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The Milton H. Erickson Foundation NEWSLETTER

Vol. 22, No. 3

FALL 2002

Space Still Available for Brief Therapy Conference in Orlando!

Inside This Issue

FEATURE INTERVIEW: <i>Eric Greenleaf, Ph.D.</i>	1
CALL FOR RESEARCH REPORTS: <i>Evidence Based Therapies and the Future of Mental Health Care</i>	4
TOPIC REVIEW: <i>Ericksonian Psychotherapy and Shamanic Healing</i>	6
INTRODUCING THE INSTITUTES: <i>San Luis and Mendoza, Argentina</i>	8
CASE HISTORY: <i>The Double Clutch</i>	10
CONNECTIONS: <i>Mind: According to the Fourteenth Dalai Lama Of Tibet</i>	12
SPEAKING OF RESEARCH: <i>Science and Spirituality: Finding the Common Ground</i>	12

Final preparations are being made for *The Brief Therapy Conference: Lasting Solutions*, December 12-15, 2002, being held at the Hilton Hotel in the Walt Disney World® Resort in Orlando, Fla.

Although pre-registration is no longer available, those still wanting to attend may register onsite for either the full Conference or for day tickets. Onsite registration will take place on Wednesday, December 11, from 5:00-7:00 PM; and again on Thursday, December 12, beginning at 7:00 AM at the Hilton Hotel. The Registration Desk also will remain open each day of the Conference for individuals registering for day tickets.

The Milton H. Erickson Foundation organizes the only multidisciplinary conference on brief therapy in the world. *The Brief Therapy Conference* consists of keynotes, workshops, topical panels, supervi-

sion panels, dialogues, conversation hours, clinical demonstrations and short courses. 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.Reid Wilson, Michael Yapko and Jeffrey

Zeig. Keynote presentations will be given by Nicholas Cummings, Pat Love, and Donald Meichenbaum.

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Visit our Web Site, www.erickson-foundation.org/brfther.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

INTERVIEW

Nicholas Cummings, Ph.D., Sc.D.

Phoenix, AZ

Interviewed by Dan Short, Ph.D.

Nicholas A. Cummings, Ph.D., Sc.D., is Distinguished Professor at the University of Nevada, Reno. He is President of the Foundation for Behavioral Health and chair of the Nicholas & Dorothy Cummings Foundation, and chair of University Alliance for Behavioral Care. Cummings is former president of the American Psychological Association. He is the founding CEO of American Bodyne (now Magellan). He also is founder of the four campuses of the California School of Professional Psychology, the National Academies of Practice the American Managed Behavioral Healthcare Association, and the National Council of



Professional Schools of Psychology. Cummings is the retired Chief of Mental Health Care for Kaiser Permanente. He is the former executive director for the Mental Research Institute at Palo Alto. He is the author of 24

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EDITOR'S COMMENTS

This *Newsletter's* theme was inspired by Dan Short's interview with clinical visionary and upcoming *Brief Therapy Conference* keynote speaker, Nicholas Cummings. Any conversation with Cummings stimulates rich possibilities and leaves me wanting more. Short's interview with him is no exception. I am left with two burning questions, "What was in that five-second therapy?" and "How do you get clients to come in for a three AM session?" I will have to ask him in Orlando.

Using Ericksonian viewpoints, we filled this edition with examples of what Cummings sees as future directions of psychotherapy. Three of the directions he presents are the increased demand for evidenced-based treatments, patient-driven versus diagnosis-driven therapies and the application of briefer therapies that focus on presenting symptoms and problems.

A combined example of these three directions can be found in Terry Argast's *Case Report*, "Oral Gratification" where he treats a woman who repeatedly failed her licensing oral examination. Argast uses his evidence-based standardized protocols, adapted to the individual qualities of the patient, to break her "self-sabotaging" patterns in a single session.

Considering the emphasis on the briefer therapies in this newsletter, it is only fitting that we recognize Michael Hoyt (*Contributor of Note*). He epitomizes the artful and knowledgeable blending of critical analysis and intuitive approaches that covers the spectrum of brief therapies.

R. Reid Wilson's *Facing Panic (Therapeutic Frameworks)* presents an interesting five-step, researched-based, and counter-intuitive approach to the treatment of panic attacks. This is an excellent example of when more of a bad thing is good.

CORRECTION

The last issue of the *Newsletter* contained an error. Joyce Mills is the author of the book, *Stories of the Dreamwalkers*, Santa Fe Fine Art Publishing, 1989.

Graham Burrows, Robb Stanley and Peter Bloom's "International Handbook of Clinical Hypnosis" (*Book Review*) is an outstanding source of research in hypnosis. It provides documented evidence for where hypnosis has been effective and identifies where evidence only has been anecdotal and is in need of research.

While evidence-based therapies can increase effectiveness, accountability and credibility in psychotherapy, it also has a down side. With the increased emphasis on evidence-based therapies, I have seen too many new students go the extreme and approach psychotherapy as merely a manual-based craft. John Norcross; "Empirically Supported Therapy Relationships" has provided a needed balance to the evidence-based approaches by presenting research-based elements of the therapeutic relationship that are significant in therapy outcomes independent of the specific type of treatment. This article is an outlined overview of the research he commissioned for the American Psychological Association, Division 29 Task Force, and which he will present in detail this December at the *Brief Therapy Conference* in Orlando. Based on the strength of research evidence, Norcross separates those relationship elements that are "demonstrably effective, promising and probably effective, or (have) insufficient research to judge." I am delighted to see this type of research because it again demonstrates that what makes good therapy is more than just following a cookbook.

To round out the *Newsletter*, we have included several national and international media reviews and articles of interest that reflect the broad overlap between Cummings and Erickson.

BRIEF THERAPY AD

WEB NEWS!

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Oral Gratification

By Terry Argast, Ph.D.
Laguna Niguel, Calif

Juanita was a 31-year-old Marriage and Family Intern who had twice failed the oral examination for her license. She wanted hypnosis to reveal sabotaging herself so she could pass her orals. We would only have time for one session.

Juanita had no prior experience with hypnosis. I asked to get in touch with the body sensations she experiences when she was in the oral exam. She was able to do this easily. I then had her focus all of her attention on this feeling. I had her imagine that she was inside her body, inside that feeling and then I asked her to turn the feeling or sensation into a room, so that when she was inside that room, she was inside the feeling. I then asked her to imagine a doorway at the end of the room, a doorway to an elevator. I had her get in the elevator and imagine it going down as she went back in time, back to a time in the past when she had the same feeling. When she got there the elevator door would open and she would share with me the contents of what she became aware.

Juanita was responsive to this imagery and went back to the age of seven. While in trance, she told me of a scene with her mother, who was a migrant farm worker. Her mother was angry with Juanita for resisting working in the fields with her sisters and brothers. Loosely translated from Spanish, "Who do you think you are?" her mother shouted, "Do you think you are too good for us? If you don't work (in the fields) you are not one of us (meaning she would be banished from the family)."

We had discovered the source of the sabotage. As Juanita later became aware, part of the unconscious was still trying to be connected to her past. Being licensed represented a final separation from a Hispanic identity to an Anglo identity resulting in the loss of her family forever (this must have been quite a dilemma for a seven-year-old).

Using the imagery of the older and younger Juanita in the same scene, I had the adult Juanita talk to the younger Juanita about what she was thinking and feeling. With a little convincing, the younger Juanita

accepted that the older Juanita was her grown up. I had the older Juanita quickly tell her what had happened in the years since age seven. In fact Juanita had not seen her mother for the last ten years and had only minimal contact with her siblings. Faced with this frightening reality, I had the younger Juanita take a trip with the older Juanita to where the older Juanita now lived. Once she saw her house, the younger Juanita was able to stay in the present. We then addressed the issue of the younger Juanita painfully letting go of her mother and family, the older Juanita reassuring her that she could take care of the younger Juanita.

Finally, we developed a sensory signal of reassurance, so that whenever she felt the upsetting sensations in the body, the older Juanita would comfort her. Juanita then took her oral exam. She reported being much more comfortable and was able to manage the anxiety she felt. And, she passed!

DISCUSSION

I call this technique *Rapid Age Regression*. It is an adaptation of Erickson's Crystal Ball Technique, which he used in a variety of ways¹. During the induction, the key is to have the focus of attention on the body sensations associated with the presenting symptom. The next step is to create a dissociation from the feeling by having them change the sensation into a room and to maintain seeing themselves as an adult.

When patients access the situation in the past, it is important to see the younger self as separate from the older self so they can keep their adult perspective and resources. Erickson emphasized the importance of this separation, not wanting the affect of the negative situation to become too intense, to prevent a collapse into the feeling, which could create future resistances.

When accessing a part of the unconscious associated with the symptoms, almost without exception that part of the unconscious is not aware of the current situation. In most cases, simply updating and reorienting the unconscious will result in a decrease of the negative affect.

Many times the adult client has no
See CASE REPORT on next page

COUPLES AD

Milton Erickson Society of Germany Celebrates 25 Years!

The Milton Erickson Society of Germany (M.E.G.) is sponsoring a unique double-congress from March 20-23, 2003, in Bad Orb, Germany. The Congress includes the *First World Congress of Ego State Therapy* and the *Annual Meeting of M.E.G.* celebrating the 25th anniversary of M.E.G. in Bad Orb.

The First World Congress of Ego State Therapy offers workshops from the foremost leaders in the field. The founder John G. Watkins, Claire Frederick, Maggie Phillips, Woltemade Hartman, Shirley McNeal, Pricilla Morton and other presenters from the United States, South Africa and Europe will participate in the Congress. Topics will include EMDR/ego state therapy, Ericksonian approaches, hypnoanalytic methods, treatment of addictions and mind/body symptoms, and uses of energy psychology in ego state therapy to resolve post-traumatic fragmentation and promote integrated healing. The majority of the Congress will be presented in English.

