to open readers' minds to possibilities not yet realized.

While this collection is small (207 pages) and its quality quite uneven, this monograph is a ready opportunity for readers to become acquainted with the work of a few of the defining figures in the field. This monograph's greatest value is its presentation of provocative, scientifically supportable ideas about hypnosis and hypnotic methods. The integrity of clinical work can only be strengthened by clinicians' attention to the fine integration of theory, research and practice exemplified by some of these papers.

Reviewed by:

Joseph Barber, Ph.D., A.B.P.H.
University of Washington School of
Medicine

E-mail from the Unconscious: Psychotherapy in the Cyber Age

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- CC97-4AB Shame and Intimacy**
Ruth McClendon, MSW & Les Kadis, MD*
- *Ruth McClendon sounds far away from the microphone. Everything she said can be heard, but it sounds distant.
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Marty Klein, PhD
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VIDEOTAPE REVIEW

A Sensitive Fail-Safe Approach to Hypnosis

by Ernest Rossi, Ph.D.

Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, 1992

Tape No. ME297-V9, \$75.00

Available from The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016

For someone who wants to learn the essence of Dr. Rossi's "Fail-Safe Sensitive Approach" this videotaped demonstration is a great place to begin.

The day following this demonstration, Rossi began his keynote address at the 1992 Erickson Congress by saying that he had a speech ready but could not give it because, "Right now I'm still overwhelmed by an incredible event that took place in my hypnosis demonstration yesterday." He then proceeded to explore that magic moment with the audience.

At the beginning of the demonstration Rossi asked for a volunteer from the audience who is in a state of acute distress, physical or mental. Rossi stated that he knew "a healing was constellated in me" but though this surprised him and he felt uncomfortable with it, he decided to go with what was there. Jennifer, someone previously unknown to Rossi, defined her problem as rheumatoid arthritis. She had the problem for ten years and it had not responded to Western medicine, acupuncture or energy work. She mentioned that currently she was experiencing a flare up.

Rossi drew attention to her hands. She told him that this was where the disease was most advanced. The camera showed us their distorted shape. Jennifer explained that because of the disease two tendons ruptured and pulled away from the bone.

Without any formal induction Rossi asked her "What are you experiencing right now?" She described the pain in her hands and he told her to "go with that." His presence was supporting and encouraging but mostly in silence. Rossi explained that he values silence and "just being with."

In his keynote address he commented on his discomfort when he realized she was slipping into trance

and the delight and relief he felt when he noticed that "her heart was going boom, boom, boom." He reminded the audience that he never heard Milton Erickson say "Relax" or "Let go!" Relaxation came after the work was done. He points out that true mind/body healing always follows the same pattern. An activation stage with physiological change come first, followed by ideomotor and ideodynamic signals. And finally, insights emerge.

In the videotape one sees Rossi making Jennifer aware of her heart beating, helping her become congruent with the activation stage. Jennifer described pain, then heat and sweating in her hands. Rossi encouraged her to "see what incredible discomfort would continue to develop there." And then, after some initial micro-movements, and without any suggestion from Rossi, Jennifer's right hand proceeded into a classic hand levitation. Soon her hand began to point and Rossi mused, "I don't know if it has stories to tell us today. Or is it pointing to something beyond itself?"

Jennifer remarked that she had just thought of something but Rossi, characteristically, told her, "Keep it private. Think about it for a few moments. Tell me only what I need to know to help you further."

Insights eventually begin to emerge. Jennifer remembered that her arthritis began in the right hand at a time when she was harassed by a supervisor but had to "keep her mouth shut." As she spoke her hands moved as if they "had a life of their own," to paraphrase Rossi. Towards the end of the demonstration Jennifer's hands spontaneously formed fists and she spoke of her Dad teaching her to box so that she could stand up to her brother!

As the insights tumbled out, her fingers appeared to be flexing and straightening. She looked at them, sometimes in amazement, as they loosened up. Rossi called out "Is there a piano in the House?" as Jennifer makes movements with her fingers as if she were playing the piano — movements which she said she had been unable to do for five years.

Unfortunately the end of the demonstration, that was electrifying at the time, is not quite captured by the videotape. Rossi spontaneously joined Jennifer in a Sylvester Stallone

style gesture of triumph, as she raised both hands, fingers stretched out straight above her head. We rose to our feet in a standing ovation. Rossi also stood and applauded Jennifer. "A genuine moment of self-empower-

ment is what our work is all about," he proclaimed.

