



The Milton H. Erickson Foundation NEWSLETTER

Vol. 22, No. 2

Summer 2002

SM

VOLUNTEERS NEEDED FOR ORLANDO BRIEF THERAPY 2002!

The Milton H. Erickson Foundation is seeking full-time graduate students to assist the staff and faculty at the upcoming *Brief Therapy Conference: Lasting Solutions*, December 12-15, 2002, at the Hilton Hotel in the Walt Disney World® Resort in Orlando, Florida.

"Because of the financial constraints most graduate students and interns are under, this is a wonderful opportunity to attend a one-of-a-kind Conference on brief therapy, at no charge," says Ann Webb, volunteer coordinator for the Milton H. Erickson Foundation. She adds, "Volunteers work only a portion of the Conference leaving time to attend the Conference as an *attendee*, as well as a volunteer! It is a valuable learning experience for the

See *VOLUNTEERS* on next page

Brief Therapy Conference in Orlando, December 2002!

Plans for the *Brief Therapy Conference: Lasting Solutions*, are under way. The Conference will be held December 12-15, 2002, at the Hilton Hotel in the Walt Disney World® Resort in Orlando, Fla. The Milton H. Erickson Foundation organizes the premier multi-disciplinary conference on brief therapy in the world.

The Program consists of keynotes, workshops, topical panels, supervision panels, dialogues, conversation hours, clinical demonstrations and short courses. Learn from a faculty who will teach attendees their methods for the practice of brief therapy. The presenters for this Conference have been instrumental in the growth of contemporary brief therapy and are linked by their practical emphasis on the change process. The *Brief Therapy Conference* is clinically oriented and designed to make available

a wealth of knowledge for all attendees - beginning, intermediate or advanced. There are 28.5 Continuing Education Hours available.

The Multidisciplinary speakers include Steve Andreas, Judith Beck, Insoo Kim Berg, Jon Carlson, Steve de Shazer, Robert Dilts, Albert Ellis, Betty Alice Erickson, Arthur Freeman, Stephen Gilligan, Mary Goulding, Stephen Lankton, Scott Miller, John Norcross, Christine Padesky, Peggy Papp, Erving Polster, James Prochaska, Ernest Rossi, Michele Weiner-Davis, R.Rejd Wilson, Michael Yapko and Jeffrey Zeig. Keynote presentations will be

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INTERVIEW

Eric Greenleaf, Ph.D.

Interviewed by Richard E. Landis, Ph.D.

Eric Greenleaf, Ph.D. has practiced, taught and written about hypnotherapy since 1968 and was the first recipient of the Milton H. Erickson Award of Scientific Excellence for Writing in Hypnosis from the American Journal of Clinical Hypnosis. He presents internationally on dreams, hypnosis, Balinese trance and imagery. In much the way that Robin Williams is the master of improvisation, Eric Greenleaf is the master of Ericksonian utilization. At the time of this interview, it had only been three months since the 9/11 terrorist attack on the World Trade Center. During that time, reported attendance in houses of worship had greatly increased and I had noticed a grow-



ing prevalence of spiritual and religious issues being presented by my patients. In that context, Dr. Greenleaf and I were discussing the nature of therapy and the utilization of the spiritual material that patients

See *INTERVIEW* on page 21

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EDITOR'S COMMENTS

The two intersecting themes in this Newsletter are Spirituality and Utilization. Spiritual concerns have always been an important element in psychotherapy, even when not openly pursued. Alexander and Annellen Simpkins point out in their Speaking of Research column, that prior to the 9/11 terrorist attacks, 87% of the general population valued spiritual issues in their lives.

Since the terrorist attacks on our country almost a year ago, my patients have spontaneously brought up more spiritual concerns than in previous years. Popular press articles describe how people in New York have more eye contact with strangers since the terrorist attacks, not out of fear but out of a connection forged by a common tragedy. According to much that has been written about the subject, increased connection contributes to people opening themselves up to the larger questions of life.

And it is in these larger questions, that patients have been formulating their complaints. The focus of this issue is therefore the utilization of spiritual concerns. This complex interaction of utilization and spirituality demands respect and sensitivity. To that end, the articles in the Newsletter cover ethical considerations, research, cross-cultural information, ideas for utilization, and resource materials.

The interview on Page One with the master of utilization, Eric Greenleaf, is a fitting introduction to the topic. He addresses patients' spiritual concerns about Evil in the world and offers ways to move beyond their often limiting assumptions. He discusses how he respectfully joins his patients in their world and still remains who he is, while allowing them to remain who they are. Stephen Schoen expands Greenleaf's ethical concerns in his *Speaking of Ethics* column. Schoen presents more than just DOs-and-DON'Ts. He presents a model of an Ericksonian presence that transforms doing therapeutic techniques into how the person of the therapist is the therapy.

An Ericksonian truism is for therapists to trust their unconscious to provide understandings and solutions. However, to paraphrase Erickson's admonition to me, you have to feed the unconscious until its eyes bulge! This issue offers an abundance of information with references for future reading upon which the unconscious can forage. George Burns presents Tibetan Buddhist insights (*Connections*), Joyce Mills utilizes Native American practices (*Contributor of Note*), John Lentz and Anne Mason offer insights to the spiritual issues of women in prison (*Case History*), and Marilia Baker highlights the artistic balance between magical realism and psychotherapy in Argentina (*Introducing the Institutes*).

We have media reviews of some excellent spiritual and utilization resource material. Eric Greenleaf's video demonstration of *Dreams: Strolling the Royal Road* incorporates dream work and trance work. Carl Hammerschlag's audiotapes of *Ericksonian Psychotherapy and Shamanic Healing* and *Creating Rituals and Ceremonies of Healing* cover the Shamanic ability to "combine stories with rituals that alter people's consciousness." This theme is expanded in depth in George Burns's book, *101 Healing Stories: Using Metaphors in Therapy*. Burns takes stories from folktales, cross-cultural myths, religious, spiritual and Shamanic traditions and teaches us how to create our own healing stories. Other reviews and articles round out the balance of sources and resources that celebrate the human spirit for the unconscious (and conscious) mind to enjoy and utilize.

Richard Landis, Ph.D.
Laguna Niguel, CA

VOLUNTEERS *continued from page 1*

Volunteer as well as an integral part of making the Conference run smoothly."

Volunteer duties include assisting with registration procedures, continuing education, assisting faculty and monitoring meeting rooms. In exchange for the registration fee volunteers are asked to send a \$75 deposit that will be refunded after successful completion of volunteer duties.

Full-time graduate students and interns are the first to be accepted as volunteers. If needed, professionals will be accepted as the meeting draws closer. Volunteers are assigned on a first-come, first-served basis. Accepted volunteers must attend a mandatory volunteer meeting on Wednesday afternoon, December 11, 2002. To volunteer please submit the following:

- A letter requesting to volunteer.
- A letter from your university stating full-time graduate student status as of December 2002. Interns should send a letter from their supervisor stating their status as of December 2002.
- A completed registration form.
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Send all of the above information by November 7, 2002, to: The Milton H. Erickson Foundation, Inc., Attn. Ann Webb, Volunteer Coordinator, 3606 N. 24th Street, Phoenix, AZ 85016-6500. For questions and information contact Ms. Webb, at the Foundation: tel, 602/956-6196, ext. 201; fax, 602-956-0519; E-mail, ann@erickson-foundation.org.

BRIEF THERAPY *continued from page 1*

given by Nicholas Cummings, Pat Love, and Donald Meichenbaum.

See the advertisement and special registration form on the next page for a reduced registration rate for *Newsletter* readers only! This offer is valid for NEW registrations only, and cannot be used retroactively. **The special offer is valid only until September 6, 2002, so register today!**

To receive the complete brochure with registration form, contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; tel, 602/956-6196; fax, 602/956-0519; E-mail, ann@erickson-foundation.org Visit our Web Site, www.erickson-foundation.org/btfr.htm for a registration form, hotel and travel information! To view the 'Meeting at a Glance' on the internet visit www.erickson-foundation.org/btprog.pdf

The Milton H. Erickson Foundation NEWSLETTER

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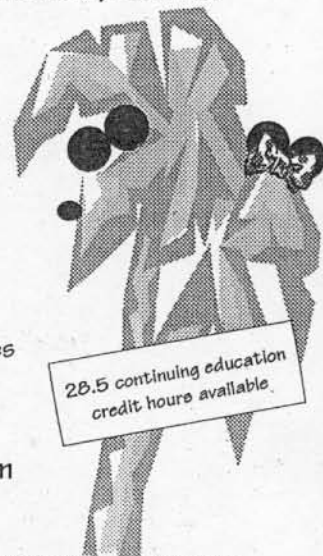
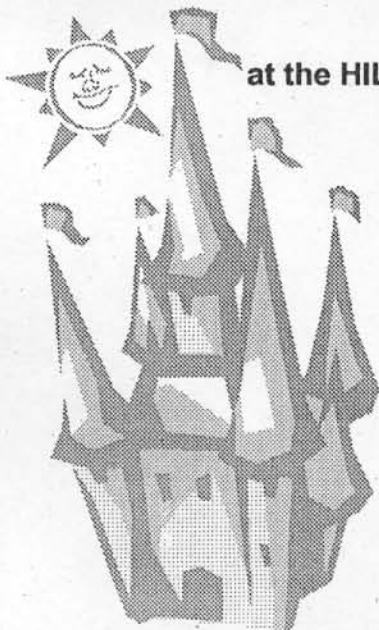
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Keynotes . . .

Nicholas Cummings, Pat Love, Donald Meichenbaum

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CALL FOR RESEARCH REPORTS

Evidence Based Therapies and the Future of Mental Health Care

By Nicholas Cummings, Ph.D.

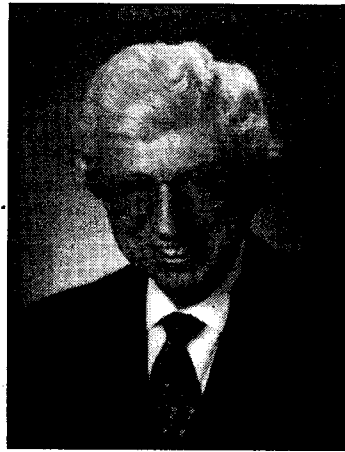
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Research yielding evidence based therapies (EBTs) is proceeding at a rapid rate. It will not be long before third party payers will reimburse only for EBTs. Unfortunately, the current body of research is largely centered on behavioral therapy (BT) and cognitive behavior therapy (CBT). Therapies currently lacking broad support in the research literature include strategic therapies, relationship and psychodynamic modalities. If behaviorally-oriented therapies are the only modality that will be eligible for reimbursement in the future, the field of psychotherapy will become less fertile. Patients will lose much.

Currently there are several strong indicators supporting the prediction that EBTs will become mandatory for third party reimbursement. The first is recent legislative and regulatory enactments along with a number of court decisions that have weakened managed care and restored some of the decision-making back to the provider. This has created a climate of conflict in which managed care is looking for ways to restore its former position of greater control. It is the "doctor-knows-best" laws and regulations that have especially taken away managed care's power to limit what it deems to be unnecessary care. As a result the cost to managed care is rising considerably.

Another important fact is that EBTs are defensible both legally and morally. The court often looks to research studies to find its answers. Restricting payments to EBTs would reduce much of what managed care regards as run-away, questionable or needlessly long-term psychotherapy. For similar reasons, it is inevitable that the beleaguered malpractice insurance industry, whose costs are continuing to escalate, will jump on the bandwagon and restrict coverage to EBTs.

What this change means for the



field as a whole is that non-EBT practice will dry up or will be limited to those providers willing to practice without either reimbursement or malpractice insurance. This is scary. Just one lawsuit could place the provider in a position of having to work a lifetime to pay off a judgment. And why should patients see someone for whom they will not be reimbursed for their treatment or compensated for malpractice?