The Anniversary Meeting of M.E.G. will include workshops from many of the leading experts of Ericksonian Hypnosis and Psychotherapy from the German-speaking countries of Europe and colleagues of Eastern European countries, as well. Bernhard Trenkle, Burkhard Peter, Dirk Revenstorff, Gunther Schmidt, Charlotte Wirl and Susy Signer-Fischer are among the presenters for the Annual Meeting. Jeffrey K. Zeig will give the keynote address. The majority of the *Annual Meeting of M.E.G.* will be presented in German, however, some workshops will be presented in English.

Bad Orb is a picturesque little city in the mountains near Frankfurt. For more information and registration contact: Milton Erickson Gesellschaft für Klinische Hypnose M.E.G., Waisenhausstr. 55, 80637 München, Germany; Tel, +49 89 34029720; Fax, +49 89 34029719; E-mail, monika.kohl@MEG-Hypnose.de; Web, www.meg-hypnose.de

THERAPEUTIC FRAMEWORKS

Facing Panic

By R. Reid Wilson, Ph.D.

People who are hit with panic attacks have a common response. They feel compelled to fight the symptoms with all their available resources. They brace for the fight as they approach any feared situation. And if they predict this on-guard approach will fail, they avoid entering the scene as the only way they can guarantee their safety. But this resistance and avoidance comes with a price: a restricted lifestyle, anxious hypervigilance and often depression.

Over the past three decades, specialists in the treatment of panic disorder have helped their clients move from a commitment to resist their symptoms to one of acceptance. By allowing the racing heart and spinning head and wobbly legs to continue in a permissive mental environment, clients discover that they don't actually have a heart attack, go crazy or faint. As they adopt this new permissive attitude - "It's OK to be anxious here." "I can handle these symptoms." "I'm willing for people to notice my nervousness." - then each panic attack runs a more limited course with far less intensity.

While this permissive approach has been standard, there also has been a secondary approach to treatment: to voluntarily, purposely seek to increase the uncomfortable physical symptoms. This paradoxical approach, dating back at least to Dr. Victor Frankl's logotherapy, is now set to take center stage. The chief reason is a pragmatic one: the more provocative treatment is the briefest of treatments.

This winter, the Anxiety Disorders Association of America will release *Facing Panic: Self-help for People with Panic Attacks*. This guide is a synthesis of the work of this field's foremost clinician-researchers. Here is the central therapeutic strategy, expressed as five instructions to the reader: **Get anxious on purpose. Once you are anxious, encourage the symptoms to continue for a long time. During this time, stop worrying and start supporting yourself. Let go of your safety crutches. Do this over and over again, in all your fearful situations.**

Let's look at each of the five directives:

Get anxious on purpose. The key here is not just to become anxious, but to purposely choose to get anxious. It is the *seeking* of the anxiety state that distinguishes this step from the more common approach of tolerating or putting up with the symptoms. It is a shift in one's relationship toward anxiety, and it is a critical distinction. "Having" anxiety is insufficient; "wanting" anxiety is the central goal.

Once you are anxious, encourage the symptoms to continue for a long time. Here is an extension of the first step: invite your distress to stay around as long as possible. Try to keep it. If it subsides, feel disappointed, and look for ways to bring it back. We know from our studies of flooding that prolonged exposure leads to habituation. But this only occurs if the person drops his guard and allows the anxiety to exist during that time. I am proposing that we challenge the foundation of this flooding protocol. We can greatly shorten the required length of exposure if we emphasize the person's therapeutic stance: first, to seek out the uncomfortable symptoms, and then, to consciously desire for them to remain for as long as possible.

During this time, stop worrying and start supporting yourself. While we encourage clients to feel scared and to feel the uncomfortable physical sensation of panic, we discourage worried thoughts (there is an appropriate therapeutic time to encourage worried thoughts, too, but I won't cover that in this brief article.). We are battling two fronts here. First, panic sufferers will worry about just how uncomfortable the symptoms will feel. But, more importantly, they will worry about the catastrophic outcomes: fainting, having a heart attack, making a fool of themselves. We want them to learn, through specific exercises, that the panic attack will be uncomfortable but not horrible. Once they can downgrade their interpretation of the symptoms, then they can accept their symptoms instead of fear them. This stance is reflected in such supportive statements as, "I'm scared, and I'm safe."

Let go of your safety crutches.

Safety crutches are actions that help prevent or mute the symptoms of panic. We have identified over seventy behaviors, such as carrying an anti-anxiety medication in their pocket, practicing breathing skills, monitoring their pulse rate, sitting close to an exit, leaning against a wall, staying somewhere only briefly, turning the radio up, never passing a car, and always avoiding crowds. While these are understandable, protective strategies, they all are based on the fundamental misperception that panic symptoms result in catastrophe. We help clients identify their safety crutches and gradually reduce their reliance on them. As they realize that they can manage the sensations of panic without these restrictions, they are willing to take more risks in the provoking situations.

Do this over and over, in all your fearful situations. To overcome panic, people need to practice their skills again and again, in as many different locations and circumstance as possible. Primary in this effort is to want to feel anxious and to desire to remain uncomfortable for as long as possible. As they change their attitude in this manner, they discover that going face-to-face with panic eventually reduces their symptoms and gives them back their freedom.

CASE REPORT

continued from page 3

idea of how to sooth the younger self. In those cases, this technique permits the therapist to give therapeutic suggestions that the client's conscious mind can pass on to the younger self, or make presuppositional observations that the unconscious can "overhear." This approach indirectly bypasses both conscious awareness and potential resistance.

In 1978, Erickson told me that if you take care of the person's symptom and the person has a need in the future, he will come back to deal with other issues. Over the past seven years, I have coached Juanita three separate times on how to deal with conflicts with co-workers, subordinates and supervisors where this feeling was triggered. This illustrates that when there is a powerful anxiety growing up, it can inhibit learning certain skills necessary to deal with adult life. Managing the early feelings does not automatically lead to knowing how to deal with the current situations.

Terry Argast is the clinical director for *The Southern California Society for Ericksonian Psychotherapy and Hypnosis*.

1. There are at least seven cases in the literature where Erickson used this technique: *The Collected Papers of Milton H. Erickson*, Volume IV. Edited by E. Rossi, Ph.D., 1980, New York, Irvington Publishers, Inc. (pages 79-80, 81-85, 85-87, 163-168, 397-404, 407-410, 410-412)

Dallas Training AD

MICHAEL F. HOYT, Ph.D.

By Roxanna Erickson Klein, R.N., Ph.D.

A senior staff psychologist at the Kaiser Permanente Medical Center in San Rafael, California, Michael Hoyt is a respected and wide-ranging brief therapist. He is a multi-theoretical thinker and expert clinician, a prolific author and editor and has taught numerous highly acclaimed workshops in the U.S. and internationally.

Hoyt completed undergraduate studies at UCLA, an internship at the University of Wisconsin-Madison, and received his Ph.D. at Yale University in 1976. After a two-year postdoctoral fellowship at the University of California in San Francisco, he took a position at Kaiser Permanente in Northern California, where he remains today. He says, "When I started at Kaiser, I discovered the 'real world.' We have to find ways of working with many different kinds of people and problems, rather than selecting patients that will fit one brand of therapy." He described some of these experiences in a 1992 presentation and paper, "Managed Care, HMOs, and the Ericksonian Perspective."

Since 1988, Hoyt has given workshops on "Single-Session Therapy" at several Ericksonian Congresses. He also presented an invited address entitled "Termination: How and Why to Say When," as well as an analysis called "What Can We Learn from Milton Erickson's Therapeutic Failures?" His views and diligent preparation as well as his broad perspectives stimulate audience members to consider a multi-theoretical framework and to think outside the box.

His wide interests and encyclopedic knowledge are reflected in the various books he has authored, including *Brief Therapy and Managed Care*, *Some*

Stories Are Better than Others, *Interviews with Brief Therapy Experts*, and (forthcoming) *The Present Is a Gift*. He edited several books, including *The First Session in Brief Therapy*, *Constructive Therapies (Vols. 1 & 2)*, and *The Handbook of Constructive Therapies*.

Hoyt's mind moves with remarkable ease back and forth among ideas for psychotherapy, including quotations from a poem or novel, a reference to a movie or song, a metaphor from sports, and maybe a joke or quip. He balances a busy schedule, seeing clients fulltime at Kaiser along with his other endeavors. His many contributions, both to the work of the Erickson Foundation and to the field of psychotherapy are appreciated by all who have the pleasure of working with or knowing him.

I asked him how he found his energy and how he held on to the inspiration for continued professional growth. We talked about the importance of seasoned mentors, including Erickson and Haley, and how he was able to learn so much from his teachers. After a moment of seriousness, Hoyt paused as he re-experienced a meaningful moment. "Sometime in 1992," he told me, "I contacted Jay Haley, by letter and telephone, asking him to participate in an interview for a book I was working on at the time. He indicated his preference not to do a formal interview, but then graciously added, 'How about if we just get together for a drink?' And so we did, at the *Fifth International Ericksonian Congress*, in December 1992. Sitting atop the Hyatt-Regency hotel, we chatted a bit. I had no specific agenda, other than to enjoy the pleasure of Haley's company. Finally, however, an important issue came to my mind. 'Jay, may I ask you a question?' 'Sure,' he replied. I paused, then asked: 'What do you feed your twinkle?' Jay smiled. 'You have one, too, don't you?' he replied. 'Well, yeah, but yours is older-I want to make sure I'm feeding mine the right stuff!' We both laughed."