Reviewed by:
Dee Blinka, L.M.S.W.-A.C.P.,
B.C.D.
Waco, Texas

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Dr. Alman weaves his 20+ years of private practice, worldwide teaching, best selling author experiences, consultation/training and the knowledge he acquired through his 4 years of direct training and work with Milton H. Erickson, M.D., into a profound, unique learning experience for all people. His significant personal experience with pain brings further depth and validity to the solid framework and concepts he teaches. He emanates personal warmth, humor, gentleness, compassion and positive support. This aids in creating movement with more ease toward listening and learning with an open mind, heart and body on multi-conscious and unconscious levels. Since earning his Ph.D. in psychology from the California School of Professional Psychology in 1979, Dr. Alman has become an internationally known author, clinician, healer, trainer and researcher working with numerous disciplines. He is a leading expert in the field of addictions and dependencies. His private practice is focused on the application of self-change for addiction recoveries, self-esteem, pain control and a wide range of personal goals. He has taught at Harvard Medical School, the University of Paris, and many others. His series of videos, *Six Steps to Freedom*, is being aired nationally. He is a clinical instructor for the Milton H. Erickson Foundation, the American Society of Clinical Hypnosis, the International Society for the Investigation of Stress and others. He is currently involved in research with the National Institute of Health.

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ASCH Standards of Training and Course Approval

by Marc I. Oster, Psy.D., A.B.P.H.
American Society of Clinical Hypnosis
Standards of Training Committee

In the past few years the ASCH Standards of Training committee has received requests from Ericksonian practitioners and trainers for ASCH approval. The purpose of this article is to highlight the ASCH Basic and Intermediate training criteria for course approval in the hopes of eventually approving more Ericksonian courses for ASCH membership and certification purposes.

As the Chair of the ASCH Standards of Training committee, I often field questions about "approved" versus "not approved" courses. This distinction does not indicate whether or not a course or its faculty are of high quality. It has to do with whether or not the course sponsor chose to seek ASCH approval.

Why might a course instructor seek ASCH approval? Two reasons are most common. First, for one's students to meet ASCH membership criteria they must have completed an ASCH approved Basic level workshop. Second, applicants for ASCH Certification must have completed an ASCH approved Basic and Intermediate workshop.

The training criteria are consistent with an Ericksonian model of training. Many basic or intermediate Ericksonian workshops meet most of the ASCH criteria without modification.

Below are the Basic and Intermediate workshop guidelines and minimum time allotments for each topic. The Training committee grants approval for 20 hours only, for Basic and Intermediate workshops (Advanced workshops are of any time duration, as long as it is clearly a learning/training activity). Faculty to student ratio should be about 1:8. A Basic workshop should include the following topics: (a) Definition, History, Theories (40 min); (b)

Myths, Misconceptions, Hypnosis and Memory (30 min); (c) Assessment, Presenting Hypnosis to the Patient and Informed Consent (20 min); (d) Hypnotic Phenomena and Therapeutic Applications (1 hr); (e) Principles and Process of Induction, Realerting and Formulating Suggestions (2.5 hrs); (f) Demonstrate Induction (1 hr) and Eliciting Hypnotic Phenomena (1 hr); (g) Small Group Practice (4 hrs); (h) Concepts of Susceptibility, Stages of Depth, Deepening (1 hr); (i) Self-Hypnosis (45 min); (j) Treatment Planning, Strategy, Technique Selection (1 hr); (k) Managing Resistance (45 min); (l) Introduction to Hypnotic Susceptibility Scales (30 min); (m) Ethics, Professional Conduct, Certification (30 min); and (n) Integrating Hypnosis into Clinical Practice (4.5 hrs).

An Intermediate workshop should include the following topics: (a) Advanced and Specialized Inductions (1 hr); (b) Small Group Practice of Advanced Inductions and Facilitating Hypnotic Phenomena (3 hrs); (c) Ego-Strengthening (1 hr); (d) Strategies and Techniques for Pain Management (1.5 hrs); (e) Hypnosis and Memory: Age Regression and Working Through Trauma (2.5 hrs); (f) Anxiety and Phobic Disorders (1.5 hrs); (g) Habit Disorders (1.5 hrs); (h) Metaphors and Indirect Suggestion (1.5 hrs); (i) Insight Oriented and Exploratory Techniques (1.5 hrs); (j) Ethics, Professional Conduct, Certification (30 min); and (k) Integrating Hypnosis into Clinical Practice (5 hrs).