An important question to address is why the designation of EBT is not more common among the various schools of psychotherapy? Part of the problem is that the importance of a research base for therapy is not stressed enough in most graduate programs. In post-graduate training most practitioners seem to prefer CE offerings that minimize the focus on research so CE companies avoid EBT courses and seminars. The split between research and practice has remained strong in most areas of practice with the exception of behavioral therapies. Furthermore, researchers are conducting EBT research in only behavioral therapy and cognitive behavioral therapy because these are simpler to quantify.

In fact, many behavioral techniques such as self-monitoring are designed to simultaneously act as a treatment intervention and a tool for collecting research data. As a result the larger body of research is neglecting the more creative therapies.

The next important question is when will all of this happen? Much has already been done in the formal recognition of EBTs. Division 12 (Clinical) of the American Psychological Association is now compiling a list of verified therapies. What remains is that EBTs must be tested in the field, as laboratory findings seldom behave exactly as predicted in the real world. So there is some time. But research takes time and if studies in strategic and relationship therapies do not begin soon, evidence will not be produced in time for them to be included. The psychoanalysts in New York have begun studies but so far the studies lack research sophistication and reliability. Still this task should be shared by practitioners as well as academicians. A new trend in the research literature is a growing recognition of studies that employ a within-subjects design. These studies do not require vast numbers, complicated controls or overly complex sta-

tistical analysis. By establishing a baseline and then measuring the progress of five to six subjects (before, during and after a carefully defined form of treatment) the practitioner can generate useful research data. The time to act is now and the responsibility is shared by us all.

Dan Short Ph.D.

Note from the Director: This article came about when I met with Nick Cummings, Ph.D., who advised me about the need for prompt research. Dan Short, Ph.D. called him and they put together this Call for Research Reports. Dr. Cummings' prognostications and contributions are legendary and not to be ignored. He will Keynote the December 2002 Brief Therapy Conference in Orlando.

The Erickson Foundation supports the immediate need for research on Ericksonian therapies. Please write us with your research designs and ideas so we can publish them in the Newsletter and stimulate progress in this area.

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- CC02-K3 Couples in Crises, Couples in Treatment – Frank Pittman III, MD

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Ellyn Bader, PhD
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Janis Abrahms Spring, PhD

Panels

- CC02-P1 Anatomy and Physiology of Love
Helen Fisher, PhD, Pat Love, EdD, David Scharff, MD
- CC02-P2 Affairs – Constance Ahrons, PhD, Frank Pittman III, MD, Janis Abrahms Spring, PhD
- CC02-P3 Therapist Beliefs – Christine Padesky, PhD, Frank Pittman III, MD, David Scharff, MD
- CC02-P4 Chore Wars or Clutter, Clutter – Who Controls the Clutter? Ellyn Bader, PhD, Pat Love, EdD, Jeffrey K. Zeig, PhD

Workshops

- CC02-W1ab (2 tapes) Exploring the Interaction Between Lust, Romantic Attraction, and Attachment – Helen Fisher, PhD
- CC02-W3ab (2 tapes) The Truth About Love: Transforming Research into Clinical Impact – Pat Love, EdD
- CC02-W4ab (2 tapes) A Primer on Object Relations Couples Therapy – David Scharff, MD
- CC02-W5ab (2 tapes) Making Divorce Work – Constance Ahrons, PhD
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MEDIA OF NOTE

Information about Hypnosis on the Web

The general public now has access to quality information on hypnosis through the internet. On April 24, 2002, National Public Radio (NPR) aired an interview with leading authorities in the field of hypnosis. The program was designed to provide the lay audience with a better understanding of scientific, clinical, and forensic hypnosis. A brief summary and an audio recording of the interview are now available on the internet: <http://lcmmedia.com/mind215.htm>. To go directly to the audio clip visit: <http://lcmmedia.com/rafiles/tim215.ram>.

The expert panel for this interview included David Spiegel, M.D., Professor and Associate Chair of Psychiatry and Behavioral Sciences at Stanford University School of Medicine; Jane Parsons-Fein, Director of the Parsons-Fein Institute for Hypnosis and Psychotherapy; Alan Schefflin, Professor of Law at Santa Clara University; and forensic psychologist, Melvin Gravitz.

Before interviewing the expert panel the host Fred Goodwin, M.D., describes the status of contemporary hypnosis and its exploitation by the entertainment industry. In an effort to help listeners understand what hypnosis might sound like, while not violating Federal Communications regulations that make it illegal to air an entire session, excerpts from a recent hypnosis session are provided. Jane Parsons-Fein conducted the session with a 36 year-old female who wanted to stop biting her nails.

Dr. Goodwin first interviewed Jane Parsons-Fein and Dr Spiegel. Parsons-Fein used an eye-fixation induction and metaphors to guide her client to draw on her unconscious reservoirs of creativity. Spiegel talks about his approach to smoking cessation. Spiegel says he suggests that a patient imagine himself relaxing, for instance in a bath or a hot tub. Then a patient is asked to think of three things "For my body, smoking is a poison. I need my body to live. I owe my body trust and protection." To reach Dr. Spiegel or learn more about his work, visit his faculty web site at Stanford University. Or write to him at Stanford University School of Medicine Department of Psychiatry & Behavioral Sciences, 401 Quarry Road Stanford, CA 94305-5718. To reach Jane Parsons-Fein or learn more about her work, visit the web site for the Parsons-Fein Training Institute for Psychotherapy and Hypnosis: <http://www.pfti.org>. Or write to 275 Central Park West (4B), New York, NY 10024. Tel: 212-873-4557 Fax: 212-674-3271.

Next, Dr. Goodwin interviewed Alan Schefflin, Professor of Law at Santa Clara University; and psychologist Melvin Gravitz, Professor of Psychiatry and Behavioral Sciences at George Washington University. Gravitz has trained hundreds of police and federal investigators in how to use hypnosis to help witnesses retrieve memories. All memory, hypnotically retrieved or not, is prey to unreliability, cautioned Schefflin and Gravitz. They said that hypnosis should be used as a method of last resort, after traditional questioning efforts have failed. However, the problems with hypnotically retrieved memory have been overstated in some cases, said Schefflin, which is why in one third of the United States, memories retrieved under hypnosis are not admissible in court. They agree that forensic hypnotists must be carefully trained, and it's important for sessions to be videotaped so that other experts can confirm that the hypnotist did not ask leading questions or inadvertently suggest a "memory." To reach Melvin Gravitz, write to: GWU Department of Psychiatry and Behavioral Sciences 2150 Pennsylvania Avenue, NW Washington, DC 20037 (202) 994-1712. To reach Alan Schefflin or learn more about his work, visit his faculty web site at Santa Clara University or write to him at Santa Clara University, 500 El Camino Real, Santa Clara, CA 95053.

Dan Short, Ph.D.

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Ericksonian Psychotherapy and Shamanic Healing

By Carl Hammerschlag, M.D.

Eighth International Congress on Ericksonian Hypnosis and Psychotherapy

See page 7 for ordering information

In *Ericksonian Psychotherapy and Shamanic Healing*, recorded at the December 2001 (Congress on Ericksonian Hypnosis and Psychotherapy), Carl Hammerschlag presents for consideration the idea that the same features which make up what is called Ericksonian Psychotherapy are found in the methods used by Shamanic Healers. In this audiotape, Dr. Hammerschlag weaves multiple messages about the art of healing through entertaining stories that integrate personal experience, ancient mythology, and tenets from various religions.

Hammerschlag posits, "As Ericksonians, we acknowledge that each individual sees the world through the veils of their own experience and we treasure their uniqueness. We incorporate those features to craft strategic interventions using the patient's own story and symbols... these elements of our work are also the crucial aspects of Shamanic healing." How healers hear the story, and understand the questions is paramount.

In both Ericksonian psychotherapy, and Shamanic healing, appreciating and valuing the clients belief system is an integral part of how a therapist comes to a client, hears their question, and develops a way to intervene.

To illustrate this point, Dr. Hammerschlag tells the story of a woman who believed her baby would turn to tar because a hummingbird had flown in the window and broken its neck. Having the ability to break out of one's own experience, and realize the meaning, symbolism and importance of this event, and how she translated it to mean her baby was now cursed, made it possible for a shaman to respect her position, telling her, "You have broken a taboo..." and create a ritual task whereby she could correct the situation and heal.

"This," says Hammerschlag, "is Ericksonian Psychotherapy."

Employing a wonderful sense of humor, Hammerschlag tells stories with important messages: Tame your ego. Know that the questions are important. Lighten up. He wraps these messages in experiences he has had on his own journey, including meetings with healers he has sought out, and a walk through a mall in a creative plumbing costume.

Hammerschlag reinforces also the idea of creating with each client session a sacred space through the use of ritual. "Shamans have the ability to get beyond ordinary awareness to recognize the source of the problem. A Shaman has the capacity to combine stories with rituals that alter people's consciousness." Rituals are created both in sessions, and as assignments.

This tape is not only motivating and enjoyable; it is an excellent training tape. It is a tape to be listened to several times, and offers many points for group discussion. Dr. Hammerschlag's insights, artistry, and entertaining style make *Ericksonian Psychotherapy and Shamanic Healing* a requisite inclusion for any library.

Creating Rituals and Ceremonies of Healing

By Carl Hammerschlag, M.D.

Eighth International Congress on Ericksonian Hypnosis and Psychotherapy

See page 7 for ordering information

This audiotape is a good complement to the *Ericksonian Psychotherapy and Shamanic Healing* tape. In it, Dr. Hammerschlag creates a context in which the development of rituals is natural. In an experiential workshop, which took place at the 2001 Ericksonian Congress, Hammerschlag offers an irresistible invitation for participants to join him in a sacred space, and generate new learning.

Beginning the tape with the same ritual he uses to open a therapeutic session,

See *HEALING* on next page

INTRODUCING THE INSTITUTES

Milton H. Erickson Institutes of San Luis and Mendoza, Argentina

By Marilia Baker, M.S.W.

The MHEI/San Luis was established in 1999 and MHEI/Mendoza in 2001. Although they are situated in different provinces of the country, (central Western Argentina near the border with Chile) both Institutes work closely with MHEI/Santiago, Chile. San Luis Director Omar Chogríz M.D. says, "The founding of the Institutes and the creation of the 'Latin American Association of MHE Institutes' are part of a larger context: to potentiate and assure *project continuity* within an economically unstable region - our South America - a region much closer to Gabriel García Márquez' magical realism than to the actualization of a fair and just integration with the developed world". Magical realism posits that supernatural, fantastic, surreal phenomena in nature and human relations, along with magic, myth, belief systems, and spirit, permeate all levels of everyday existence.

Licensed psychologists Sandra Ostropolsky (Mendoza) and Mario Pacheco (Santiago) have been working with psychiatrist, Chogríz, since 1991 to further Ericksonian approaches. Chogríz, a clinician, president of the Psychiatric Association of San Luis, and continuing education lecturer on Ericksonian methodologies, along with Ostropolsky and Pacheco, at *Universidad Nacional de San Luis* and *Universidad del Aconcagua in Mendoza*, emphasizes the antecedent influences in his work: Viktor Frankl's Logotherapy, Gestalt work with Francisco Hunneus, and Adriana Schnake, Transactional Analysis and psychodrama. He is also a Research Associate in psychobiology sciences at the *Universidad Nacional de San Luis*.

The three directors have been promoting training by international faculty: Jeffrey Zeig, Michael Yapko, Ernest Rossi, Yvonne Dolan, and Scott Miller. Regional and local training meetings resulted in the creation of the "Asociación



Left: Omar Chogríz, M.D.
Right: Mario Pacheco, Lic. Psych.

Latinoamericana" consisting of 25 institutes in North and South America. The effort to publish regionally has resulted in an impressive list of articles in Spanish. The online *Revista de Psicoterapia Ericksoniana* is being created to further support autogenous authors. An important achievement of the Institutes has been recognition of a graduate specialization in Ericksonian psychotherapy (Universidad del Aconcagua, Mendoza) by the Argentinean Commission on Universities Accreditation (CONEAU).