COUPLES TAPES AD

Empirically Supported (Therapy) Relationships

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Recent years have witnessed the controversial promulgation of practice guidelines and evidence-based treatments in mental health. For better and worse, insurance carriers and government policymakers are increasingly turning to such guidelines and compilations to determine which psychotherapies to fund. Indeed, along with the negative influence of managed care, there is probably no issue more central to clinicians than the evolution of evidence-based practice in psychotherapy.

Foremost among these initiatives have been the APA Society of Clinical Psychology's Task Force efforts to identify empirically supported treatments (ESTs) and the American Psychiatric Association's practice guidelines, on disorders ranging from schizophrenia to anorexia to nicotine dependence.

Although these and other efforts to promulgate evidence-based psychotherapies have been noble in intent, they neglect at least three essential elements of psychotherapy: the person of the therapist; the therapy relationship; and the patient's non-diagnostic characteristics.

Within this context, in 1999 I commissioned an APA Division of Psychotherapy Task Force to identify, operationalize, and disseminate information on empirically supported therapy relationships. We aimed to identify empirically supported (therapy) relationships rather than empirically supported treatments - or ESRs rather than ESTs. Specifically, the dual aims of the Division 29 Task Force were to identify elements of effective therapy relationships and to determine efficacious methods of tailoring therapy to the individual patient on the basis of his/her (nondiagnostic) characteristics

The three-year work of the Task Force on Empirically Supported

Therapy Relationships has generated three products. First, we published a synopsis of our work in a 2001 special issue of *Psychotherapy*. Second, the research reviews and clinical practices were published in a book, *Psychotherapy Relationships that Work* (Norcross, 2002, Oxford University Press). And third, members of the Task Force are presenting a series of addresses and workshops on its conclusions and therapeutic practices, including a workshop at the 2002 *Brief Therapy Conference* sponsored by the Erickson Foundation.

The Task Force has generated a list of empirically supported relationship elements, characterized as *demonstrably effective, promising and probably effective, or insufficient research to judge*. The characterizations were made by the Steering Committee on the strength of the research evidence. The evidentiary criteria encompassed the number of supportive studies, the consistency of the research results, the magnitude of the positive relationship between the element and outcome, the directness to outcome, the experimental rigor of the studies, and the external validity of the research base.

In condensed form, the Conclusions are as follows:

◆ The therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment.

◆ Practice and treatment guidelines should explicitly address therapist behaviors and qualities that promote a facilitative therapy relationship.

◆ Efforts to promulgate practice guidelines or evidence-based lists of effective psychotherapy without including the therapy relationship are seriously incomplete and potentially misleading on both clinical and empirical grounds.

◆ The therapy relationship acts in concert with discrete interventions, patient characteristics, and clinician qualities in determining treatment effectiveness. A comprehensive understanding of effective (and ineffective) psychotherapy will consider all of these determinants and their optimal combinations.

◆ The following list embodies the Task Force conclusions regarding the empirical evidence on *General*

Elements of the Therapy Relationship primarily provided by the psychotherapist.

Demonstrably Effective

Therapeutic Alliance
Cohesion in Group Therapy
Empathy
Goal Consensus and
Collaboration

Promising and Probably Effective

Positive Regard
Congruence/Genuineness
Feedback
Repair of Alliance Ruptures
Self-Disclosure
Management of
Countertransference
Quality of Relational
Interpretations

◆ Adapting or tailoring the therapy relationship to specific patient needs and characteristics (in addition to diagnosis) enhances the effectiveness of treatment.

◆ The following list embodies the Task Force conclusions regarding the empirical evidence on *Customizing the Therapy Relationship to Individual Patients* on the basis of patient behaviors or qualities. For example, clients presenting with high resistance have been found to respond better to self-control methods and minimal therapist directiveness, whereas patients with low resistance experience improved outcomes with therapist directiveness and explicit

guidance.

Demonstrably Effective as a Means of Customizing Therapy

Resistance
Functional Impairment
Promising and Probably Effective as a Means of Customizing Therapy
Coping Style
Stages of Change
Anaclitic/Sociotropic and
Introjective/Autonomous Styles
Expectations
Assimilation of Problematic
Experiences

◆ Current research on the following patient characteristics is insufficient for a clear judgment to be made on whether customizing the therapy relationship to these characteristics improves treatment outcomes.

Attachment Style
Gender
Ethnicity
Religion and Spirituality
Preferences
Personality Disorders

We invite all mental health professionals and training programs to familiarize themselves with the research findings, clinical practices, and limitations of the Task Force reports in order to enhance awareness and use of what "works" in the therapy relationship.



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ISH To Grant Hypnosis Scholarships to Health Professionals in Developing Countries Treating Pain

The majority of adults and children who have chronic diseases such as cancer or sickle cell disease or HIV, or who must go through procedures for a variety of conditions, and who live in developing countries will receive no treatments for pain.

Colleagues in developing countries have expressed interest in learning to use hypnosis to help these patients. However, in general they cannot afford the cost of attending workshops. The *International Society for Hypnosis* will establish a selection committee to give scholarships for physicians, psychologists, social workers, nurses, and dentists in developing countries so that they may attend training workshops sponsored by the ISH, SCEH, Ericksonian Society, and/or ASCH.

Scholarship amounts will cover travel and registration. Recipients will be expected to contribute toward food and housing.

We ask for contributions for this purpose. To make a donation or for questions contact *ISH-Developing Country Scholarship Fund*, ISH Central Office, Austin and Repatriation Medical Centre, Level 3, Centaur Building, West Heidelberg, Victoria 3081, Australia. (U.S.A. contact: Karen Olness, M.D., Rainbow Babies and Children's Hospital, 11100 Euclid Avenue, Mailstop #6038, Cleveland, OH 44106; E-mail, kno@po.cwru.edu)

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The Milton H. Erickson of Portugal, Zona Norte (Oporto), was established in early 2000, the first in the country. Its founders are Peter Hawkins, Ph.D., University of Sunderland, England and Instituto Superior da Maia (ISMAI, Portugal); Lic.Psych. Ana Rita Almeida, assistant professor of Psychology at ISMAI and Psychologist Agostinho Almeida, (no relation), a distinguished

international visiting professor and lecturer, currently principal researcher and pro-president of ISMAI. Prof. Agostinho underwent his graduate studies in psychology, sociology, and anthropology as well as training in psychoanalysis at Cornell and Vanderbilt. The international characteristic of this Institute is notable - in

sync with the spirit of the European Union - and is primarily fostered by Peter Hawkins. A Reader in health psychology at Sunderland, he is visiting professor at the Universities of Salamanca, Valencia and La Laguna, Spain; Taskent, Uzbekistan; Crete, Greece, and Cluj in Romania. Hawkins has been using clinical hypnosis since the 1980's. From 1987 he has been a trainer and consultant for the British Society of Medical and Dental Hypnosis, and review editor for the *British Journal of Counselling Psychology*. He was recently appointed honorary member of the British Association of Medical Hypnosis.

In Peter Hawkins' words, "My first exposure to Ericksonian thinking and practice was through Erickson's

& Rossi's *Experiencing Hypnosis: Therapeutic Approaches to Altered States* (Irvington, 1981), along with listening to "The Ocean Monarch Lectures" audiotapes. There followed workshops with Bill O'Hanlon and others. As faculty at the Institute of Strategic Psychotherapy in Rome, where Ernest Rossi also teaches, Hawkins became more familiar with Ericksonian work.

Prof. Ana Rita has undergone intensive training at the Erickson Foundation. Almeida and Hawkins presented, "Dorothy Meets the Wizard: An Allegory for a Psychodynamic Approach," at the recent *Eighth International Congress, Erickson's Centennial Celebration* in Phoenix (2001).



Ana Almeida, Jeffrey Zeig, Agostinho Almeida, Fernando Almeida (Prof. Do ISMAI)

Clinical hypnosis is not well known in Portugal. The MHE Institute has promoted training at ISMAI including Jeffrey Zeig on "Brief Therapy: Key Concepts in the Ericksonian Approach," Peter Hawkins on "Hypnosis: Clinical Applications," and Prof. Jose' Navarro Gongora (University of Salamanca, Spain) on "Family Therapy: an Introduction." Brent Geary, Coordinator of Training at the Foundation, is scheduled to teach in Spring 2003. The Institute's founding members have established an advanced specialization course in *Clinical Hypnosis and Brief Psychotherapy* at ISMAI. It is a three-year long training program intended for masters and doctoral-

INSTITUTES REQUEST AD

level health professionals. See: www.ismai.pt/elearn/hcpb.

To fully observe and oversee the tenets and ethical uses of hypnosis in Portugal, the MHEI Board of Directors invited Jose Marto, Manuel Domingos, and Claudia Carvalho, all of Lisbon, as well as other interested professionals to create the Portuguese Association of Clinical Hypnosis. Along with the MHE Institute, their objective is to disseminate excellent

work in the field of clinical hypnosis and to provide education and training programs to a multi-disciplinary group of professionals. To that end, the Institute has published a handbook by Peter J. Hawkins, *Introducao 'a Hipnose Clinica: Um guia para Profissionais*. (2001) Coimbra: Quarteto. The three members of the Board have been accepted to present at the upcoming *Brief Therapy Conference* in Orlando, Florida.

INTERNATIONAL NEWS

The Third Meeting of The Latin American Association of Milton H. Erickson Institutes and Centers

Report by MHE Institute,
Florianopolis, Brazil.

The third meeting of the *Latin American Association of Milton H. Erickson Institutes and Centers* was hosted by the MHE Institute of Florianopolis, Brazil, May 24-26, 2002. This successful meeting assembled most representatives from the 26 MHE Institutes in Latin America and nearly 200 attendees interested or already practicing Ericksonian approaches to psychotherapy and hypnosis.