Applications for ASCH approval should include a list of topics to be presented, how those topics equate to ASCH Guidelines, and presentation times; a list of faculty; statement of eligibility, projected attendance; and learning objectives. All application materials should be submitted at least 10 weeks prior to the scheduled workshop. Course approval will be for a three year period.

For further information contact the ASCH main office at 2200 E. Devon Ave., Suite 291, Des Plaines, IL 60018, (847) 297-3317.

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Interview *continued*

Family Therapy, Family Psychology and Counseling Services, and Families in Society.

Dan Short (DS): *Hypothetically, if a miracle occurred and hundreds of readers who do not know very much about solution therapy suddenly had an article that points out some really important details about you and your work, what kinds of things would be in that article?*

Insoo Kim Berg (IKB): That's not fair! He is using the miracle question on us. [laughter]

Steve de Shazer (SdS): One thing would be for people to know that we are *not* a response to managed care. We've been doing brief therapy for 30 years. We developed this a long time before managed care was even somebody's bad idea. That is a piece of the miracle.

DS: *Solution focused therapy is considered a brief therapy, but the way you work is very different from how others have been taught to do brief therapy. In your approach there is no defining the problem, no contracts or treatment goals.*

SdS: After seeing my tapes a lot of people say, "What you are doing doesn't even look like therapy!" And I think it is because often therapists have been trained to make eye contact, make "I" statements, sit in the right position, as if that is what makes therapy effective. Neither of us pays any attention to that.

IKB: The field has emphasized "empathic understanding" so everybody strives for this. But that is impossible. I don't ever expect anybody to understand me completely. Sometimes I don't understand myself or I may change my mind. So I think the best we can do is be open to what is said. That is why I emphasize using the client's exact words, instead of paraphrasing. Because when we rephrase what they have said we fit it to our idea of what they mean.

DS: *But almost every text on counseling teaches paraphrasing.*

IKB: That is absolutely wrong. Because the implication is, "The way you talk is not good enough. So I have to teach you how to talk."

SdS: It means the client has done it the wrong way.

DS: *Now that you mention it, I have seen clients respond to paraphrasing by correcting themselves in order to use my words. That is terrible!*

IKB: I think it is terrible.

DS: *Do you use diagnostic labels?*

SdS: Years and years ago, we had three or four different anorexics and their families. And at that time anorexics were a big deal, Minuchin's book, *Psychosomatic Families* (Minuchin, Rosman & Baker, 1978), had just come out. So we compared our tapes of the anorexics with each other. The therapies were totally different but all four were successful. And none of them bore any similarity to what Minuchin had said. I have no faith in labels, they don't mean anything. To quote Jay Haley, "It is one of those ideas that handicaps therapists."

DS: *All of this is counter to traditional ways of approaching a problem. For instance with drinking, you were talking about not looking at what causes the relapse but how they got out of the relapse.*

SdS: Absolutely. Therapists have been trained to look for the signs of relapse. But we train people to look for signs that the relapse is not going to happen. We are looking at what people do not look at.

IKB: Clients only look at it from one way, the way that gets them stuck. So we give them another way of looking at it. They are in the same situation, but turning it just a small degree helps them look at things from a different angle. And I think that is where the solution comes from. Not because every thing we say is right or smarter.

DS: *I used to think that your model was overly simplistic, a cook book approach to therapy. But after watching you work I have decided that it is much more difficult and complex than it looks.*

SdS: "Simple but not easy," is what we say.

IKB: Often people think that simple is easy, but to me simple takes a great deal of discipline.

SdS: It is just the miracle question and scaling. But how you use them, when you use them, what you do with them once you get them, that requires skill.

IKB: Like hypnosis. Anybody can put someone in a trance. But you have to know what to do after you put somebody in a trance. Anybody can ask the miracle question. But you have to know what to do with it afterwards.

DS: *In what way is a good solution focused therapist self-disciplined?*

IKB: The important ingredient of self-discipline is not imposing your own agenda on the client.

DS: *For instance, "You must never*

drink again if you are an alcoholic."