Walking a fine line between the scientific method is necessary to practice medicine and psychotherapy, and magical realism, Chogríz, Ostropolsky, and Pacheco take into account Bateson's *la pauta que conecta* (the pattern which connects), integrating and clinically behaving in a manner *responsible to* - not necessarily *responsive to* - the multifaceted realities of patients. One example would be a cancer patient who simultaneously seeks the services of a *brujo* or *curandero*. "I am sorry," Chogríz explains to the patient, "but I do not know the answers in those terms."

"Ultimately," he comments, "we are not spiritual masters but psychotherapists-even though we might intensely live our *spirituality* or *high ethics*. Paradoxically, this spirituality may include our own psychotherapeutic stances!"

Contact directors at: Sandra Ostropolsky - sandos@lanet.com.ar; Omar Chogríz - omarchogriz@infovia.com.ar and Mario Pacheco - ps_mpaccheco@entelchile.net

INTERNATIONAL COMMUNITY

THE MILTON H. ERICKSON INSTITUTES IN 2002 ARGENTINA

By Omar Abdon Chogríz, M.D.

Director, MHE Institutes, San Luis and Mendoza

Argentina woke up in 2002 to a cruel reality: the end of *Convertibilidad* - a financial device assuring one-to-one exchange with the dollar. A brutal devaluation of our currency ensued - raging, pitiless, without anesthesia - destroying the economic life of the country.

Suddenly, we Argentines working for a living find ourselves doubly impoverished - our currency was devalued 100% vis-à-vis the dollar and a hellish economic recession - depression actually - prevents the population from having the means to pay for health services and other basic necessities. We are witnessing the paralyzation of the country along with strife, anger, resentment, hurt, and grave mistrust, which will be very difficult to change. Argentina has arrived at this situation through a multiplicity of causes; among them is the process of globalization.

Within this context questions emerge: What is happening to our practice of psychotherapy? How are we facing this crisis in Argentina? What therapeutic tools differentiate us from other approaches? What will happen to the MHE Institutes in our country? How are the needs of our patients changing and how are we adapting to these concrete demands on a daily basis? We work hard to respond to those day-to-day needs, facing the tremendous increase in emergency

calls, a much greater incidence of psychosomatic episodes, depression, anxiety, severe panic, in addition to psychotic decompensations.

The cornerstone of our work is founded on Erickson's premises providing us with concrete answers to such demands. Another is firmly based on those inspired by him, chiefly Jeffrey K. Zeig, who supports our enthusiasm with equal amount of trust and encouragement. Michael D. Yapko has also been a close supporter and personal friend, encouraging us to produce professional materials in Spanish and develop regional fraternity.

Our first premise refers to a *systemic vision*, the cornerstone of Erickson's thought, by nature a "non-linear man." Flexibility follows, which I strongly emphasize because it is the foundation for utilization, an Ericksonian resource par excellence. This is what engenders change and demystifies therapy. In present day Argentina creativity is a must in our clinical practice at the Institutes. Since the debacle, we have had to intensify work within the phenomenological 'reality-at-hand' as Martin Heidegger has posed. Creativity also has meant retrieving dormant skills such as sewing our own clothing, and manufacturing household goods - a return to austerity and self-reliance. Trust, affectivity, and respect for the personhood of the client are also basic universal therapeutic resources. Deeply reaching for transcendental values, we aim at retrieving the dignity of the individual assaulted by brutal events beyond their control, to pursue and find existential meaning (ala Viktor Frankl).

Our loss of faith has been such that we do not trust our leaders anymore. All that is said by politicians we interpret as exactly opposite: if they say, "all will be fine and rosy" we "know" that all will be dark and gloomy. In sum, the situation

see ARGENTINA on next page

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Jay Haley Awarded Honorary Doctorate and AAMFT Award

On June 15, 2002 Jay Haley, M.A., was awarded an Honorary Doctorate from Alliant International University for his contribution to humanity. Alliant University is the newly merged California School of Professional Psychology and United States International University. A speech given at the ceremony described Jay's contribution to the field and included much praise for the work of Milton H. Erickson, MD. Jay accepted the degree with a joke, saying, "As Mark Twain said when he was given an Honorary Doctorate at Oxford University, 'I like the degree well enough but I'm crazy about the clothes.'"

Jay was also awarded the *Outstanding Family Therapist in California*, from the American Association for Marriage and Family Therapy - California Chapter. The membership votes for the person who has made an outstanding ongoing and cumulative contribution to the welfare of families in California.

ARGENTINA *continued from page 8*

in Argentina is a true crisis encompassing great dangers and great opportunities. Our vision is to strengthen alliances with kindred Erickson Institutes in Latin America - and around the world - along with the MHE Foundation. We aim to fully potentiate opportunities, such as the Latin American Association of Erickson Institutes. Through exchanging ideas, strengthening ties, publishing materials, teaching new generations, we can enrich the minds and the souls of our peoples.

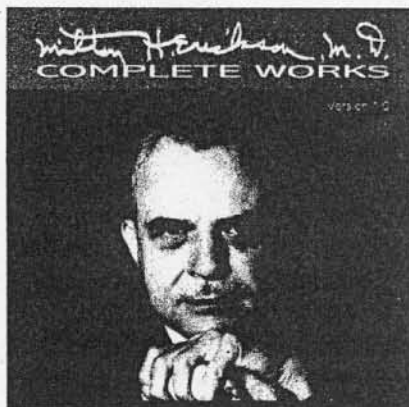
I deeply believe in this proposition, because a true globalization in our network of almost 100 MHE Institutes will contribute to human growth, to the enrichment and flexibility in behaviors, to the expansion of minds. A higher ethics can emerge out of this chaos. It will be very difficult, but if we muster our resources, we can see the light at the end of this very dark tunnel.

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CASE HISTORY

THE DOUBLE CLUTCH

John Lentz, D.Min.

Jane Thompson, Psy.D. and the author, John Lentz, D.Min, developed the "Double Clutch" technique when co-leading therapy groups in the women's prison in Kentucky and learning about Erickson's work. An inmate named the technique the Double Clutch, because she felt that both of us were hugging her at the same time with our words. The technique uses Erickson's utilization principle and his penchant for creating therapeutic experiences involving trance.

We noticed the women had very low self-esteem combined with a phenomenal ability to block direct and indirect compliments. They not only disbelieved direct compliments; they became suspicious that the provider could be capable of other dishonesty.

We developed the Double Clutch technique to address self-esteem issues in a way the women could accept. Essentially we did inductions by overloading the client with positive messages from opposite sides of the room. Compliments and permissive injunctions were given with conjunctions to keep the theme going. It was important that only true compliments were spoken.

The technique worked best when precipitated spontaneously. For example,

when one person was struggling and the rest of the group didn't have anything much to say, without warning, one therapist would begin giving one compliment after another, connected by conjunctions, truisms, and presuppositions. Across the room the second therapist chimed in similarly.

The effect was generally a light trance state, which induced self-acceptance.

A brief example follows; the client is a woman who undermines her self-esteem by being overly critical and believing the abusive things said to her in the past.

Therapist 1: You know you can stand up for yourself,

Therapist 2: And you can feel better about yourself,

Therapist 1: Because you certainly deserve to.

Therapist 2: All you would need to do would be to allow yourself to see what everybody else sees.

Therapist 1: (Laughing) You would get a different perspective on yourself, one that really affirms you.

Therapist 2: And that would perhaps be exactly what God might view as positive because

Therapist 1: Since God created you the more you can appreciate yourself the more worshipful stance you are taking toward God.

Therapist 2: And wouldn't it be nice to really feel good about yourself, and be proud of yourself,

Therapist 1: Especially as you let others see your good qualities and recognize that you are somebody they want to like, because you like yourself.

see *DOUBLE CLUTCH* on next page

CONFERENCE NOTES

The Inaugural Conference of the International Gestalt Therapy Association will take place August 7-11, 2002, in Montreal, Quebec, Canada. The Conference will be held at the Holiday Inn - Centre Ville, near McGill University, overlooking Mont Royal. An informal event will be held on Wednesday evening, with the Conference beginning on Thursday. Presenters include Myriam Sas de Guitier (Argentina), Daan van Balen (Norway), Lilian Frazao (Brazil). The Conference also will hold a special event honoring the late Miriam Polster, Ph.D. For more information contact the International Gestalt Therapy Association, E-mail, tgjournal@gestalt.org.

The New Zealand Society of Hypnosis is sponsoring the *10th Annual Scientific Meeting*, and will be held September 19-22, 2002, at the Museum Hotel in Wellington, New Zealand. The meeting includes a two-day workshop with the Keynote Presenter, Brent B. Geary, Ph.D., director of training for the Milton H. Erickson Foundation, Inc. Topics will include the use of hypnosis in the treatment of chronic pain, an introduction to clinical hypnosis, and the utilization perspective in clinical hypnosis, along with solicited paper presentations. Presenters include Dr. Bob Large, Consultant Psychiatrist at the Auckland Hospital Pain Clinic, and Dr. Pat McCarthy, Medical Hypnosis Practitioner.

Call for Papers: Those interested in presenting a paper on the topic of brief hypnosis, please contact the workshop organizer, Dr. Patrick McCarthy at patrickmccarthy@telstra.net.nz. For more information on this workshop and to register, contact Dr. Patrick McCarthy, 9th floor CMC Building, 89 Courtenay Place, Wellington, New Zealand; E-mail, patrickmccarthy@telstra.net.nz.

Integrating Hypnosis into Psychotherapy: 17th Annual Program, will be held at the Woodbridge Hilton, Iselin, New Jersey, and is presented by Harriet E. Hollander, Ph.D. & Associates, Co-sponsored by the Milton H. Erickson Institute of New Jersey and the Clinical Hypnosis Society of New Jersey. The Program includes the *Fundamentals of Hypnosis Track*, September 20-22, and the *Intermediate Hypnosis Track*, October 25-27, 2002. Continuing education hours will be offered. For information contact Harriet E. Hollander, Ph.D., tel, 609/924-2508.

The Ninth Congress of the European Society of Hypnosis, "Hypnosis and The Other Therapeutic Modalities in The New Millennium," sponsored by the Società Italiana Di Ipnosi and the Società Italiana Milton Erickson, will be held September 25-29, 2002 at S. Thomas Aquinas University, Rome, Italy. The Congress consists of a Precongress Workshop, Scientific Program and a Postcongress Workshop. Keynote Addresses, Invited Addresses, Invited Workshops, Invited Seminars, Symposia, Research Panels, Clinical Panels and Supervision Panels will be offered. A Call for Papers also has been announced. For registration and Call for Papers information, contact Società Italiana Di Ipnosi, Via Tagliamento 25, 00198 Rome, Italy; tel, 06 8542130; fax, 06 8542006; E-mail, ipnosii@tin.it; Web, www.hypnosis.it

The Milton H. Erickson Foundation, Inc., is sponsoring *The Brief Therapy Conference: Lasting Solutions*, December 12-15, 2002, at the Hilton Hotel in the Walt Disney World® Resort, in Orlando, Florida. The program will include Keynotes, Workshops, Topical Panels, Supervision Panels, Dialogues, Conversation Hours, Clinical Demonstrations and Short Courses. Multidisciplinary Presenters to include Andreas, J Beck, Berg, Carlson, de Shazer, Dilts, Ellis, Erickson, Freeman, Gilligan, Goulding, Lankton, Miller, Norcross, Padesky, Papp, Polster, Prochaska, Rossi, Weiner-Davis, Wilson, Yapko and Zeig. Keynotes will be presented by Nicholas Cummings, Pat Love, and Donald Meichenbaum.

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Therapist 2: I can see that even you see that what we see is really true, even if you can't really accept it.

In practice this might go for 10-15 rounds with each therapist. We often closed by asking some inane question or commenting on some event that occurred with someone earlier, in order to distract from the experience. Sometimes jokes were used to distract the entire room.