The main characteristic of this significant encounter was the spirit of fraternity and fellowship among participants. Marcia Alencar, executive director, host-Institute and meeting organizer, introduced via PowerPoint, a historical overview of the Foundation, its founders and staff; Jeffrey Zeig's welcome; and the history of each seven Institutes in Brazil. Themes presented ranged from "Indirect Work with Families," by Teresa Robles, Mexico, to, "Ericksonian Approaches in Psycho-Oncology," by Margarida Carvalho, Brazil, both highly respected Ericksonian pioneers. Chile was present with, "An Overview of Ericksonian Hypnosis 22 Years After Erickson's Death," "The Use of Humor in Ericksonian Therapy," and, "Brief Hypnotherapy in Health Psychology," by Mario Pacheco, Sebastian Castro and Maria Elena Viveros respectively. Argentina presented, "Psychoprophylaxis in Surgery," by Doris Suchecky and, "Trapped in Her Own Body," by Maria Machado. Ana Luco, of France and Chile, presented, "Bulimia and Boundaries Building."

Other contributions by Ericksonians were offered: Ricardo Feix on

see INTERNATIONAL on next page

In Memory of Dr. Jean GODIN

Jean Godin passed away on September 7, 2002, at the age of 71. His love and fascination with Ericksonian psychotherapy started long after he graduated from the University of Bordeaux as a psychiatrist in 1960. As a seeker of what it means to be human, he later obtained a doctorate degree in social psychology in 1972. His route started in the navy as a military physician in Ivory Coast, in Madagascar and in New Caledonia. When back in France in 1974, he worked in private practice in Bagnères de Bigorre in the Pyrenees, where he decided to get a cabin that he greatly loved. In the late seventies, he moved to Paris. Very active in sports, riding horses, playing polo, even being a fencing champion, his interests then moved to spending more time in studying philosophy and hypnosis.

He learned about Ericksonian hypnosis in Great Britain and, in 1984 and 1985, met Jeffrey Zeig in Paris. The cause was on its way. Godin began organizing meetings with colleagues and the first training in Ericksonian hypnosis was set up in France in 1985. The famous French traditionalist hypnotherapist, Dr. Leon Chertok, acknowledged his work.

It was then a time of experimentation and innovation. As a pioneer, Godin introduced Ericksonian hypnosis in France, founded the first Milton H. Erickson Institute in France, *The Milton H. Erickson Institute of Paris*. He offered the opportunity to his students to be exposed and trained by important figures in the field, among others: Paul Watzlawick, Jay Haley, André Weitzenhoffer, Jeffrey Zeig, Betty Alice Erickson, Ernest Rossi, Herbert Lustig, Daniel Araoz, Joyce Mills, Joseph Barber, Gaston Brosseau, Philip Zindel, Nicole

See MEMORIUM on next page

INTERNATIONAL *continued from page 8*

"Chemical Dependency and Hypnotherapy;" Bayard Galvao with research on, "Relaxation, Trance, Hypnosis: Theoretical Perspectives;" Angela Mendonca, "Orienting Parents on Ericksonian Approaches;" Magda Pearson on, "EMDR and Hypnosis;" Mohamad Bazzi on "Advances of the Neurosciences in Hypnology;" Antoni Althoff on "Pain Management;" Marcia Mathias on, "Smoking Cessation Programs in a Cardiovascular Hospital;" Sofia Bauer on, "Treating Anxiety and Depression with Hypnosis;" Marcia Alencar brought "Family Life Cycle;" and Marilia Baker, "Ericksonian Strategies with Couples." Ericksonians Leonardo Romao, Gustavo Mendonca, Gastao Ribeiro, and Eduardo Penido also presented.

All presenters brought state-of-the-art perspectives connected with the psychosocial realities in the continent, thus creating opportunities for dialogue. Two presentations, among so many highpoints, are of note, "The Evolution of Hypnosis, from the Classical Era to the Ericksonian," in which Ricardo Feix discussed what and how each Institute in Latin America is 'doing' Ericksonian hypnotherapy, and inviting representatives to further research and development. Sofia Bauer gave a moving homage to Dr. Erickson in showing her work "Pass It On," with her supervisees and patients. As a student of Stephen Gilligan early in her career, and inquiring how she could pay him, he told her: "Pass it on. Pass on the knowledge, as Milton Erickson did with me." Sofia has created a behavioral health social clinic dedicated to "passing on the knowledge." Students agree to see, gratis, a number of needy patients weekly, under her supervision, also pro bono. This commitment is for the duration of their training and for life. The indomitable and generous spirit of Milton H. Erickson lives on.

INTENSIVES AD

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2002		
11/6-10	53rd Annual Workshops and Scientific Program / Boston, Mass. / Invited Faculty	1.
12/12-15	The Brief Therapy Conference: Lasting Solutions / Orlando, Fla. / Invited Faculty	2.
2003		
1/18-19	Hypnotic Phenomena For Intervention: Expanding the Clinical Practice for Hypnosis / Paris, France / John H. Edgette, Psy.D.	3.
1/23-24	ISCT / Vienna, Austria / Invited Faculty	4.
1/24-26	Hypnosis and Corporate Success / Moscow, Russia / Edgette	5.
1/25-26	Ericksonian Hypnosis and Psychotherapy / Munster, Germany / Zeig	6.
2/14-16	Ericksonian Hypnosis and Psychotherapy / Guadalajara, Mexico / Zeig	7.
2/17-21	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz / Brent B. Geary, Ph.D, Zeig, and Invited Faculty	2.
2/24-28	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Zeig, and Invited Faculty	2.
3/7-9	Three Voices...on Couples Therapy / Phoenix, Ariz. / John Gottman, Ph.D., Cloé Madanes, Ph.D., Pat Love, Ed.D.	2.
3/14-16	Ericksonian Hypnosis and Psychotherapy / San Sebastian, Spain / Zeig	8.
3/20-23	M.E.G. Annual Conference & First World Congress of Ego State Therapy / Bad Orb, Germany / Invited Faculty	9.
4/3-6	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy / New York, NY / Zeig	10.
4/4-6 & 4/25-27	Level I: Fundamentals of Ericksonian Hypnotherapy / Dallas, Texas / Betty Alice Erickson, MS, Deborah Beckman, MS, Will Handy, LMSW-ACP	11.
4/19-26	Ericksonian Hypnosis and Psychotherapy / Hong Kong, China / Zeig	12.
5/16-18	Ericksonian Hypnosis and Psychotherapy / Guadalajara, Mexico / Zeig	7.
5/22-25	Latin American Erickson Congress / LeÛn, Gto., Mexico / Invited Faculty	13.
6/2-4	Introductory Hypnosis / Toronto, Canada / Zeig	14.
6/12-14	Love & Intimacy: The Couples Conference / Calif. / Invited Faculty	2.
7/11-13 & 8/1-3	Level II: Intermediate Skills in Ericksonian Hypnotherapy / Dallas, Texas / Erickson, Beckman, Handy	11.
7/31-8/3	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy / New York, NY / Zeig	10.

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- The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Toll-free tel, 1-877-212-6678; tel, 602/956-6196; fax, 602/956-0519; E-mail, office@erickson-foundation.org ; <http://www.erickson-foundation.org>
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To submit a listing for Upcoming Trainings, please send dates, title of workshop, venue, city/state/country, list of presenters, and complete contact information ONLY. A \$10 fee, per listing, is required. Deadline for the 2003 Spring Issue (April) is January 30, 2003. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact the Erickson Foundation at 602/956-6196; or E-mail Production Assistant, Karen Haviley, mhreg@aol.com.

MEMORIUM *continued from page 9*

Cuddy, Jacques Quelet and many others.

Godin spent most of his time in giving workshops and lectures in Ericksonian hypnosis and in writing articles and books. He wrote the section on hypnosis for the *Encyclopédie médico-chirurgicale* (1991). Active till the end of his life, he was an Honorary Member of the Société Française d'Hypnose, President of the Association Française de Nouvelle Hypnose, and continued to give training workshops and organizing summer schools in France, Russia, Canada, Switzerland and Belgium.

Godin's legacy is a complex one that comes from his talent as a trainer, his ability to gather people in enthusi-

asm and a cause, his concern of ethics and his passing on the principles and knowledge of Ericksonian psychotherapy and hypnosis. In this legacy, Dr. Jean Godin invites us to continue our own routes and tributes to the field of hypnosis.

Christine GUILLOUX
Psychologist-Psychotherapist
Introduced to Ericksonian hypnosis and trained by Dr. Godin
Vice-President of the SOCIETE FRANCAISE D'HYPNOSE
Vice-President of the MILTON H.ERICKSON NICE CÔTE D'AZUR

REAL PEOPLE AD

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

Research Brief on Brief Therapy

By C. Alexander Simpkins, Ph.D.
&
Annellen Simpkins, Ph.D.

During the past twenty years there has been movement toward shortening the duration of treatment (Garfield & Bergin, 1994). Many individual research projects, as well as meta-studies of research projects (Lambert and Bergin, 1992), have found that brief therapy can be as effective, if not more effective, than

long-term therapy. In their overview of psychotherapy research, Lambert and Bergin stated that brief therapy has a significant effect on clients, with fifty percent showing improvement by the eighth session.

But critics of time-limited therapy have since emerged, with research findings that seem to refute studies supporting brief therapy. They believe that limiting the number of sessions of treatment is an unfair form of rationing therapy to clients, which often deprives them of completing the process in depth. One of the proponents of this view, Ivan J.

Miller (1996) has denied the validity of a number of the studies of brief therapy, asserting that these projects do not prove the superiority or equivalence of short-term therapy.