IKB: That's right. That is AA's idea. It is not the client's idea.

SdS: And it's not held up in the research, either.

IKB: It takes a lot of discipline not to impose your ideas. It's very seductive to get into being the "expert," having someone want you to tell them what to do.

SdS: After watching a video of my work with a couple, the audience questioned me about why I did not talk with him about his drinking. But neither he nor his wife complain about drinking. All she does is tell him that when he is sober he is a good father.

DS: *Yes. The audience was very uncomfortable with you allowing the client to decide what the problem is.*

SdS: But if the client does not think it is a problem, then it is not a problem. It is their reality so you have got to stick to what they bring.

IKB: That takes a great deal of faith in the client — faith that they will do what is right for them. And that is very hard. We have been trained to always look at the dark side. The undesirable, unattractive side of human nature.

DS: *Your work has so much flexibility. Does your flexibility come from your faith in the client?*

IKB: Not only faith in the client but also the idea that solutions come from many different facets of life, not just from the therapist. Everywhere we look there are solutions. Being willing to look at life's solutions is very important. If someone becomes sick, has a baby, gets a different job, each of these changes one's perspective and even one's philosophy of life. Ordinary life provides a lot of very important milestones. So it is important to be aware of that, to make use of what is there.

SdS: Almost none of the natural changes you are talking about involve stopping something. Stopping something in order to change is not normal and it's the most difficult way to change something. Fifty percent of the people who stop drinking do it with no treatment. But how? Well, basically, they do something else instead. They don't stop drinking, they start doing something else. So the change seems spontaneous.

DS: *Insoo, you said in your workshop that "Just because I am solution focused does not mean that I am problem phobic." I think that some people could become rigid, only allowing solution talk.*

IKB: I agree with you. That seems to be the common misunderstanding. And we have even been accused of "solution forced therapy." But anyone who has watched our sessions knows that is not how we work.

DS: *How would you describe what you do?*

IKB: One thing that I do is go back and forth. It is a sort of an ebb and flow process. I don't go in just one direction. The client can go back to talking about how terrible life is, or life was. Then I ask, "So how do you want things to be different?" This addresses both sides of it. There is a very natural flow, a lot of rhythm to it.

SdS: Always bring it back to, "How will life be different after the miracle?" "Before the miracle she nagged me all the time." "Well, after the miracle what is she going to do instead of nag?"

DS: *Is there room for intuition in this approach?*

IKB: Why sure. What is intuition? Intuition comes from a lot of experience and training. Experience tells you, "Going that way is likely to lead to this."

SdS: Like playing center field. It takes a lot of intuition. I remember watching Henry Aaron, for instance, or Willie Mays. They were sort of hanging around out there in center field, not paying attention to much of anything. They stick their glove up and all of a sudden they've got a ball. Therapy is the same. First you use the miracle question and scales. Then you can use your intuition once you know what to do.

Nobody does it exactly the same way. I would be very concerned about that. One of my big fears is of developing an orthodoxy — the idea that "this is the way you have got to do it." We see some of that. I refer to them as "the fundamentalists." They take an example, of one day, and they watch it and then keep replicating that one day.

IKB: Well, I have been accused of not following the model.

SdS: I've had that happen too.

DS: *Even while using the standard questions there is more flexibility than is at first apparent.*

IKB: Oh, sure.

SdS: Clients invent their own milieu. If they don't like numbers they invent a different way. Like the violinist whose scale went from triple f to triple p. She used this to get rid of the pain in her elbow.

continued next page

DS: *What about the Miracle Question? Are there other ways you do that?*

IKB: Yes, especially when working with children. You adapt the question to fit the child's language. You can get them to draw pictures like this [Insoo draws a series of cartoon frames] and in this one "you are lying in bed and all of this gold dust comes down from the sky."

DS: *Like a fairy tale?*

IKB: Yes. And you have the child draw a termination picture. You can ask, "What will it look like when you don't have to come back any more?" Kids like that. One time I had a child draw a frowning face. That was what the problem looked like. And then at the other end she drew her mother's smiling face.

SdS: There are some people I know in Germany who do a psychodrama "the morning after the miracle." They have the clients act it out. That works quite nicely.

DS: *Utilization seems to be an important part of your work.*

SdS: My view is that the Ericksonian idea of utilization does not go far enough. We use it in a lot broader way. We try to utilize everything.