DISCUSSION

Anne Mason, M.A.

While a simple technique, the Double Clutch requires two sophisticated skills for it to work.

The first has to do with timing. When clients are ready, there comes a moment when they leave the door open to their unconscious, ever so slightly. At that moment, the therapists start shoving compliments through the opening in Double Clutch style.

This approach is contraindicated for clients who are in full-blown depressive, denial or resistant trances unless the therapist can catch them at the exactly the moment they are experiencing new vulnerability. They may feel lost, shaken, slightly hopeful, or simply willing to listen to something new.

The second skill requires an accurate and precise assessment of the clients' greatest fears and the way they experience shame. For example, you'll notice in the passage that John used a great deal of language about God.

Many times I've heard friends, family and clients report that when afraid, they began praying almost automatically. I observe the same phenomenon in prisoners. They have committed horrible crimes, and as a result, suffer the scourge of the victim's family, law enforcement agency, judicial system, media,

their family and friends. Beneath whatever coping tactics they use, they usually are filled with uncontrollable fear and self-hatred.

At some point, a primal prayer response sets in. God is bigger than the world,

*He moves from talking about the surface issue,
the client being able to stand up for herself,
to getting to the real stuff.*

bigger than their family. Their assumption is that he is so angry with them, they will never be forgiven. He represents the ultimate authority and true forgiveness. To begin to heal so they can become better mothers, sisters, friends and daughters, they have to believe they are forgiven by God.

In the example, John accurately assessed her secret longing for forgiveness, and her fear of God. He moves from talking about the surface issue, the client being able to stand up for herself, to getting to the real stuff. He inserts God as a non sequitur in the conversation. He has to go there because that's where the client is. He then throws in a confusing message about God creating her and her worshipfulness being appreciated. Suddenly, she has associations to God when previously all she was struggling was standing up for herself. The implication is she is worthy to be talked about in the same passage as God. The tie-in is slight, and it's almost like a social courtesy. The Rockefellers and Vanderbilts often had lunch together.

Like most effective strategies, it looks simple on the surface while being amazingly sophisticated at its heart.

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C O N N E C T I O N S

Mind: According to the Fourteenth Dalai Lama Of Tibet

By George W. Burns, Lic.Clin.Psych.

"Where is the mind?" The questioner was a professor of neurosurgery, Bryant Stokes, who had spent his professional career studying the physiology of the brain. The respondent was the fourteenth Dalai Lama of Tibet. He pointed to his head with both hands, as if he knew that's what his audience of Western scholars might expect. "I think it is somewhere," he said, pausing for effect. Then, with a mirthful laugh he swept both arms in a broad, encompassing circle around his body, adding, "here." His gesture included not only every cell of his body but extended beyond his fingertips to the surrounding environment. It seemed to sweep in the audience, the lecture theatre and the world outside.

It brought to mind Gregory Bateson's (1988) words, "I surrender to the belief that my knowing is a small part of a wider integrated knowing that meets the entire biosphere or creation."

Professor Stokes, Dr Alain Germain, professor of psychiatry, and I had been privileged and honoured to

participate in an invited symposium with the Dalai Lama on the topic *Mind Science: A dialogue between East and West*.

My interest in discussing the mind with the Dalai Lama was not so much in its location but its function. I was aware from his writings and from previously hearing him speak that the Dalai Lama was keenly interested in the concept of happiness - a word that rarely finds its way into the psychological literature. In fact after the symposium I discovered an article (Cohen, 1999) that reported in the past 30 years the psychiatric literature has published some 46,000 articles on depression, 36,000 on anxiety but only 2,000 on happiness and a mere 400 on joy.

Yet, for one who is considered a master scholar and practitioner of Buddhist psychology, it is a core concept in the Dalai Lama's teachings. Coming from a culture in which depression rates are rapidly on the rise, I inquired how the Dalai Lama and his people could maintain their sense of happiness in face of the adversities they had suffered. Was there something that might be replicable for both our clients and us? Walters and Havens (1993) state that in Erickson's work we see happiness legitimised as a therapeutic goal. What might we learn to help us attain it?

The Dalai Lama's response

We seek to hold others accountable, demand compensation, and give up any sense of empowerment that could facilitate our recovery...

acknowledged that happiness is a multifactorial state, contingent on a number of variables. "First," he answered, almost apologetically, "there is something not very profound". Demographically, he referred to Tibet having "a small population in a large area."

"Killings and bad things do happen but, basically, the human to human relationship is positive".

Second, he made reference to material possessions, saying that Tibetans have had few and have been unaware that deficit due to limited contact with the outside world. Therefore attachment to material objects and the greed of possessiveness, root causes of unhappiness, have perhaps been less relevant.

Because of the lack of material comfort in Tibet, he said that Tibetans had to learn that "real mental happiness must come from within...If we realise the fact," he continued, "that material things will not bring peace of mind, and are still content, that is genuine contentment."

He also spoke of assuming a sense of individual responsibility as one of the ingredients in the recipe for happiness, reminding me of the trend in our own society to readily assume a victim role. Too easily, it seems, we wish to blame others for our misfortune and unhappiness. We seek to hold others accountable, demand

compensation, and give up any sense of empowerment that could facilitate our recovery and, consequently, the attainment of happiness. Acknowledging a level of personal accountability the Dalai Lama said, "My experience today is due to my past actions, therefore I cannot blame anyone else."

Happiness, he claimed, is achievable through mental peace. From his own experience he added, the greatest degree of inner tranquillity comes from the development of love and compassion. The function of the mind is the attainment of happiness. "We all have the potential to be happier human-beings," he confirmed, adding, "If we balance a good brain and a good heart, we get happier days and happier lives."

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S P E A K I N G O F R E S E A R C H

Science and Spirituality: Finding the Common Ground

C. Alexander Simpkins, Ph.D.

Annellen Simpkins, Ph.D.

Gordon Allport (1950), one of the primary early personality theorists, found that human personality includes an individual, evolved religious sentiment as a natural consequence of a mature life. He believed there is no universal form of religious sentiment, but that some individual

form is universal. He thought that it served an important role, promoting inner strength and personal meaning while facilitating personality integration.

But psychology, in its effort to be scientific, had relegated the study of religion and spiritual values to a minor role, until an unforeseen paradigm shift took place. One eminent spokesman for the shift was Nobel laureate and foremost split-brain researcher R.W. Sperry. By the late 1960's he came to believe that the quest to link all mental phenomena to physiological brain functions was false. Sperry (1988) found that although many direct links between

brain activity and mental states could be made, many mental events such as the cognitive sequencing of a train of thought could not be reduced to simple biophysical or biochemical laws.

Sperry believes that scientists should embrace what he calls "higher level forces," to explore and include spiritual aspects of human consciousness.

Some psychologists are now calling for "an explicit and constructive relationship between psychology and religion" (Jones 1994, p.184). Jones proposed ways that the two disciplines can come together. Science and religion share common goals: to make sense out of our complex exist-

tence and foster human understanding. When the commonalities are uncovered, progress can be made.

Statistical surveys have given good reason for practitioners to include spirituality into their practices. A recent Gallup poll, *Religion in America* (1996), found that 94% of those surveyed believe in "God or a universal spirit." Similarly, 87% said that religion was either very important (58%) or fairly important (29%) to them. Psychotherapists (including marriage and family therapists, clinical psychologists, psychiatrists, and social workers) tend to be more religious than would be expected. Bergin

See RESEARCH on next page

(1991) found that 77% of psychotherapists agreed with the statement: "I try hard to live by my religious beliefs." Paradoxically, only 29% rated religious content as important in treatment issues.

Rose, Westefeld, and Ansley (2001), cite numerous studies concluding that clients tend to want to discuss spiritual and religious issues with their therapists and patients want to discuss such matters with their medical doctors. Only 17% preferred not to discuss religious or spiritual issues.

Worthington (Worthington, Kurusu and McCullough, 1996) reviewed a decade of research (1984-1994) focusing on religion with regard to clients, counselors, and religious counseling. One important finding addressed in countless projects was that religion has a positive effect on mental health.

But including spirituality in one's practice opens potentially complex and multifaceted value issues. Yarhouse and VanOrman (1999) believe that if therapists are going to deal with spirituality in their practice they should have professional guidelines. Using the APA (1994) Ethical Principles of Psychologists and Code of Conduct, Yarhouse and VanOrman provide some suggestions to help guide therapeutic interventions. For example, in keeping with APA's valuing of diversity, they suggest that clinicians should become aware of the significance of religious beliefs and values held by the client. They discourage opposing clients' beliefs. Therapists also should examine their personal values. Erickson showed us the influencing power of multi-level communication. Unexamined unconsciously held values of the therapist may unintentionally become "hidden persuaders," as Bergin (1991) calls them.

Science and spirituality needn't be in opposing camps. It is not only possible, it is important as sensible and ethical practitioners to facilitate the client's welfare on fundamental levels. In keeping with Milton Erickson's commitment that the needs of the patient should always come first, practitioners may sometimes be better able to help by permitting the client to delve into spiritual matters when needed, in the safety of the therapeutic relationship.

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"Konfrontace" Reviews Eighth International Congress

In the Czech Republic's psychotherapeutic journal *Casopis Pro Psychoterapii: Konfrontace* (Number 1/2002, pg.13), Stanislav Kratochvil, Ph.D., Professor of Psychology at the Psychiatric Hospital in Kromeriz, reports on the Milton H. Erickson Foundation, Inc. recently sponsored, *Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, December 2001, in Phoenix, Ariz. The Congress celebrated the 100th birthday of Milton H. Erickson, M.D. The article discusses a few of the presentations given by the renowned faculty of the Congress in addition to the special hike on the Squaw Peak Mountain Preserve to dedicate a bench constructed on the Summit Trail in honor of Dr. Erickson.

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7/29-8/2	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Brent B. Geary, Ph.D.	3.
8/1-4	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy / New York, NY / Jeffrey K. Zeig, Ph.D.	4.
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8/12-16	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Advanced</i> / Phoenix, Ariz. / Geary	3.
8/16-17	Brief Therapy: Key Concepts in the Ericksonian Approach - Introductory / Tokyo, Japan / Zeig	6.
8/18-19	Hypnosis in Time-Limited Therapy II: Intermediate Training in Ericksonian Hypnotherapy / Tokyo, Japan / Zeig	6.
8/26-30	Summer Intensive - Ericksonian Psychotherapy & Hypnotherapy / Toronto, ON, Canada / Zeig	7.
9/20-22	Integrating Hypnosis into Psychotherapy: 17th Annual Program - <i>Fundamentals of Hypnosis</i> / Iselin, New Jersey / Harriet E. Hollander, Ph.D. and Invited Faculty	8.
9/20-22	Women's Healing Journey / Tucson, Ariz. / Joyce C. Mills, Ph.D., Mona Polacca, MSW, Charlesetta Sutton, MSW	9.
9/25-29	9th Congress of the European Society of Hypnosis / Rome, Italy / Invited Faculty	10.
10/24-27	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy / New York, NY / Zeig	4.
10/25-27	Integrating Hypnosis into Psychotherapy: 17th Annual Program - <i>Intermediate Hypnosis</i> / Hollander and Invited Faculty	8.
10/25-27	Women's Healing Journey / Bridgehampton, New York / Mills, Polacca, Sutton	9.
11/6-10	53rd Annual Workshops and Scientific Program / Boston, Mass. / Invited Faculty	11.
12/12-15	The Brief Therapy Conference: Lasting Solutions / Orlando, Fla. / Invited Faculty	3.