Dr. Erickson, in his usual clear-sighted manner, offered a shift in perspective that dissolves the disagreement. He described his treatment as a short-term, long-term method. He saw patients for a limited number of sessions, but he stimulated in them a long-term learning process, directed to their individual needs and motivations. The initial stimulus was carefully considered and strategically

planned by him, then introduced and fostered during the sessions. Deeper comprehensive learning, once initiated, grew and evolved over time. "In his work, Erickson opened the door for change and in that way he had a major impact on brief therapy" (Fisch, 1982, p.157). Numerous stories tell of patients who returned years later to tell Erickson of the many discoveries and changes they had made during the years.

Lawrence Kubie agreed that change takes time; "There are many patients who during the course of treatment seem to their relatives, friends, and therapists as well to be making no progress at all, but who some years later show that they have gained an enormous amount." (Kubie,

See RESEARCH on next page

CONFERENCE NOTES

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.

ONSITE REGISTRATION AVAILABLE ONLY. For a complete brochure 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, office@erickson-foundation.org; Web site, www.erickson-foundation.org/brfther.htm.

The First World Congress of Ego State Therapy and the *Annual Meeting of M.E.G.* will be held March 20-23, 2003, in Bad Orb, Germany, sponsored by the Milton Erickson Society of Germany. The Congress celebrates the 25th anniversary of M.E.G. in Bad Orb.

The double-congress will feature workshops from the leading experts in the field of Ego State Therapy and Ericksonian Hypnosis and Psychotherapy. The presenters include John Watkins, John G. Watkins, Claire Frederick, Maggie Phillips, Woltemade Hartman, Shirley McNeal, Pricilla Morton, Burkhard Peter, Dirk Revenstorff, Gunther Schmidt, Susy Signer-Fischer, Bernhard Trenkle, Charlotte Wirl, and Jeffrey Zeig.

For information and registration contact: Milton Erickson Gesellschaft für Klinische Hypnose M.E.G., Waisenhausstr. 55, 80637 München, Germany; Tel, +49 89 34029720; Fax, +49 89 34029719; E-mail, monika.kohl@MEG-Hypnose.de; Web, www.meg-hypnose.de

The American Society of Clinical Hypnosis (ASCH) is sponsoring the *45th Annual Scientific Meeting & Workshops on Clinical Hypnosis, "Visibility, Collaboration & Progress,"* April 4-8, 2003, in Alexandria, Va. The meeting will include an integrated mix of workshops, symposia sessions, lunch presentations and social events. In addition, Basic, Intermediate, and Advanced workshops will be offered. For more information, contact the American Society of Clinical Hypnosis-Education and Research Foundation, 140 N. Bloomingdale Road, Bloomingdale, IL 60108-1017 ; Fax, 630/351-8490 ; E-mail, info@asch.net

The fourth *Latin American Ericksonian Psychotherapy Conference*, will be held May 22-25, 2003, in León, Guanajuato, Mexico. The Conference is organized by the Instituto Milton H. Erickson de León. Invited presenters include Juan Pablo Alcántara, Marília Baker, Adriana Barroso Santoyo, Sofia Bauer, Liliana Cané, Maggúe Carvalho, Omar Chogríz, Iris Corzo Solís, Angela Cota Guimaraes, Gustavo Cota Guimaraes Mendonça, Cristina Cota Guimaraes Mendonça, Juan Antonio De la Mora Vázquez, María Escalante Cortina, Gastón Hernández Zatarain, Cécile Laversin, Isabel León de Zegarra, Camillo Loriedo, Cloé Madanes, José Augusto Mendonça, Carmen Milán, Sandra Ostrosky, Mario Pacheco, Marisol Segovia, Teresa Robles, Francisco Robles, and Gary Ruelas. The opening of the Conference will be presented by Jeffrey K. Zeig, Ph.D.

For information contact the Instituto Milton H. Erickson de León, Laja #124, Jardines del Moral, C.P. 37160, León, Guanajuato, Mexico; Tel, +52 477 7175 828; E-mail, leon@hipnosis.com.mx or erickmex@hipnosis.com.mx

The International Society of Hypnosis is sponsoring the *16th International Congress on Hypnosis and Hypnotherapy*, August 2-8, 2003, in Singapore. The first three days of the Congress will include clinical skills workshops; the final three days include Scientific Papers and Invited Addresses. In addition a limited number of invited workshops will be presented at the post-congress workshop program on the exotic tropical Thai Island of Phuket (space is limited).

For information contact 16th ISH Congress Secretariat, ICMS Pty Ltd., 84 Queensbridge Street, Southbank VIC 3006, Australia; Tel, +613 9682 0244; Fax, +613 9682 0288; E-mail, 16ish@icms.com.au ; Web, www.icms.com.au/16ish

The Seventeenth International Congress of Hypnosis of the International Society of Hypnosis (ISH) will be held in Querétaro Mexico, October 2006. For more information contact Centro Ericksoniano de México, Patricio Sáenz 1205, Col. Del Valle, C.P. 03100 México, D.F., México; Web, www.hipnosis.com.mx ; Email, erickmex@hipnosis.com.mx or congresos@hipnosis.com.mx

1973 881) Change isn't necessarily standardized or linear.

Studies of short-term therapy with long-term follow-ups at six months, five years, ten years, and twenty years support this perspective. Patients showed increasing improvement after termination over ten years and continued improvement up through twenty years. Only half of the change took place during the time of treatment itself. (Lieberman in Frank, 1978) Short-term interventions have long-term effects.

Researchers face challenges in correctly accounting for the slow process of maturation from brief psychotherapeutic interventions. Experimental methods, which are always striving to be standardized in order to be rigorous, run the risk of being too limited, thereby missing the truly significant data. But researchers who are interested in measuring how therapeutic change occurs are resourcefully creating sensitive and broad research methods.

These new research methods attempt to realistically represent the

individual change process as it occurs in real-life therapy. For example, a method known as the cohort-sequential design uses groups to study long-term effects of change without the expense and time of a longitudinal study (Anderson, 1993). This method allows researchers to approximate longitudinal data analysis by combining information from different overlapping subjects at different stages along a time continuum. This method is frequently used for developmental studies, but could, according to Anderson, be adapted to examine change following treatment.

A new method to help therapists predict how many sessions a client will need was tested by Lambert, Hansen, & Finch (2001). They analyzed data from over 10,000 patients to understand the association between length of treatment and improvement and then passed this information on to therapists.

With these and other creative innovations in methods and designs, we hope that research will discover how to make treatment optimal. Then, psychotherapists can achieve therapeutic goals, while protecting the needs of the patient, without taking longer than needed for effective-

ness.

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EMDR AD

TOPIC REVIEW AUDIOTAPES

Stories to Wet your Breath

By Terry Tafoya, Ph.D.

(Tape Incomplete)

2001 8th International Congress on Ericksonian Hypnosis and Psychotherapy
Phoenix, AZ

See page ___ for ordering information.

Tafoya, PhD, is a colorful figure; he dresses fully in contemporary Native American garb, complete with moccasins, long hair secured in braid holders and jewelry that he proudly explains was hand made by his relatives. He carries drums, rattles and other native ritual items to his presentations, using them to punctuate the salient points. Although only the drumbeats remain of the multi-sensory elements, these audiotapes contain a wealth of content that can in themselves create their own atmosphere of cultural contact.

Splendidly conceived and presented, they offer aspects of some Native American cultures that have parallels in Ericksonian work. "Stories to Wet Your Breath" is a well-constructed presentation that follows a logical outline, building upon generally accepted principals of oral tradition and cultural identity. Blossoming within this frame is a series of stories that do more than just illustrate the points Tafoya wishes to make. The stories simultaneously draw in the listener, provide entertainment along with information and discretely give way to an experiential aspect that almost, but never fully, overtakes his classroom outline. Using this strategy, Tafoya engages the audience to broaden their cultural perspectives and to appreciate the extent to which therapeutic observations and interventions are bound by culture.

Tafoya's use of native stories creates a bridge between didactic elements and the deeply layered wisdom that supports his topic. He uses his own experiences and family traditions to invoke the cultural context within which the stories function, when they were told and when they must not be told; their proper settings; the characteristics of the people for whom they were intended; and the multiple practical, historical, ecological and spiritual levels they encompass.

A story of a big, hairy, bad-smelling monster whose favorite meal is ten children cooked over a fire has the commonplace use of scaring children into not hurting themselves with foolish behavior. It also teaches self-reliance, courage, thinking quickly, sharing knowledge, using and enhancing community, and that nothing is evil and worthy of destruction. Even a monster, once transformed, has a place in the world.

The tape has a major problem. It is incomplete due to a technical failure. Only the first of the two-tape presentation was recorded. Normally such a flaw would eliminate the tape from distribution. I requested that the Foundation make an exception here, because even in its truncated form, *Stories to Wet Your Breath* is too valuable to throw away.

The didactic outline, the seductive storytelling and experiential integration all are the work of a polished presenter. The title, *Stories to Wet Your Breath*, may be assumed by some to be a misprint - however, it isn't. It works beautifully as an intriguing invitation to extend one's thinking and expression. Tafoya instills a desire to learn more -- more about Tafoya's professional work, more about cross-cultural aspects of practice, more about integrating metaphors and stories into daily work, and more about bringing experiential richness into every aspect of life.

Stories to Wet your Breath - a confusing title for a clear presentation!

Reviewed by:

Will Handy, M.S.
Dallas, TX

The Widow as Butterfly: Working with Grief and Loss

By Terry Tafoya, Ph.D.

See page ___ for ordering information.