IKB: Everything!

SdS: When Erickson used the term utilization in his papers he was talking about utilizing trance phenomenon. That is the most narrow, and the original use of the word. Erickson was detailed and very precise in his written work about hypnosis. He did not go into the same level of explanation when he talked about his therapeutic interventions.

People don't seem to realize that in his work, Erickson used everything. If you read his case reports, you will see that utilization was an all-encompassing concept in his therapeutic work. This has given us a deeper appreciation of a part of Erickson's work that few people understand.

When we first began working with the conceptualization of solution focused therapy, we developed the idea of using what the client brings to the session. That is what we do most of the time — we use whatever the client has brought to us.

DS: *What I hear you saying is that you utilize beliefs, values, their ability to evaluate themselves ...*

IKB: Absolutely!

SdS: Utilize the fact that their answer to the scaling question is not -2, it is only -1. You can utilize almost anything. If you are listening to it.

I remember a woman who came to us, years and years ago. She had a double diagnosis, schizophrenic and alcoholic. Her husband had been a junkie for many years and he was in and out of prison. And she is talking about all this crap in her life but her kids are on the honor roll. So I ask her how come her kids are on the honor roll, "How come things aren't worse?" So we get to talking and come to find out her husband, the junkie, takes the kids to school every morning, picks them up in the evening, supervises the homework, and attends all the meetings with the teachers. He is high as a kite, but he is there. These are the kind of exceptions to listen for.

DS: *And when you said, "Why aren't things worse?" It almost sounds like a paradoxical intervention. Or is it something different?*

SdS: No. Why aren't things worse? It should be worse with what she told us. You've got a schizophrenic, alcoholic married to a junkie. Now how come these kids turned out to be honor students? That shouldn't be happening. Why is that happening? How come it is not worse?

DS: *Watching you work, it seems like you are somehow giving people a sense of ability.*

SdS: Yes. And that is where the scaling question comes in and adds to the therapy. "Oh! You are at five. You are half way there!"

IKB: "You are all the way up to five!" or "You are all the way up to three!"

SdS: "No longer at zero. That's wonderful!"

IKB: Instead of saying "Only three," I will say, "Oh my God, you are all the way up to three!" Its a very different way to look at it.

DS: *It is almost like you seduce the person into believing in themselves.*

IKB: Absolutely.

SdS: Of course.

DS: *What is it like, living with a solution oriented therapist?*

IKB: We don't think about it that way. We never talk about business when we are together.

SdS: Even years ago, when we were in the office all day, day after day, the minute we walked out the door there was never therapy talk. There might be some business talk, financial talk. And the only time we used to do that was when we played hooky from the office. We would drive to Chicago and that would be our administrative meeting. Therapy is a job we do in the office and we leave it in the office.

IKB: Now we are separated a great deal of time. We sort of travel in separate circles. We have a very unusual marriage, in that sense. It is not like other people who go off to work in the morning and then see each other in the evening.

SdS: But when we are together, we are together 24 hours a day. So the total number of daytime hours is more than most couples, even though we have these long intervals of three to four weeks [of being apart].

IKB: I guess its what they would call a "long distance marriage." Probably we are able to do that successfully because we have been together for a long time. We have that foundation. If you were just beginning, I don't think this could work.

DS: *I was wondering if specializing in the same area would create competition in a marriage?*

SdS: Well it's clear, we both know that she is a better therapist than I am.

IKB: [laughter] We knew that! We understood that.

SdS: [laughter] So we have never had that problem.

IKB: I think we are in some ways very critical of each other's work. And at the same time we are very supportive of each other's work. I am very honest with my feedback about anything that he has written. I might say, "Oh no, not that way!" But then I will also have a suggestion for what to do about it, how to correct it.

SdS: You always have done that.

IKB: That is important. It is a rule we made fairly early, while doing training. When we first developed this model we spent a lot of time supervising from behind a mirror ...

SdS: Oh God, 30 to 40 hours a week sometimes.

IKB: And we would never call in unless someone had an idea about what to do.

DS: *In some of your cases you ask the client to pretend to be okay on certain days of the week but not to tell the other spouse when he or she is pretending. What are you doing?*

SdS: Well, two things. One is protecting the client from telling, if we can. Because if he were to advertise what he was doing, then it might be discounted. Even if he doesn't pretend, he might still do something that his partner likes. She is watching for him to pretend that the miracle has happened. She will be watching for good things instead of watching for bad things.