Contact Information:

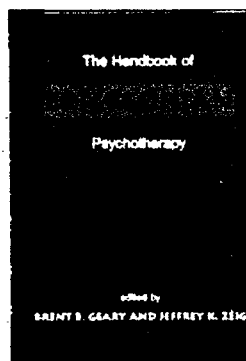
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Erickson's Books Reviewed

Conversations with Milton H. Erickson, M.D., Vol.1-3, edited by Jay Haley, M.A. (Triangle Press), and *The Letters of Milton H. Erickson*, edited by Jeffery K. Zeig, Ph.D. and Brent B. Geary, Ph.D. (Zeig, Tucker & Theisen), were reviewed in the Spring 2001 issue of *Human Givens - Radical Psychology Today* (Vol.8, No.1). Editorial Director, Ivan Tyrrell discusses each book's continuing influence and importance of Dr. Erickson's contributions to clinical psychology, psychotherapy and counseling. To receive a copy or for subscription information contact *Human Givens*, The Barn, Church Farm, Chalvington, East Sussex, BN27 3TD; Tel/Fax: 01323 811662; E-mail: info@humangivens.com; Web: www.humangivens.com

ETHICAL DIRECTIONS

Psychotherapeutic Spirituality and Its Ethics

By Stephen Schoen, M.D.

There is an inherent spirituality in the psychotherapeutic relationship. That is, a depth of connection between client and therapist beyond the categories of friendship, of love, even of "therapist" and "client" themselves.

In an essay on psychoanalysis, which Freud contributed to a German Encyclopedia of 1922, he commented about this depth: "The therapist catches the drift of the patient's unconscious with his own unconscious."

Milton Erickson would have agreed with him. This connection between the unconscious of patient and therapist describes also what Martin Buber called interpersonal spirituality. He named it the response of an "I" to a "Thou."

In this timeless realm, Buber said, there is "Healing Through Meeting" (the title he gave to a short essay of 1951.) Or, as our therapeutic language today would put it: the therapist's capacity for depth of unconscious response, both to self and to client, encourages the expansion of the client's own self-acceptance, and then the client can come to participate freely with the therapist's "Thou" as an "I", or as "I" with the therapist's "Thou." Then, too, the client can bring this "I-Thou" range to bear on all other relationships in his or her life.

In these spiritual terms, the ground of a client's suffering, and the suffering this caused to others, is self-rejection. Evil in the world is, so to speak, one's successful commitment to self-rejection, whereby fear and hate are buried under outrage and aggression. So we see it in the warfare of the world at large. Spiritual

health, on the other hand, is unrestricted self-acceptance, with the spontaneous compassion toward self and others that self-acceptance brings with it.

acceptable religion, or the homicidal actions of terrorists today. In my experience, most people facing their anxieties and griefs will question their own self-imposed limits. But if

Bodily posture. Sounds. Words. Pauses. And there is so much clarity in all of this: the client's movement or stillness, tone of voice, nuances of phrase, silences—clarity that elucidation often obscures and that the therapist's own depth of presence, in look, metaphors and stories, can acknowledge.

In a short essay of 1946, "The Last of Abinger," E. M. Forster remarked on an attitude of reverence: "The sense of a world that asks to be noticed rather than explained."

That is the spirituality that we can offer to enlarge and revivify our clients' world.

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- Lao Tsu. (Trans.1972) *Tao Te Ching* (J. English and G.F. Feng Trans.). New York: Vintage Books
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The spiritual significance of what you do is not in your technique, but in the personal depth that the technique expresses.

For the therapist, what is the ethic of this spiritually attuned psychotherapy? *The therapist does not push.* You do not dogmatize or proselytize. You exemplify. You consistently talk the client's language, in ways familiar to experienced therapists. When, for instance, the client speaks in a generalized way of feeling tense, you may ask, "Where do you feel it? Just how? When? What does it say to you?" You don't diagnose explicitly: "You feel spiritually cramped." If the client himself says just that, you ask again, "Just how? What feels cramped?" You may add, when this is true, "I feel more sadness in you than you say." Or, "I hear a half-buried lilt in your voice." Or you may tell a story of physical tension as unfulfilled yearning. The spiritual significance of what you do is not in your technique, but in the personal depth that the technique expresses. In this depth of "healing through meeting," you are meeting the client beyond the client's self-maintained limit, so that he or she in turn can meet the inner self more fully.

The same ethic applies to the spiritual orientation of the client who comes as observant Jew, Catholic, Buddhist, or of any other faith. You accept the client's terms for how they expand the client's awareness without reframing them in your own way. I have not faced a client whose fundamentalist dogma caused special grief: for instance, the cutting off of a son or daughter who marries outside the

it happens that they will not question these limits, I can only try to limit their mayhem, if this is at stake, and I can empathize with their suffering, but I cannot help to free them from it.

If clients do not think of themselves as at all "spiritual," it is enough that the therapist has this sense of unconscious depth. That is the therapist's spirituality. It is your depth of acceptance, of self and client, that encourages the client's depth of self-acceptance, and to repeat-the language of the spirituality is never the cause of its efficacy. The language can inhibit its efficacy.

Lao Tsu begins his famous book, *The Way and Its Power*, with the assertion: "The Truth that can be spoken is not the Truth."

What do we always see and hear in the client? Facial expression.

IN MEMORIAM

Bernie Zilbergeld, Ph.D. died on June 12, 2002 of complications from diabetes at the age of 62. Bernie was a pioneering sexologist. A contributor in the field of hypnosis, he co-edited *Hypnosis: Questions and Answers* with Gerald Edelstien (Norton, 1986). Bernie was a dear friend of the Erickson Foundation, and presented at a number of conferences, especially the regional Sex and Intimacy Conferences. His most widely cited book, *The New Male Sexuality* (Bantam, 1992) sold more than 1,000,000 copies in two editions and was one of the first books for men about male sexual problems.

Arnold Lazarus offered the following tribute: "Those of us who knew Bernie will all agree that he was an exceptional person. His work on male sexuality was outstanding. I considered Bernie one of the brightest people I ever met. He always had something worthwhile to say, and he showed enormous courage in the face of a most debilitating illness. He certainly leaves a huge gap in my emotions."

Bernie was a brilliant and piercing intellect. Outspoken and with strong opinions, he tread with candor and left an indelible imprint on the field of psychotherapy.

The Erickson Foundation mourns his passage and sends condolences to his family and friends.

Jeffrey K. Zeig, Ph.D.
Director

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C O N T R I B U T O R O F N O T E

Joyce Mills Ph.D.

By Stephen Lankton M.S.
Phoenix, Arizona

Joyce Mills recently relocated from Hawaii to Arizona bringing with her a wealth of experiences and clinical expertise. She is a Certified Marriage and Family Counselor and a Licensed Marriage and Family Therapist, a Registered Play Therapist and supervisor, as well as a professor in the International Play Therapy Association.

Mills' most recent book, *Reconnecting to the Magic of Life*, is a tapestry of healing stories and practical stepping stones for embracing change and rekindling joy. Her other book titles include the award winning, *Therapeutic Metaphors for Children and The Child Within*, co-authored with Dr. Richard Crowley, which has been translated into four languages. Crowley and Mills also co-authored the children's books

Sammy the Elephant and Mr. Camel, and a comic book for sexually abused children. In addition, Mills wrote *Little Tree*, a story for children with serious medical problems, *Gentle Willow*, a story for children about dying and *Stories of the Dream Hookers*, a compilation of healing stories.

For nearly two decades Mills worked with Native American peoples. Having learned quite a bit from this contact, she easily discussed her own ideas about natural healing and the concepts of a therapeutic ecology. The ecology affects us all both outwardly and inwardly: mentally, physically, emotionally and spiritually.

Stories and activities occupy central positions in Mills' healing approach. She talks about the way that stories become part of us, part of life. The stories become our teachers. The words and the stories are guides for the unconscious, which must be acted upon by the individual's own self in order to be fully integrated.

Having lived in Hawaii for nine years, Mills looked at the native way of "using few words and sending the children out to do..." She likens this to living metaphors and to Erickson's frequent homework assignment of sending individuals *up the mountain*. The individual plays an active role in discovery and the unconscious mind finds out what is important for that individual's well being.

At the time that Mills initially moved to Hawaii, hurricane Iniki struck Kauai, the island she lived on (coincidentally leaving its devastating blows on September 11). She spent much of her professional work there working with individuals who had suffered from that disaster. Over the years, the programs that Mills helped to develop were both culturally sensitive and locally appreciated.

As a result of her involvement with the hurricane recovery she was called upon to assist in a response to the 9-11 tragedy in New York. The program, called HART (Healing and

Recovery after Trauma), was implemented by the University Medical and Dental Schools of New Jersey. The methodology used was not traditional debriefing methods but rather tapping into the positive energy and natural resources of individual victims. Using the Native American Medicine Wheel as a foundation, the program focused cognitive, emotional, physical and spiritual healing. Mills was part of the team that authored the program and implemented the project in two hard-hit areas last January. In this work, she was able to draw upon some of the fascinating activities and elements that had been developed in Hawaii. One example is the use of "Dream Pots," clay pots decorated by the participants that allow the bad dreams to escape through the hole, while the pot retains the good dreams. The HART program is ongoing and the work continues to demonstrate a positive

see *CONTRIBUTOR* on next page

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CHANGING DIRECTIVES: THE STRATEGIC THERAPY OF JAY HALEY

Edited by Jeffrey K. Zeig, Ph.D.

The Milton H. Erickson Foundation Press, 2001

274 pages, \$34.95 (www.erickson-foundation.org/press)

What a lovely book! This much-deserved tribute, *Changing Directives*, is based on the festschrift for Jay Haley held at the *Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy* in Phoenix on December 8-12, 1999. After a warm and biographically informative foreword by Roxanna Erickson Klein and an introduction by conference organizer (and editor) Jeff Zeig, who rightly speaks of Haley as a "man with class," the volume comprises six parts plus a comprehensive bibliography of print and video works by Haley. Space limitations allow me to highlight only a few of the many pleasures readers will encounter.

Part I, "In Their Own Words," begins with some personal reflections by Salvador Minuchin, in which the family therapy pioneer recounts several episodes from the time he and Haley worked together at the Philadelphia Child Guidance Clinic. He highlights how "passionate, tender, and protective" Haley was in his dealings with students and in his interactions with clients, including

usually disenfranchised minorities. The second chapter, by Haley himself, is aptly called "The Loyal Opposition." He begins by modestly saying, "I am honored to receive this tribute. I am also uncertain what to say about it since I have little experience receiving tributes. More often I have received the opposite" (p. 12). He goes on to thank supportive leaders and colleagues, his wife, trainees, and opponents who "forced me to clarify ideas and tasks." Then, with his usual waggish wit and trenchant insight, he discusses a number of topics and changes that have occurred in the field including long-term versus brief therapy, the unconscious and the significance of the past versus the present, changes in ideas about privacy, his work with Gregory Bateson and Don Jackson, his development of the idea of a "family life cycle" as a framework for understanding Erickson's work, the empowerment of parents.

Parts II and III, "Historical Perspectives" and "Principles," feature the transcript of a tape-recorded discussion (edited by Wendel Ray) held in 1955 between Haley, Jackson, Weakland, and Bateson; a "family insider's" review by Betty Alice Erickson of some of the many ways Haley has been a model of communication as a teacher, therapist, and leader in the field; and a nice summary of some of Haley's impact on Ericksonian therapy by Stephen Lankton. Camillo Lorio continues the appreciation, noting Haley's avoidance of complex and abstruse theories in favor of simple and positive views, and also rightly noting the importance of a therapist who uses

positive connotation to truly believe and demonstrate his or her affirmative view. Wes Crenshaw and David Barnum then explore the question, "What makes it strategic?" and Madeleine Richeport-Haley, who is Haley's wife and collaborator as well as a fine anthropologist in her own right, describes "Jay's use of anthropology and how it led to his directive approach and to a nonpathologizing approach to treating human problems... (and then compares) his directive approach to alternate healing systems" (p. 119).