At first listen, one may wonder what Tafoya is talking about *The Widow as Butterfly* and how it relates to grief and loss. He is not using an outline-based structure to organize his talk - a sure way to startle an audience. Part way through a Native American teaching story, he digresses into a clarifying aspect of the Pacific Northwest Native cultures from which the story sprang. That leads to a comparison to the traditions of the Taos Pueblo, in which Tafoya also has roots. Thorough explanation of the traditions of both cultures requires a glimpse at the linguistics. This leads a further digression into cosmological underpinnings of those cultures' world views. He then makes a contrast to Euro-American traditions, language, cosmology and culture. Finally the listener arrives back to the story although not entirely sure how all the informative digression relates to grief.

The central story, about widows wrapping themselves in the grief of loss and later emerging into a more beautiful phase of their lives, is well developed and beautifully presented. The feeling of drifting initially gave me the sense that Tafoya was merely not so well prepared for this talk. Upon re-consideration, I felt this loose framework was purposeful, adding another element to the process of teaching. The stories drifted and evolved, hanging in the background like a tapestry against the wall. This is true to the way stories are used in a less formal teaching environment, as was much of Erickson's work. I came away musing how this drifting and apparently informal style might be used in my own psychotherapeutic practice.

In societies in which oral traditions are dominant, the elders extend their wisdom in a blend of semi-structured stories integrated into everyday interactions. A major theme in the function of story and ritual is providing a framework on which to hang the meanings of one's life. Stories "mean" different things to a child, an adolescent, an adult and an elder. The structure of traditions and rituals provide markers for major changes in life, as well as giving opportunities both to feel and to complete the emotions that accompany changes.

Though he presents a dense trove of images and concepts of assimilating, and growing, through grief, Tafoya doesn't provide nearly as much direct teaching as he does in "Stories..." Many people simply have no context in which to integrate significant loss. Tafoya's teaching of traditions, rituals and the support systems of Native American in this tape do provide a frame for the building of a meaningful context.

Widow as Butterfly is an immersion of sorts, demonstrating how significant and dramatic metaphors can be interspersed within apparently less important teachings. His voice is consistently kind and healing and he literally rushes to pack in as much wisdom as he can in his limited time. These tapes, as well as any opportunity to see Tafoya in person, are highly recommended. He is a master storyteller and a rare teacher who can bring the reality of other thinking close so that it can be both heard and felt.

Reviewed by:

Will Handy, M.S.
Dallas, Texas

Profiles of Healing

Edited by Bradford Keeney, Ph.D.

(A series of volumes, with included CD's, on the theme of healing-All sold individually)

Ringing Rocks Press, Ringing Rocks Foundation, Philadelphia 2000-2002

Bradford Keeney has broadened his already impressive credentials by this current focus on healers, shamans and alternative healing methods in a multiplicity of cultures. Currently, there are twelve imposing, individual volumes in this set; others are planned. The reasonable prices are amazing - soft-cover editions are less than \$20 and hard-bound books in a slipcase are \$40. The care and attention to detail given to each of these presentations is evident. One of the volumes *Ikuko Osumi, Sensei: Japanese Master of Seitki Jutsu* is bound accordion-fold style, adding a unique facet to the respectful presentation of this ancient practice of transmitting life energy.

This series is timely. Indigenous cultures and individuals who practice ways of native healing are endangered and becoming lost. Spirituality, the over-riding theme, is often overlooked in Western medicine. These volumes illustrate the integration and inseparability of body and spirit.

There is a vastness of scope - from a Navajo medicine woman, to a Zulu high sanusi, from the rituals of Kalahari Bushmen to shamans of South American rain forests and faith healers of Brazil and Bali. Each culture, each group, healer and shaman, each book, stands alone, but when taken together provides a whole larger than the sum of the parts. Keeney has other volumes planned including one on Milton Erickson, which he states, "will bring to light the quiet spirituality of an extraordinary healer."

The books are laden with exquisite photographs. Great care has clearly been taken to arrange these photographic glimpses in ways that show parts of ceremonies as well as parts of the lives of the people in the various regions. Songs, prayers, traditional music and live words of various rites and ceremonies have been recorded and placed on the CD providing an auditory accompaniment.

Keeney has focused almost exclu-

sively on the practitioners, on their words, songs and their ceremonies. There is no distraction of "someone explaining" what is happening. The voices of each of the healers and shamans is heard individually both in print and on the CD's. They talk about themselves, about the ways in which they were taught and the spirituality in their ceremonies. The healing and rites are not explained; they are accepted and expressed as they are understood by those who perform them. The effect of the photographs, written words of the people performing the rituals and the accompanying recording of music and the actual ceremonies is breathtaking.

Each of these volumes lets people experience some of the ways in which people of other cultures understand the world that is around us all. We are given the opportunity to gain a bit of the wisdom and to appreciate different perspectives of life and healing. The experiential aspect allows the reader's conscious and unconscious to enter the ceremonies, to feel the sensations of those who are participating in that life and to expand personal vision.

Keeney invites us all to become part of what he calls the "circle of traditional knowledge that has survived for thousands of years." The *Profiles of Healing* series respectfully collects and preserves the wisdom of indigenous cultures even as they celebrate the differences.

Reviewed by:

Betty Alice Erickson, M.S.
Dallas, Texas

TOOLS AD

VIDEO REVIEW

Disrupting Couples Conflictual Communication

By Ellyn Bader, Ph.D.

Brief Therapy Conference 1998

See Page ___ for ordering information

Disrupting Couples' Conflictual Communication was presented at the Erickson *Brief Therapy Conference* in 1998. Bader demonstrates one portion of her work with couples: disrupting couples in communication conflict. In a 30-minute segment, she quickly introduces guidelines that facilitate new ways to interrupt projecting and blaming, moving each person toward a greater experience of differentiation. In the remainder of the video, she fields questions from the audience including the participation of the "de-rolled" clients.

Bader begins with a short explanation about collapsing a therapy session into an abbreviated format for the sake of demonstration. She then invites the couple to talk about why they came to therapy. After several minutes of dialogue between the two, she interrupts to explain how she might help. She skillfully validates both positions and explains what she did with some other couples who had similar conflicts. With a clear contract for work from the couple in that session, she instructs both on a style of dialogue to which they agree. In addition she uses simple written guides to assist each client in their part.

As Bader works, a lively, interactive, directive approach is witnessed. She slows and monitors the couple's interaction and interrupts them to

See *DISRUPTING* on page 17

FOREIGN BOOK REVIEWS

French

Creer le reel. Hypnose et Therapy

Ed Seuil La Couleur des Idees

By Thierry Melchior

Published in 1998, Thierry Melchior's *Creer le reel: Hypnose et Therapy* shows the development of hypnosis in Europe. A comprehensive presentation of hypnosis and brief therapy, it provides a reflection about the role of language and communication in the development of hypnosis.

The core chapters of the book are six and seven. After presenting a brief summary of hypnosis, from Mesmer to Milton Erickson, the author develops a theory of hypnosis as a model of communication and the relation between language, reality and imagination.

Melchior's ideas are intriguing.

What is a suggestion? Is it a description of what is happening? Or of what is going to happen? Or could it be what J. Austin named a "Performatif" an act in itself done only through words, as in, "I now pronounce you man and wife?" If communication is already an act of hypnosis, does the therapist need to declare that he is working with hypnosis?

Melchior reminds us that in hypnosis, there can be more than two people involved. In fact, he describes at least 23 possible ways to have a dialogue between the therapist and the patient. Among them are: Who the patient will be? Who the patient was? Who the patient wants to be? Who the patient didn't want to be? Or, what he calls a "partial destinataire"-the patient's body or part of the patient's body? All different relationships and inter-relationships are possible.

Readers are invited not only to

practice hypnosis but to reflect upon their practice. In a sensible and intelligent way, he opens new doors for the reader, mixing philosophy, psychoanalysis, linguistics, theory and practice.

Reviewed by:

Gerard Fitoussi, M.D.
Las Vegas, Nev.

French

Erickson, Hypnose et Psychotherapie

By Dominique Megglé, M.D.

In *Erickson, Hypnose et Psychotherapie*, we follow the life of Milton H. Erickson M.D., from his birth, December 5, 1901 in Aurum, Nevada until his move to Phoenix, Arizona in 1948. In this unpretentious book, Meggle gives a brief account of the life of Erickson and of the introduction of his work in France and the

rest of Europe.

This reviewer enjoyed the intertwining of a biography, theory and practice of hypnosis. The opinions, enthusiasm, and frustrations - the "coup de gueule" of Meggle's working as a psychiatrist added to the enjoyment.

The charm of the book also emphasized what is missing. It is not a thorough biography of Erickson. Neither is the book a detailed presentation of hypnosis. It is a little bit of this and a little bit of that. However, it is interesting to muse and to move along with Meggle and discover some pearls along the road.

Ericksonian Hypnose et Psychotherapie is mostly for readers who are unfamiliar with Erickson or his works or for those who want a quick and refreshing view of Ericksonian influences in Europe.

Reviewed by:

Gerald Fitoussi, M.D.
Las Vegas, Nev.

PUBLISHER'S NOTES

Review of "The Handbook of Ericksonian Psychotherapy"

The August 2002 issue of *The Hungarian Journal of Psychotherapy*, includes a review of "The Handbook of Ericksonian Psychotherapy," (Page 287) [*The Milton H. Erickson Foundation Press, 2001*], edited by Brent B. Geary, Ph.D., and Jeffrey K. Zeig, Ph.D. For more information contact *The Hungarian Journal of Psychotherapy*: Szil-gyi E. faszor 109, 1026 Budapest, Hungary; Tel/Fax, (36-1) 225-8896; Web, www.pszichoterapia.hu; E-mail, pszichoterapia@axelero.hu

French Translation of Erickson Books

The Collected Papers of Milton H. Erickson (Erickson, Rossi), has been translated into French by Editions Satas Publishing in Brussels, Belgium. The four volumes may be purchased for the price of 170 Euros (plus shipping). The volumes also may be purchased individually. The French version of *The February Man* also is available for 35.90 Euros (plus shipping).