DS: *You create a positive expectation.*

SdS: Usually we get them both to do that.

IKB: I think the clients come in with that. They expect something.

SdS: Utilize that. I think they come with as much motivation as they need. What we have to do is try not to interfere with that. If a therapist ends up at the end of the session thinking that the client is not motivated, then I know that the session has been mishandled. That means the therapist has taken away the client's motivation.

DS: *You have said that treating a client with respect means paying attention to details.*

IKB: Of course. Because you are paying attention, respecting the unique way that they do things. For instance, how you get up in the morning. Some people like to shower first, before they drink coffee. I like to drink coffee first, before I get into the shower. That is the unique way that we are different and I am respecting that. *Individualizing treatment comes from paying attention to details.* Also it is important because talking about the details is where you find a small strength or small success. So details are very important. The details of the miracle picture, of the solution, of how they would like things to be.

SdS: And if they want to talk about the problem, then discover details about that. Whatever it is, you want details because that is what eventually provides you with the material you and the client need to build the solution.

IKB: It is a big deal now to study generalities about ethnic families, about Asian families, Hispanic families, African American families, etc. But I think that is ignoring the details. It results in not knowing how to individualize treatment. Even among the Asian families there are so many varieties. Even among the same social class there are so many differences. With ethnic families I think there is even a greater need to pay attention to the individual family details.

SdS: Clients want you to pay attention to the details of what they are saying or doing, to take them for their word. Give them the right to schedule when they think they should come back, rather than saying, "I'll see you next Tuesday at three." Instead ask, "When are you going to come back?"

DS: *So you do not assume that you know what the client is all about.*

SdS: This is something we learned from John Weakland as well as from our own experience. A parent says

continued next page

Interview continued

they use "grounding." What the hell does this mean? It is necessary to ask, "What are you doing? What does that involve?" Thirty years ago when parents said they grounded the kid, I assumed that I knew what that meant. But when you ask it always has a different meaning. Sometimes mother and father, of the same family, have a different idea about what grounding means.

DS: Steve, you said, "I never initiate a topic." Yet you are very influential. It almost seems counterintuitive.

SdS: I'm not going to tell someone to stop drinking or that alcohol is the problem. My rule of thumb is that if the client doesn't talk about it, then it is none of my business.

DS: Did you always do it this way or did you learn to do it this way?

SdS: I think I have always done it that way. Even before we got together, I didn't have any notion about, "This is the right way to do things." I have never been very normative.

IKB: You are very accepting. That is how he can live with me. Because he does not try to change me.

DS: How has meeting each other affected the development of the model?

IKB: We are very different people. Our styles for thinking and doing are very different. Our cultural and family backgrounds are very different. So we made a conscious effort to use those differences rather than trying to eliminate the differences.

SdS: In Korea the family has certain rules and they seem to work. A family in the United States does the exact

opposite and that seems to work! So you can't have any judgment that "this" is the right way to do things.

IKB: Coming from a different culture really helps you *not* take everything for granted. Years ago, when I was a student, I would have parents say, "We ground the kids." I did not know what this meant. What do you do when you ground a kid? So I asked and they said, "Well, we make him stay with the family." "You mean that is a punishment ... to stay with your family?" I was really shocked by that.

SdS: For the same reason that an American family will ground a kid, a Korean family will expel him. "Get out of the house! We don't want anything to do with you."

IKB: So families can have very different approaches. And I think that we learned this very early, that there is no good or bad about it. It is just different. And I think that has also spilled into the model, about accommodating differences and working with differences rather than trying to eliminate the differences.

DS: Are there any final points you would like to make about your work?

IKB: I would like to say that Erickson's work seems to share a great deal with Eastern philosophy, that is, the wisdom and intuition about human likes are very similar. Knowing when to push, when to let go, what to listen to, and what to ignore — all these skills are based on the profound respect for human dignity and working to restore the sense of who they are and what they want to be.

Archives Donations

The fund drive to raise money for the Milton H. Erickson Foundation Archives began with the Spring 1997 issue of *The Newsletter*. As of June 1997, \$2,550 have been received in donations. We wish to thank the following people who have so generously contributed to The Archives Fund.

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