Part IV, "Practice," presents some of the experiences of Judith Mazza and George W. Burns based on their studies of and with Haley. David Eddy then completes this section, highlighting the Erickson/Haley use of action directives and also candidly recounts his experiences with Haley as both a trainee and colleague--and as a patient! Already a nervous flyer, Eddy was seated next to Haley on an airplane when announcements were made that the landing gear was not working and instructions were given for crash-landing procedures. As Eddy tells it: "My memory is very unclear about what followed. I do remember, however, Jay beginning to talk to me about Erickson. I was always a rapt listener whenever Jay talked about his time with Erickson. I distinctly remember Jay telling me things about his time with Erickson I had never heard before, and cannot remember now. I became lost in the story. At some point the plane landed without incident....I wish I could remember what he told me about Erickson. I remain convinced of one very strong belief: Storytelling is a very effective indirect strategy for producing lasting change. I have not feared flying since" (p. 178).

Part V, "About Jay Haley," is well named. The first chapter consists of two interviews between Haley and Michael Yapko, the first done in 1988 and the second in 1999. Asked what he sees as his most significant contribution to the field, Haley answers "[B]reaking therapy down to a practice of specific skills--of simple ideas, skills and techniques. This is quite different from the nondirective ideology the field had when I first got into it" (p. 199). In subsequent chapters, George Stone and William Fry appreciate Haley's wit and his emphasis on social context, courtesy and ethics, compassion, and interactional

dynamics.

Part VI, a series of "Short Reflections," is by Jerry Price, George Stone, Neil Schiff, and Richard Whiteside; along with a four-page collection of pithy "Haleyisms" (compiled by Judith Mazza) organized around the concepts of change, the family, and the position of the therapist.

Who should buy this book? Anyone even somewhat familiar with this field probably already has a favorite Haley book (or two, or three...). Honored repeatedly at the *Evolution of Psychotherapy* conferences and throughout the world, Haley has been one of the clearest and wisest voices in our field for more than four decades! This new book, *Changing Directives: The Strategic Therapy of Jay Haley*, is full of insights, clinical applications, good humor, and appreciations. Fans (and those who want a good introduction), whether or not they attended the Phoenix festschrift in December 1999, will certainly want a copy.

Reviewed by:
Michael F. Hoyt, Ph.D.
Mill Valley, CA

CONTRIBUTOR

continued from previous page

alternative to working with individuals who have experienced tragedy.

Mills' creativity and sensitivity are apparent in one of the ideas that she advocates that can be broadly applied to the environment that we live in today. Mills conceptualized designing a clever ritual called "Peace Gardens" within homes and public places. The gardens are collections of rocks painted with colors, words or symbols that reflect one's inner vision of peace. Children are instructed to hold a rock in their hand and envision with their minds eye "what peace would look like" and then to paint that image on the rock. The rocks are then collected into a location in the yard or within public venues. Invitations are extended to others to paint their own rocks and to add to the accumulation of symbols for peace within the garden. Mills envisions planting peace gardens as a spiritual pollination, bringing forth hopes and enriching the future.

Mathilda B. Canter Receives American Psychological Foundation Award

Mathilda B. Canter, Ph.D., is being honored with the *American Psychological Foundation Gold Medal for Lifetime Achievement In the Practice of Psychology*. Dr. Canter is the former president of the American Psychological Foundation. She is the author of the official "History of the Division of Psychotherapy," and continues to write the by-laws. In 2000 she was selected for the APA Award for *Distinguished Contributions to Applied Psychology as a Professional Practice* and her leadership on the APA Ethics Committee and Revision Subcommittee for the 1992 Code of Ethics.

Dr. Canter was a recent presenter for the "Laws & Ethics Track" at the Milton H. Erickson Foundation, Inc. sponsored, *Love and Intimacy: The Couples Conference* in April 2002. The Milton H. Erickson Foundation would like to extend their congratulations to Dr. Canter on this prestigious award.

KEYNOTE REVIEW

The Therapist as Humanist, Social Activist and Systemic Thinker

By Cloé Madanes, Ph.D.

Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy 2001

The Milton H. Erickson Foundation celebrated the centennial of Milton H. Erickson's birth at the *Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, held December 5-9, 2001 in Phoenix, Arizona. The conference was well-attended and well-organized thanks to the conference theme: *THE ERICKSONIAN FOOTPRINT: PAST, PRESENT and FUTURE*, designed by Stephen Lankton, MSW.

The Conference included an impressive faculty offering high quality and worthwhile presentations, providing attendees a remarkable opportunity to learn about the latest developments of the Ericksonian

approaches. One highlight of the conference was the keynote address by Cloé Madanes, PhD, entitled: *The Therapist as Humanist, Social Activist and Systemic Thinker*.

Throughout her address, Madanes emphasized the importance of the value system of the therapist. From this backdrop, she wove stunning observations, keen insights, and inspiring statements into a compelling statement that was met with a thunderous applause and standing ovation at its conclusion.

Among the issues touched on: the systematic attack on the profession of psychotherapy; the alarming trend of Social Service departments becoming agents of social control; the convoluted workings of residential institutions and the inadequacies in our delivery of mental health care for children and families. Madanes clearly struck a chord with the audience, which interrupted her address with rousing applause, when she offered her observation about the "demonic union" between pharmaceutical companies and managed care.

While Madanes had the courage to articulate the undertones of what

many therapists are currently experiencing, what is truly impressive about this address is her willingness to go beyond the shortcomings and the politically incorrect criticisms of the mental health profession. Additionally, in spite of the current climate, Madanes conveyed a sense of hope and dignity to those practicing psychotherapy. She offered insights to help the therapist avoid the pitfalls of helplessness and other negative emotional states. She reinforced our beliefs about the powerful elements of the therapy process and benefits psychotherapy yields when therapists discover their own personal and professional value systems, enabling them to be constructive agents of change. She reminded us of the tremendous power of words when chosen wisely, and how we can assist with "changing the metaphors that people use to view their lives."

Madanes also warned us -- "*The very stuff of therapy -- fantasy, dreams and memory is dangerously close to coming massively under the control of large corporations that lower the quality of therapy and turn us into a nation of drug addicts.*" Thus, the crescendo of her message centered on an age-old controversy in therapy "whether a therapist should be neutral or socially committed -- a social activist." As we (re)-establish our professional value system, and

consider how we are going to live the next ten years of our professional lives, Madanes' words resonate: "How are we going to live today in order to create the tomorrow that we are committed to? What are we going to stand for from now on?" As she reflected on what Milton Erickson may have thought of this, she reminded us that Erickson proposed that, "just as therapists cannot avoid being directive, we cannot avoid ethical issues. It is unethical to be neutral in the face of moral dilemmas."

Never straying from her theme of values, as Madanes approached the conclusion of her speech, she left us with an inspirational, rhetorical challenge:

"... today, when the field of psychotherapy is under attack ... when psychiatrists have abandoned the practice of psychotherapy, and many social workers become solely agents of social control ... What values would help us to regroup and recover our humanistic ideology? This is particularly important when we are under the threat of terrorism and need to unite effectively to deal with the crisis that may be facing us."

Reviewed by:

Mickey Skidmore, ACSW, LCSW
Charlotte, North Carolina

BOOK REVIEW

Inner Strengths

By Claire Frederick, M.D. and Shirley McNeil, Ph.D.

Lawrence Erlbaum & Assoc. 1999

Inner Strengths, the new book by Claire Frederick and Shirley Mc Neil is about Ego-Strengthening. Throughout the book, the reader will learn about the nature and practice of Ego-strengthening therapy in addition to the historical and theoretical framework. Additionally, numerous detailed scripts are included along with discussions that will help the therapist to further enhance knowledge.

The authors warn readers in the Preface that this is neither a self-help book nor is it addressed to the layman. Almost every sentence is followed by the appropriate references, which sometimes makes the reading difficult. However, once the reader

goes over it, he will find an ocean of examples, loaded with theories and explanations about the nature of Ego, Ego-Therapy and Ego-Strengthening.

The psychoanalytical therapeutic tradition is the authors' starting point, but as the book proceeds, the authors draw techniques and concepts from a wide range of approaches, including Jungian theory, Ego-state therapy, Freudian psychoanalysis and Ericksonian practices. As a reader who was not familiar with Ego-States and Ego-Strengthening, I would have liked to have had more information on these concepts at the beginning of the book. It is nearly one third of the way into the book before the authors clarify their perspectives of the Ego, its composition, its structure and function, and as they said: "to what Ego are we referring," (p.128).

The authors stress that when "Pathology is present, it is a sign that Ego-States are not in harmony. Often something like a civil war is going

on" (p.79) with each Ego-State having its own agenda. The end-goal of Ego-State therapy as described by the authors is integration: a condition in which Ego-States are in full communication with one another, share mental content and exist in harmonious and cooperative relationships with one another.

To reach this goal we follow Frederick and Mc Neil on a journey in which we encounter Freud, self-object relations, transference and counter transference, Teilhard de Chardin, Tibetan Buddhist tradition, Jung, Winnicott and John Hartland (a Welch physician "who by trial and error found a combination of general hypnotic suggestions that appeared to help his patient recover more quickly and without relapse" (p 35). Points and techniques are illustrated by scripts used by the authors, as well as by other sources, including Erickson's *February Man* and Martin Rossman's *Inner Advisor*. Similarly, case reports

are used to illustrate important points or tools.

The authors remind readers that tools can only be used "within a theoretical framework." Throughout the book, the authors emphasize the necessity of taking a thorough history of the patient, and obtaining informed consent to use hypnosis. We are reminded to utilize the array of resources the patient may bring: family, 12-step groups, hospitalization, even resistance.

Reading *Inner Strengths*, one cannot help but be impressed by its breadth, its conceptual strength and its practical use in everyday practices. Therapists like myself who are more familiar with systemic, Ericksonian or brief therapy approaches will find some passages difficult but well worth a second reading.

Gerard Fitoussi, M.D.
Las Vegas NV

Using Ericksonian Psychotherapy with Special Children

By Maria Escalante, MA, DDS.

Eighth International Congress on Ericksonian Hypnosis and Psychotherapy 2001

See page 22 for ordering information

I recently listened to *Using Ericksonian Psychotherapy with Special Children* by Maria Escalante, MA, DDS, which was presented at the *Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, December 2001. As a pediatric nurse, I often find I am providing "therapy" to kids and to their families, even with procedures as simple as taking a three year-old's blood pressure. This topic, therefore, was especially relevant and interesting to me.

Escalante presented an enthusiastic lecture illustrated by three memorable clients. She focused on Erickson's idea that all therapy needs to be individualized to the particular

person. Escalante emphasized that it does not matter if the client is a child, an adult, a Ph.D., or a developmentally challenged person. Successful therapy needs to be catered to that individual.

It is obvious that Escalante easily adapts to her client's level rather than imposing ideas that will help and expecting them to respond. She truly is able to put one foot into the client's world. Using a variety of mediums—stories, playing with puppets, clay, colors and, most enticing, using her voice, she demonstrated a wide repertoire.

In the first case illustration she worked with a child with expressive limitations. She composed a song containing embedded messages, and sang it in a lovely voice to a familiar tune. In one of the other cases, she prescribed the use of one of the child's favorite candies, called lagrimas, which means "tears." This candy has a hard shell and when that is dissolved, there is a burst of liquid sweetness.

The first two illustrations contain some details of the child's problems

and the type of therapy that was delivered. The third case discussed a tumor, which was reduced during the course of therapy. My only criticism of this presentation was that I had some unanswered questions regarding the clinical diagnoses and the medical history of all three cases.

In each of these illustrations, Escalante encourages her clients to first express themselves in the best way they know how. She then adjusts readily to the client's level. She responds to them meeting their intellect, preferences, and ways of communication. As Erickson did, Escalante constantly used clues from the client and joined them in their world. In this way, the client "owned" the changes rather than merely changing because Escalante had prescribed a change that would please her.

It is a bit confusing to the listener as to how the role of a dentist developed into the therapeutic relationship that was presented in the lecture. This is not addressed. However, her abilities and effectiveness are beyond question. In all of the cases, the children responded to her methods and were able to better themselves as

individuals as well as resolve their presenting problems.