For more information contact Editions Satas Publishing: Web, www.satas.be or by E-mail, info@satas.be

Hipnosis Clìnica. Obra Selecta de Milton H. Erickson en hipnosis No.1: El Manual

A Spanish language translation of selected papers of Milton H. Erickson, edited by Luis Miguel Gómez Díaz, is available through Solingraf publishing company. For information, contact Marqués de Monteagudo 18, 3.º izqda., 28028 Madrid, Spain; Tel, 91 725 14 15; Fax, 91 356 67 01; E-mail, laser.com@sew.es or buzondepoesia@hotmail.com; Web, www.editamostulibro.com

Einzelunterricht bei Erickson

The German translation of *Experiencing Erickson*, authored by Jeffrey K. Zeig, Ph.D. (Brunner/Mazel, 1985), is now available through Carl-Auer publishing company. For information contact www.carl-auer.de

SCSEPH AD

ADV. WORKSHOPS AD

DISRUPTING

continued from page 15

clarify or to model empathy. She reframes negative assessments and uses their own language to create a new experience for them.


The video displays her clear, engaging, informal and assuring style. She effectively and adroitly interrupts ramblings and brings the couple back to the work that is facing them. The work appears direct, natural and easy, a sign of a well-skilled and knowledgeable therapist.

This clinician enjoyed viewing the tape several times to glean pointers with conflicted couples. It would certainly be an asset to any therapist interested in improving his/her repertoire with difficult couples. As I watched, I was hoping the work would continue over several sessions as the process grew. The couple appeared encouraged as they agreed on a home assignment and another session.

Questions from the audience could seldom be heard, but were usually clarified by Bader. Her answers described her thinking about this couple and why she proceeded as she did. After the session, she continued to clarify her approach using several examples of other couples with whom she has worked.

Overall, *Disrupting Couples Conflictual Communication* is a valuable tape for clinicians, not only for those interested in focusing on difficult couples, but for all therapists interested in clear communication between clients.

Reviewed by,
Shari Porter Jung
Dallas, Texas



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F O R E I G N B O O K R E V I E W S

French

Actes de 2 Forum Francophone d'Hypnose et de Therapies Breves*

Ed d' l' Arbousier. Mai 2001

Take 300 participants, 50 speakers, the wonderful location of Vaison-La Romaine in the south of France, add a pinch of enthusiasm, some curiosity, a desire to learn and share - all under the supervision of the master-chef, Dr. Patrick Bellet, Founding President of the French Speaking Confederation of Hypnosis and Brief Therapy and you end up with a wonderful recipe for the field of Ericksonian Hypnosis and Brief Therapy!

The two volumes of *The Forum Francophone d'Hypnose et de Therapies Breves* transcribe the discussions and presentations in this colloquia. Topics have a wide range from conceptualizations and reflections on hypnosis to direct applications for terminally ill patients, as well as ways of helping with phantom limb pain and preparation for pregnancy. Drs. Fischer and Costi, two

psychiatrists in private practice, describe their work with psychotic patients. With boldness yet with prudence they began working with hypnosis five years ago-now they enter daring new territory. Dr. Jean-Patrick Zicarelli discusses failures while using hypnosis, reminding us that hypnosis, despite its usefulness, is not a panacea.

There is a small but moving dedication to the memory of Dr. Jacques Quelet who died in 1999. Quelet was a military physician at Saint-Cyr and Polytechnique, the French equivalent of West Point. He was one of the few, along with Dr. Jean Godin, to participate in the renewal of hypnosis in France, training and teaching colleagues with humor and clarity as well as helping so many patients.

The Colloquia of Vaison-la Romaine is not yet a tradition, but it's well on its way to becoming one in the French-speaking world of hypnosis. The two volumes, *Forum Francophone d'Hypnose et de Therapies Breves*, demonstrate that convincingly.

Reviewed by:
Gerard Fitoussi, M.D.
Las Vegas, Nev.

Russian

New Lessons in Hypnosis

By Betty Alice Erickson, M.S.

Publishing House "Class"
2002

New Lessons in Hypnosis, written in Russian, is for both beginning students of hypnosis and experienced practitioners. Based on a seminar Erickson gave in Moscow in 1996, it begins with descriptions of fundamental concepts and principles of Ericksonian psychotherapy. It discusses the conscious and unconscious, and vital principles of interactions between people, especially the therapist and the patient.

The book is replete with examples from her personal cases and from experiences gained from her father, Milton H. Erickson, M.D. Illustrations are carefully chosen to inform and to provide a sense of who Erickson herself is, as well as who her father was. Many stories come from Milton Erickson's work with even more from her own clinical practice. These case examples and stories expand sights and perspectives of readers in ways not easy to predict.

Much has been published about Milton Erickson with stories of how he raised his children. *New Lessons in Hypnosis* gives readers the chance to see this from the perspective of the child, and at the same time it presents his daughter's professional insights into some of his work.

Ms. Erickson provides plenty of demonstrations of hypnosis showing how to elicit various phenomena. In any seminar Erickson teaches there also are elements of group psychotherapy. The transcripts of trances for resolution of various problems provide useful examples of how she works and gives ideas to readers. In summary, this book becomes a manual for her work.

Although Erickson draws clear distinctions between her work and her father's contributions, it is impossible to separate them completely. The preface acknowledges that, stating, "...that of all the Ericksonian psychotherapists, Betty Alice will always have one unique characteristic. She is the only one who can begin a story, 'Once upon a time, Daddy said ...'"

Reviewed by:
Eugene Don, Psych.
Dnepropetrovsk, Ukraine

B O O K R E V I E W

HEALING THE WHOLE PERSON

A Solution-Focused Approach to Using Empowering Language, Emotions, and Actions in Therapy

By Robert McNeilly
Wiley and Sons, 2000

A lovely dictionary definition of the word *approach* is, "to come closer or draw nearer." In numerous case presentations, in his book, *Healing the Whole Person*, McNeilly demonstrates how readily clients are able to come closer to a solution as he draws them nearer to their circumstances. For example, he empowers angry clients by first observing the subtle distinctions between resentment, indignation, frustration, and rage. Then, he combines an apt reframing with directed action.

In fine Ericksonian tradition, McNeilly first demonstrates how the therapist can know where to focus, and then, utilizing the client's energy and resources, how to shift the client's focus. The experienced clinician can take pride in recognizing his own strengths while finding ways to catalyze movement to the next

possible level. "Inexperienced" therapists will discover a variety of ways to minimize their frustrations and accelerate their learning curve. Due to the clarity of McNeilly's presentation, beginning therapists and graduate students can go a long way toward formalizing their own approach, both theoretically and practically.

The indexes and tables of content are very helpful. So is reading this book from cover to cover. However, I would also encourage the experienced, and "temporarily challenged," therapist to just open the book and see how the numerous tables and tasks might inspire you to assist your clients with more than words.

McNeilly's *Healing the Whole Person*, consistently offers ways to guide a client into physically experiencing and expressing the solution while in the session. It provides ways of encouraging the client to continue the healing expression in their lives.

This reviewer couldn't be more delighted to offer appreciation for such a thoughtful and tidy presentation of a complex theory. This is not simple stuff; it is simply offered.

Reviewed by:
Deborah Beckman, M.S., LPC,
Dallas, Texas

**HOW THE WORD
HEALS
Hypnosis in
Scriptures**

By John Lentz, D.Min.

Published by iUniverse, Inc.
Lincoln, NE 2002

When I got *How The Word Heals -Hypnosis in the Scriptures-* by John Lentz I was curious about its contents. It was not merely a book using hypnotic devices to analyze the Holy Scriptures; it was a lot more.

Reading this book as a text gives the reader the opportunity to find meanings in the Scriptures that can be used by both believers and non-believers. Special attention is given to the way language is used in the Bible and how indirect suggestions, reframing, symbols directives, and future orientation, among a wide variety of techniques can be found throughout the Bible. A good example can be found in Chapter five where the Beatitudes are reviewed. The first one "Blessed are the poor in spirit for theirs is the Kingdom of Heaven," is interpreted as a means to alter the reader's attitude about the world, and themselves in the world. *How the Word Heals*, provides ideas, opens doorways and helps therapists seed new ideas when their clients, as Rev. Lentz says, "Are blocked by their focus on themselves," thus promoting a more outward focus. When I was reflecting on this, I immediately realized how this same chapter could be used during treatment of depression as a means to help people regain perspective and hope.

Rev. Lentz shows a vast number of hypnotic devices that imply care to the reader and are interspersed in verses that create confusion in the book of Philippians. This book is a fitting further legacy of Dr. Erickson's influence since it could not have been written without using an Ericksonian perspective and understanding of Hypnosis. Furthermore, by using Hypnotic devices to analyze the Bible and showing how often caring and healthy messages are implied and embedded in the text, another realization about Erickson emerges: Many people recognize a spiritual dimension to Erickson's work. If spiritual is

defined as respectfully demonstrating care and compassion while enhancing healthy living and positive self-respect, then Dr. Erickson's work, like the Bible, is very spiritual.

Rev. Lentz's comments also are an excellent source of ideas that can help counselors during therapeutic processes. For example, the chapter dealing with the book of Ruth emphasizes how tragedies can influence someone's life and even become a source of inner strength and positive motivation, thus promoting stronger personal beliefs. The book also shows examples of language using rapport, congratulation and motivation, which are fundamental during the therapeutic processes. In my opinion, these ideas could be tailored to specific cases. I have found some to be especially useful when treating people who have suffered strong accidents.