Her lecture was succinct, interesting and energetic, which kept my short attention span. The information was presented simply so that a person with little training in pediatric therapy would be able to take her ideas and methods and apply them to children. Additionally a sophisticated therapist would be able to admire her work, the skillful ways in which she practices and, best of all, extrapolate her methods. Although Escalante is a native Spanish speaker, her accent is not distracting and her English vocabulary is excellent. The technical quality of the tape is quite satisfactory. I think Maria Escalante's *Using Ericksonian Psychotherapy with Special Children* could be useful for anyone who works with children. It is an excellent reminder to take into account the individuality of each child. While Escalante's information was not particularly unique, her artistry was.

Reviewed by:

Jill K. Erickson, BSN, RN
Baltimore, MD

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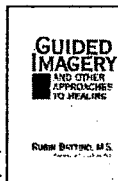
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BOOK REVIEW

101 Healing Stories: Using Metaphors in Therapy

by George W. Burns, Lic. Clin. Psych

2001 John Wiley & Sons, Inc

I was captivated by this book from the Introduction to the final page. George Burns is a rarity. He is not only a master storyteller; he is able to do what few artists blessed with a disciplined genius can do. He can describe what he did and why he did it.

This book is like taking a master course in metaphor and therapeutic storytelling, complete with suggested exercises to individualize and expand the learning. The format of the book follows the traditional teaching model that makes learning easier: *Tell what you are going to do, do it, then describe what you did.* The book is divided into three parts: [An overview of] *Metaphor Therapy*, *Healing Stories*, and *Creating Your Own Metaphors*.

Since I supervise and teach students and interns and conduct workshops for licensed mental health professionals, I decided to take the book out for a "test drive" and used it as the core of my training for a semester.

I started with the format found in the introduction. Unlike most books, I found the Introduction section crucial to the reading of *101 Healing Stories*. It outlines not only how one is to use the book, but also how to approach the creation, development, and presentation of therapeutic stories. In my class, this outline was invaluable for those students who found the task of therapeutic metaphor initially daunting. It outlined the process they were about to experience in small, reasonable, easily understood steps. It also reminded the more seasoned therapists of Erickson's admonition of the need to create metaphors for the individual client, rather than just apply a predetermined intervention to a diagnostic category. In that same way, the Introduction presents an open mindset for the reader to experience the stories as examples and stimuli rather than as stock stories to indiscriminately inject into clients.

Part One, *Metaphor Therapy*, presents the rationale and uses of storytelling. It succinctly lists *Ten Guidelines for Effective Storytelling* including Six

Guidelines for the Storyteller's Voice. These guidelines were very helpful for my beginning students and a nice review for the more seasoned therapists.

Part Two, *Healing Stories*, contained ten examples each of ten general goals of Healing Stories: *Enhancing Empowerment, Acquiring Acceptance, Reframing Negative Attitudes, Changing Patterns of Behavior, Learning from Experience, Attaining Goals, Cultivating Compassion, Developing Wisdom, Caring for Yourself, and Enhancing Happiness.* Each of the stories was preceded by an outline of its therapeutic characteristics: *Problems Addressed, Resources Developed and Outcomes Offered.* This format makes it easy to teach and to learn. By listing the therapeutic characteristics prior to telling the story and reviewing the therapeutic characteristics afterwards, the pattern of the development of therapeutic stories (described in Part Three of the book) becomes evident. The stories themselves are delightful. They are filled with humor and insight.

Part Three is *Creating Your Own Metaphors.* It includes *How to Do It and How Not to Do It* and *Using the PRO-Approach to Create Your Own Healing Stories.* These sections are a structured review of what is intuitively suggested in Part Two. I found this very useful in translating the intuitive feelings that were stimulated by the story formats into concrete story-making skills. The students were able to follow the suggestions and easily generated their own stories. Part Three ends with Story 101. This is a wonderful story that is worth the price of the book. It combines the essence of Erickson with the passion of Burns.

The book concludes with a significant list of *References And Professional Literature On Metaphors.* These include folktales, cross-cultural myths, legends, stories for children, religious and spiritual stories, videotapes and internet websites. This section reminded me of Erickson's observation that it was well and good for a therapist to trust his unconscious, but the unconscious needs to be fed regularly. Burns truly provides more than enough nutrition to keep the unconscious well fed.

My test ride of the book was a resounding success. Both the beginning students and seasoned therapists loved the content and format of *101 Healing Stories.* They found it easy to understand, entertaining and they were able to create their own stories that heal. If you want to develop your storytelling skills to the level of an art, I can recommend no finer book. And, it is a good read!

101 Healing Stories contains 260 pages, foreword by Michael Yapko, Ph.D., a table of contents, and index.

Reviewed by:

Richard Landis, Ph.D.
Laguna Niguel, Ca.

AUDIOTAPE REVIEW

Psychotherapy and Personal Responsibility

By Thomas Szasz, M.D.

The Evolution of Psychotherapy, 1995

See page 22 for ordering information

Thomas Szasz! If just seeing his name prompts a reaction to conventional thinking, this address given at the Evolution of Psychotherapy in Las Vegas in 1995 will not disappoint you. Szasz, in *Psychotherapy and Personal Responsibility* tantalizes us with a thought-provoking, engaging, and frequently humorous lecture and dialog with his audience about the theory and practice of personal responsibility. He describes responsibility as a common sense, philosophical, practical, political, and legal issue. Szasz passionately challenges commonly held and medical model approaches to such topics as drug addiction, criminality, schizophrenia, and suicide.

To make us think, Szasz maintains that when we give a casual explanation for a condition, we often take it out of the world of responsibility. Szasz pushes his audience to ponder the question, "When is a person responsible?" as it relates to various societal and psychological situations. He postulates, "We don't know what schizophrenia is, so we take it out of the world of responsibility." Szasz presents a thoughtful, historically critical view of suicide. He continues his discourse by pointing out that we tend to punish those who tempt (drug dealers)

because they can be held responsible for their actions. Yet we see the consumers (users or addicts) as victims who are not to be held responsible for their behaviors. Szasz then compares this drug analogy of responsibility with the centuries old approach to prostitution.

Therapists whose theoretical models emphasize description rather than explanation, and whose focus is on a person's being responsible for one's decisions and behaviors, will resonate with Szasz's way of thinking. This is not a "how to" tape, but a "how do you think" challenge to therapists. Szasz calls therapists to think more carefully about language and word choice and less about diagnosis and categorization. He points out that only in the United States can a therapist be held responsible for a person in therapy committing homicide or suicide.

Szasz admittedly jumps around from topic to topic in his lecture format. The listener may want to fast forward the tape when some of the questions posed by audience members are really more like lengthy orations. But this sharp psychotherapist who practiced for 45 years frequently dissects the audience's questions rather than giving direct answers. That's Szasz!

"Psychotherapy and Personal Responsibility" delightfully presents Thomas Szasz's not so common, common sense thoughts about pertinent issues that therapists deal with every day.

Reviewed by:

Terry Parsons, Ph.D., D.Min.
Dallas, TX

present, including their preoccupation with evil.

Landis: Eric, what do you see as the single largest obstacle in developing a utilization mindset regarding clinical themes of spirituality and the like?

Greenleaf: Probably the tendency to pathologize. In my book, *The Problem of Evil*, published by Zeig Tucker and Thiesen, I view the matter of evil, spiritual practices, and other things that predate psychotherapy as a source of very important human dilemmas or questions, questions like, "What do you make of a spiritual life, felt presences, spirits, voices?" These and other spiritual experiences are so easy to pathologize. I have an Ericksonian curiosity about how those human events can be utilized.

Landis: Therefore, anything seen as different is often perceived by others as being unusual or pathological, rather than just alien to their region.

Greenleaf: Yes, exactly -- the standard of practice is local. I have spent time with nuns, priests, Zen devotees and so on. Their ordinary experience is different from the experience of psychiatrists and psychologists. It's spiritual. It has its own vocabulary. People discuss the presence of God in their lives as a felt experience. They discuss temptation and love differently from the way therapists do or the way lovers do.

Landis: What do you do when you have patients who feel helpless in the face of such pervasive evil in the world?

Greenleaf: In some situations, I try to enlarge other important parts of life for that person, like how grand love can be. Thereby evil becomes smaller by contrast. Like Erickson's famous story where he had his son try on his jacket, and told him "Someday I'll be the one swimming in the sleeves, not you." And, sure enough, the boy grew very big and came back and Erickson was like a child in his son's jacket. Another way is when we are talking about a person feeling the evil within him. I like to talk about the nature of hypnotizing the evil aspects.

Landis: Tell me more about that one.

Greenleaf: You know there's a folk belief that snakes can hypnotize birds, and the poor, innocent bird gets hypnotized by the swaying snake, which then gobbles it up and enjoys

its vicious feast. And I thought, if snakes can hypnotize birds, what would it be like if birds hypnotized snakes? After all, the snake is moving regularly. The snake's attention is on the bird, just as the bird's is on the snake, and all you need to hypnotize somebody is that fixation of attention. So I started fooling with the notion of having the bird hypnotize the snake, and I would say to people, "You know that snakes can hypnotize birds, but were you aware that birds can hypnotize snakes?" And then to have the person who is experiencing that oppressive feeling imagine it bearing down on them, and see what it would be like to hypnotize that feeling; for the bird, the victim, to hypnotize the snake, the persecutor. It's conceived as an internal matter, because you carry around the bullies of childhood, the bogeyman, the bad person, and they're active in you. People will say, "The Devil made me do it; I had this urge to do wrong." But what if that urge were hypnotized? Hypnosis is something that immobilizes without injury, and lets them recover in sleep from their agitation, their malice, their difficulties. So you utilize hypnosis on the evil part of the patient. That would be one way of trying to work with "evil" aspects.

Landis: I like that. Do you have any ideas or perspectives on the person who sees evil as the spiritual personification of the Devil? The evil is out there, and is created by a secondary supreme being. Therefore their own behaviors and pressures are not owned.

Greenleaf: They would say, "It's not me, it's the Devil," or, "It's not me, it's God."

Landis: They present being helpless in the throes of their feelings and behaviors because it's not them initiating it. It's a series of things that the Devil is influencing them to do.

Greenleaf: Yes. One thing that occurs to me is to say is, "Well, you know, that's certainly a dilemma, and the Devil can only lead one to do certain things, isn't that true? Like, the Devil can't lead someone to be charitable in the service of good. Or to be loving. So one way to balance the power of the Devil is to increase the power of charity. Because the Devil can not make people do good, can he?"

Landis: That's very definitely joining them in their world through their eyes. Then you point out things that their model assumes, but about which they had not paid attention. You utilize their underlying

ing assumptions to carry them in another direction.

Greenleaf: Again, if you're lucky in this and they say, "That's an interesting direction," you have enlarged the field of discussion and with it the possibility of different feelings and a different relatedness.

Landis: And the presupposition that He can't force or lead one to charity is that inroad that says that the Devil is not all-powerful. Once it's acknowledged that he's not all-powerful, then it gives an avenue for one's own personal strength and direction.

Greenleaf: There is a similar model of utilization that I use with people who have been mistreated or abused, where they can "cheat" the "Devil." In this case it is based on the common axiom that the best revenge is to live well. I once saw a patient who was furious with her parents for not supporting her. They didn't understand her; they didn't provide her with sufficient money and lodging; they forced her out on her own and so on. So I had her send postcards to her parents, photographs of herself with interesting people at dinner, pictures of the new paint job in her apartment, her salary stub from work when she got a raise, that sort of stuff. She was to get revenge by doing well, to sort of rub her parents' nose in it. She originally was furious, vengeful, really nasty in her feelings. It was useless to tell her, "Well, your parents are old, they're getting sick, why don't you forgive them?" Discharging her anger by finding enjoyment and satisfaction in life made it easier to see her parents as humans, rather than as evil imposters.

These ideas of utilization came to me through reading or seeing on video Erickson working with that kind of problem where he had to, time and time again, accept certain of the premises of his patient. He would never contradict, but he would add in things. And the more he added in, the more confusing the person's position became. They couldn't hold their position any longer, and they shifted a little. Once you shift, you can be tumbled over.

Landis: You're taking the rigid crystallized assumptions and making them fluid. And once they are fluid, you can go splash in it, and it's amazing where the drops land. What kind of fluidity do you find in yourself that helps you utilize what they present?

Greenleaf: I think that generally I listen for how the person is talking about things, and then I talk along with that. I like to be able to speak different languages in the English language family so that if I see if somebody is a baseball fan, I'll talk about baseball. With somebody who is a nun, I'll talk about prayer. So, I wouldn't bring up spiritual issues on my own, but I might say, if they are talking about it, "If you were to pray about this, what would your prayer be?" I then get them to develop a resolution to the problem in a spiritual sense.

Landis: That is an important utilization concept.

Greenleaf: Yes.

Landis: To be able to effectively utilize what a patient presents, I find I need to be both a part of and apart from the process at the same time. What is your experience when you are working with a patient that has a very definite, pronounced spiritual identity. How do you experience yourself with them as you join them in their world?

Greenleaf: Well, I start to see how it would be to have a life of prayer, or how it would be to be a meditative person.

Landis: Does that resonate inside of you while you're doing it?

Greenleaf: Yes, absolutely. And in that sense, I suppose I have a spiritual life. In other words, I feel with great surprise and pleasure what it would be like to pray, and then, as I speak about it with the person, it becomes realized for me. I think, "Well, yeah, and suppose you prayed about this," or "This must be something you prayed for," or "If I were to pray, I would say such and such." I've had very interesting theological and spiritual discussions that to me are like having discussions with a mathematician or an athlete or a rock climber. Their worlds are so different from mine, that I'm really intrigued and I'm surprised by how I would feel if I were to live the way that they do.

Landis: The implication of what you're saying is that as you open yourself to their experience, it resonates with aspects of yourself that have the same elements to them, even though they might be in different combinations.

Greenleaf: Yes. I feel like actors do. They describe being surprised by what the character brings from them.

AUDIOTAPE REVIEW

Ericksonian Play Therapy

By Joyce Mills, Ph.D.

Eighth International Congress on Ericksonian Hypnosis and Psychotherapy 2001

See below for ordering information

Ericksonian Play Therapy presented at the *Eighth International Congress on Ericksonian approaches to Hypnosis and Psychotherapy* in December 2001, is a delightful mix of the playful and serious, which typifies Mills' work with children. The presentation was done in a loose outline using a narrative, anecdotal style. Mills tells us that the full title of her presentation is *Restorative Approaches to Re-Discovering Rainbow*. The goal is to evoke the spirit in each child despite any adversities that have been experienced.

Using puppets, rocks, shells, drums and other objects and media, Mills is

incredibly flexible. She is able to be both "silly" and attentive to the moment and use what she calls the "eagle perspective"—focused but with a broad perspective. "If you have (only) one hour to spend with a child, what would you want to leave them with?" Mills asks. This point is emphasized with a child whom she left with the words "Remember one thing - you're good."

Mills credited Erickson with many ideas that she has adapted to her style of work. Among them, she quotes Erickson as having said, "Children have a driving need to learn and discover and every stimulus constitutes, for them, a possible opportunity to respond in some new way." In her discussion of Erickson, she begins an insightful examination of the differences between indirect and nondirective. Disappointingly, this discussion trails off.

She demonstrates her application of Ericksonian interspersed suggestions, and her belief that stories are seeds of change that drive healing. One story she relies on was told to her by a Hawaiian woman. Children are born with a perfect "bowl of light." Throughout life, this bowl becomes cluttered and even heaped with stones and gravel. Each child can learn how to "turn the bowl upside down and empty it" because "nothing can take the light away." Work from the heart can bring out the innate light within the child; Mills describes the job of the therapist as teaching the child skills to bring out the "perfect light of the child."

"The balance of ecology teaches us to thrive," says Mills, who advocates adopting nature as a co-therapist. Also, she emphasizes restraint from interpreta-

see *PLAY THERAPY* on next page

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tion or analysis of an individuals' behaviors or emotions. This point is illustrated by a powerful account in which a drum was being pounded and one of the therapists misinterpreted the child's participation as anger.

In this tape, Mills makes a beautiful point that scars are where we've been, not where we're going. It is a resourceful look at both the clinical and the spiritual, and makes the point in many different ways that, "Play is the language of children, and story is the language of play."

Reviewed by:

Roxanna Erickson Klein, RN, PhD
Dallas, TX

V I D E O R E V I E W***Dreams: Strolling the Royal Road***

By Eric Greenleaf, Ph.D.

Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy 2001

See page 22 for ordering information

There are many approaches to dream work with clients. Greenleaf, in *Dreams: Strolling the Royal Road* presented at the 2001 Ericksonian Congress, is effective and one that recommends itself very highly. With a gentle straightforward presence, Greenleaf invites the volunteer to tell about her dream. He then uses the natural imagery of the volunteer to enter into a dialogue, which becomes personal work.

By staying with her images, he enables her to enter a light trance state. They begin to examine the experiences of her dream in a naturalistic way. Anyone familiar with Ericksonian approaches would find this method typical—it is smooth, gentle and clearly centered around the images, that the client discovers. Using the dream as a vehicle for entering light trance work is a very creative and productive way to engage dream material for therapists and is a skill that often develops from training in Erickson's approach to therapy. Greenleaf allows the subject to set her own pace. He follows, very carefully, her voice, her demeanor and her use of images.

The effectiveness of this approach is well demonstrated by the completion of the work and the way in which the subject talks about her experience in the trance. It is clear that the content and resolution of much of it remains with the subject and is not brought into direct interpretation.

This reviewer believes that this is one of the strengths of this kind of work. The presentation beautifully supports the effectiveness of not interpreting symbols. The "resolution" of the meaning of the dream is both respected and protected for the volunteer.

At the end of the demonstration, Greenleaf assists the volunteer to continue to utilize the work she has completed while out of the trance. A question and answer period followed giving a good framework for this method. It also assisted viewers of the tape to understand the approach even if they do not have an Ericksonian orientation. Greenleaf's analogy of his work being likened to bodywork is another valuable way of helping the audience understand.

Unfortunately, the remote microphone was not used for some of the questions. Additionally, a low level hum at the beginning of the tape is slightly unsettling; it diminishes over time and does not interfere with the overall audio quality. The video quality is up to the standard, which is a part of the Erickson Foundation quality control.

As a teaching tape *Dreams: Strolling The Royal Road* is excellent for trainers of Erickson's methods as well as for anyone looking for better ways of doing dream work and exploring the use of trance work in psychotherapy. Greenleaf's laid-back and supportive way of working with people offers a fine demonstration of a master therapist.

Reviewed by:

John Gladfelter, Ph.D.
Dallas, Texas

V I D E O R E V I E W***The Phenomenology of Change***

An interview by Jeffrey K. Zeig, Ph.D.

(Integrating Ericksonian Methods)

Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy

See page 22 for ordering information

This is a clinical interview conducted by Jeffrey K. Zeig, Ph.D., at the *Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy* in Phoenix Arizona in 1999. This is a quality teaching videotape with excellent sound and picture quality. This is a particularly valuable tape in that it demonstrates Dr. Zeig using his style of employing Ericksonian techniques in a way that might at first not suggest that hypnosis was being used.

The client is a volunteer from the audience who is familiar with Dr. Zeig and has chosen to work with him on a particular problem that he communicated by letter some time prior to this interview. The therapist uses a gentle and easy way of getting into the work by establishing the therapy contract and then explores with the client various aspects of what the client wants to change.

To further develop the treatment approach, the therapist uses sculpting techniques to establish for both him and the client the ramifications of the intended change. Dr. Zeig also seems to be establishing a light trance relationship through sculpting and through a regular checking with the client, assessing the reciprocal working relationship they are developing.

A criticism often leveled at hypnotic work is that the therapist is controlling the relationship and is establishing the goals of the therapy. This is an excellent example of how Dr. Zeig checks regularly with the client about what the client is and what the client is not willing to do, so that at all times the process is reciprocal and directed toward achieving the goal established at the beginning. The use of empty-chair technique enables the client to experience aspects of his behavior that he has had only limited awareness of, and the therapist invites him to feel and think in ways that are at variance with his traditional way of thinking and feeling.

It might be noted that Dr. Zeig is focusing on the phenomena of the relationship and is very respectful and thoughtful of the work throughout the session. He seems clearly aware that the client wants change and explores in several experiential ways the change that the client is choosing. When the client seems satisfied with the experience of the change Dr. Zeig then deepens the trance work and further solidifies the changes the client is choosing. He facilitates the awareness, in clear terms, of what that change means. Dr. Zeig helps the client anchor both the thinking part of the change and the emotional experience of the change.

Very wisely, at the end Dr. Zeig does not discuss with the audience the techniques and processes he has been using and tacitly encourages the client to give himself some time to internally process the therapeutic experience. Here is an outstanding videotape for introducing Ericksonian hypnotherapy methods to a graduate class in psychotherapy. A lecture on Ericksonian approaches should probably precede the viewing of this tape, as it might otherwise not be fully understood.

Reviewed by:

John Gladfelter, Ph.D.
Dallas, TX

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DONATIONS

The Milton H. Erickson Foundation, Inc., would like to thank the following colleagues for their very generous donations since the last issue of *The Milton H. Erickson Foundation Newsletter*: Leon Lalsingh, Evi Shaw, Terry R. Hicks, M.D., Rubin Battino, M.S., Lorelei Hammond, Charles A. Simpkins, Ph.D., and Julien Mercure, M.A. Thank you for your continued support of the Foundation and its activities.

Squaw Peak Bench Fund: Be a Part of Foundation History

The Milton H. Erickson Foundation, Inc., would like to thank the following colleagues for their donations to the Squaw Peak Bench Fund: Don Malon, Ph.D., and Kristina K. Erickson, M.D.

A bench was constructed last summer, dedicated to Milton H. Erickson, M.D., on the Squaw Peak Mountain Preserve in Phoenix, Ariz. Erickson often sent patients and students to climb Squaw Peak for diverse therapeutic reasons. The Erickson Foundation petitioned the City to place the memorial bench for the last 20 years, but no benches were earmarked for the summit trail. The Foundation persevered and finally succeeded.

The bench is half-way up the summit trail. Located perfectly, it is shaded by a Palo Verde, one of Erickson's favorite desert trees. A plaque was placed on the bench with a relief of Erickson. It reads, "For providing a vaster point of view and a higher perspective to psychotherapy." A brick from the Cypress Street house was inserted into the bench.

A special hike was held on December 5, 2001, at the *8th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*. More than 75 attendees made the climb to the dedication ceremony at the Squaw Peak Park Preserve on the 100th anniversary of Milton H. Erickson's birth.

The Erickson Foundation must provide a stipend of \$3,000 to the City of Phoenix for the bench. If you were unable to participate in the dedication, but would like to help, you can send an earmarked donation to the Erickson Foundation. Those making a donation of \$100 or more, will be listed on a plaque at the Milton H. Erickson Foundation in Phoenix. All donations are greatly appreciated.

They are forced for that time to act a certain role, which is to realize themselves differently. They have to walk differently, to feel different emotions toward different people. My experience of being a therapist is similar. I am transposed into this world of mathematics or prayer or patients who are suffering racial oppression, or the struggles of women, which is the other side of the moon from me, but I can feel what that would be like to be there. I feel it through their language and emotion because I can feel the corollaries of the language and of the emotion that people feel.

Landis: Through it all you maintain your fluidity, so that when you are with patients, you can join them in their world, and you can still remain yourself.

Greenleaf: Yes. I also want them to join me in my world while allowing them to remain themselves. Expanding their options is the goal of therapy, not changing who they are.

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