The book also inspired me to use a passage from Genesis to promote positive imagery for a client. I realized that using imagery from Genesis could enhance the whole processes. The words "The Earth was a formless void" (this can be a metaphor for areas where tissues were either hurt or lost, where there is "nothing"). Imagery about how the world was created could be a means for enhancing cell growth during both treatment and natural healing processes.

"How the Word Heals-Hypnosis in the Scriptures," by John Lentz is both inspiring and resourceful. This is a book all therapists should have at the office, because it offers so many practical uses for language with all clients, no matter what their beliefs are. One does not need to read it step-by-step, or chapter-by-chapter. By starting it at any page, one will surely find an endless source of ideas both for therapy and one's personal life.

Reviewed by:
Maria Escalante Cortina, M.A.
Centro Ericksoniano de México

**The One Key To Milton's
Success That Nobody
Taught You How To Do
David Gordon Presents
"Tasking in Hypnosis"**

Nothing beats a real experience when it comes to change. Scan through your past and



David Gordon was one of the co-developers of NLP. He studied with Erickson and his presentations have been extremely well received at each of the Ericksonian conferences. His classic book *Therapeutic Metaphors* was based on his modeling of Erickson. He also co-authored *Phosnix* which studied Erickson's change strategies.

you will find that most of the times you have changed -*really changed*-were in response to actual experiences, something that you were a part of, rather than talking about. In the moment of an actual experience, the threads of a dozen ideas and a dozen emotions can be brought together in a way that is undeniable and affecting.

Tasking is a therapeutic approach in which you create for your client an actual experience that has within it the change in perspective s/he needs. Because it is an actual experience, a Tasking approach avoids the undermining defenses that clients naturally raise when they are talking about their situation. Tasking transforms the therapeutic interaction from a conversation about the problem into an actual experience that can change the problem.

If you are familiar with the art of the hypnotherapist, Milton H. Erickson, then you know that much of his work was done in just this way. Erickson's approach to therapy frequently consisted of creating Tasks for his clients to give them an experiential basis for reorienting their thinking and behavior. In fact, most of his hypnotic therapeutic work was also based on these same principles, but instead of assigning tasks in the real world, Erickson would have his client hallucinate the life experiences while in trance.

Do You Remember When Erickson:
Had a man name his wife's breasts?
Had a woman plant african violets for her community?
Had a suicidal woman squirt water through her teeth?
Had a couple urinate on their bed?

What Erickson recognized explicitly is what we all know intuitively: *Change comes through doing something different.*

You will explore the world of Tasking, how change works through experiences, and how to create such experiences for your clients. You will learn how to: Step into a client's experience as a way of identifying what s/he needs in terms of a change, Recognize the structure that is holding a problem in place, Find leverage points for change, Generate real life experiences -Tasks- that give your clients a direct experience of the change in perception, thought and behavior they want and need.

Studying with David Gordon, one of the original developers of NLP, is always a magical journey. David has always been one of the most highly sought after trainers in the NLP and Ericksonian world.

Registration is extremely limited. Call Today To Secure Your Place! Tuition is \$677.77. Pay by December 15 and receive a free copy of Changing Belief Systems - a rare and unpublished audio training by David Gordon.

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BOOK REVIEW

International Handbook of Clinical Hypnosis

Graham D. Burrows, Robb O. Stanley & Peter B. Bloom, (editors)

Wiley & Sons, United Kingdom, 2001

Hypnosis is used today by more and more practitioners, in more and more institutions and with treatment for more and more illnesses and diseases. Facts and data about hypnosis are increasing. We are learning about its uses, its results and about the consequences of using it. It is not easy for most to keep in touch with all the advances. In fact, it is easy to get lost in some of the contradictory information.

The newly published resource, the *International Handbook of Clinical Hypnosis* provides much needed information. It offers a wide range of topics and chapters authored by senior researchers and clinicians, including perspectives on the relatively new field of hypnosis and psychoneuroimmunology. New information can expand and sometimes change traditional views of hypnosis; how it works; and how it can be utilized. In Chapter Five, Helen J. Crawford invalidates the usual but incorrect assertion that hypnosis is a right hemisphere task. She states on page 61, "There is a growing evidence that hypnotic phenomena selectivity involve cortical and sub-cortical process of either hemisphere dependant upon the nature of the task..."

Further discussions refer to work published by Laidlaw in 1996 and 1997, in which subjects were given hypnotic suggestions about physical reactions to allergens. The mechanisms of physiological changes brought about by the hypnosis were outlined. Some of the changes included a lessening of anxiety as well as a lowering of blood pressure. In maxilla-facial surgery patients, for example, it is believed that hypnosis assisted in a reduction of surgical blood loss.

Dabney Ewing, a physician at Tulane University definitively states, in Chapter 19, his beliefs and clinical observations about the use of hypnosis in the treatment of burn patients. He emphasizes that hypnosis is the psychiatric modality of choice for burn patients and predicts, "it will not be long before a burn center is considered inadequately staffed without someone competent in the use of hypnosis." What a long way hypnosis has come since Mesmer and the

Franklin Royal Commission!

Further, Ewing points out, hypnosis can be used at every stage to help a patient overcome the excruciating pain and the anxiety that comes with severe burns. Hypnosis also has positive results in the constant fights against infection, guilt, anger, regression, difficult changes in body image, and the arduous tasks of rehabilitation that thermal or chemical injuries produce. Empirical studies have also shown that hypnosis decreases the amount of inflammation if it used in the first hours after the burn.

Some chapters, such as the one on the use of hypnosis for burns, are unequivocal in support. However, there are some questions about various areas where there is still no definitive answer, despite definitive investigation. The debate about the efficacy of hypnosis in the treatment of depression is still open. Burrows and Boughton, conclude that "there is still no empirical data to prove the use of hypnosis in depression" (p.136) and "it is time for an open assessment of hypnosis in depressions." (p.139)

The last chapter is devoted to the negative consequences of hypnosis when inappropriately or ineptly applied. Hypnosis is an empowering method for patients but can have good and bad consequences, depending on its usage. The negative consequences could be mild and transitory or severe, like psychotic decompensation, depression, panic reactions and suicidal acting out. This reminds us that the practice of hypnosis requires training, supervision, and practice. The golden rule is to not treat any illness with hypnosis that one would not be competent to treat without hypnosis.

A handbook is, according to Webster's Dictionary, a book capable of being conveniently carried as a ready reference. This handbook is not completely aligned with that definition because numerous subjects are not covered, including hypnosis in skin diseases, sports medicine and geriatric populations. It is, nevertheless, a very useful reference where the most advanced concepts and research on hypnosis are reported. It offers a profusion of footnotes, allowing the reader to further pursue his own research.

A book for beginners, or for the experienced practitioner, the *International Handbook of Clinical Hypnosis* opens new paths and pushes the frontiers of what is thought possible with hypnosis. The book can add to the knowledge and boldness of hypnosis practitioners providing a more secure ground with data backing up office practices.

Reviewed by:

Gerard Fitoussi, M.D.
Las Vegas, Nev.

BOOK REVIEW

Brief Therapy With Individuals and Couples

Jon Carlson and Len Sperry (Eds.)

Zeig Tucker and Theisen, Inc.,
Phoenix, AZ 2000

Brief Therapy with Individuals and Couples is a collection of well-written essays that provides a basic overview of 17 approaches to time-limited psychotherapy. Several strategies from within the cognitive, behavioral, psychodynamic and constructivist traditions are outlined, as well as newer ones such as EMDR and the biopsychosocial approach. Each theory is presented concisely and includes references that direct the curious reader to classic texts for more detailed information.

The editors, Jon Carlson and Len Sperry state in their introduction they wanted to, "...gather writings from the divergent field of brief therapy into a single sourcebook that would include therapy with both individuals and couples." They certainly achieved their goal. The book is well edited, and thought provoking.

The articles themselves are kept brief (averaging 30 pages) and follow standard format: the origins of the theory, clinical indications for use, primary strate-

gies, and case examples. It is well constructed, unifying the essays in a way that highlights their individual differences thereby making them more distinct and accessible. It provides also a welcome flow to the book so often missing in other collections of essays.

Arnold Lazarus, Francine Shapiro, Bruce Ecker, Len Sperry and Michael Hoyt are among the contributing writers. Included also are essays on object relations, Adlerian, reality, imago, solution focused and Rational-Emotive family therapies, as well as the Satir System and Psychoeducational strategies.

While Erickson is mentioned throughout, there is no specific essay dealing with hypnotherapeutic approaches to brief therapy. Curiously, no articles from the Mental Research Institute in Palo Alto Calif. are included, despite their pioneering work in the field. The book is a solid college text or primer for anyone curious about how other traditions solve the problem of doing therapy briefly.

Reviewed by:

Tom Kennedy, LPC
Denver, Colo.

"Nicole: An Erickson Case Followed for 22 Years"

John Frykman, Ph.D.

2 cassette tapes: IC-01 W47 AB 8th.
International Congress on Ericksonian
Approaches--2001

Nicole was the last patient Milton Erickson treated. The four-hour 1979 session was videotaped and then edited to just one hour. Frykman, a colleague enrolled in one of Erickson's seminars, then continued seeing Nicole sporadically during the next 22 years.

The audiotaped presentation made by Frykman includes some of Erickson's words to Nicole as well as a discussion by Frykman about what both he and Nicole learned from the four hours spent with Erickson.

Nicole was a 19-year old who had become paralyzed after an automobile accident. Erickson speaks to her with his usual charm and determination. He insists that Nicole sit facing him, with her back to her mother. Then he tells her "You have an under-exercised dimple." Nicole's immediate reaction was a smile but the unusual phrasing was clearly multi-level communication.

A lengthy examination had convinced Erickson that most of Nicole's pain was reminiscent pain. He believed she had shut down psychologically because of guilt related to the accident. Talking to her, he tells of his own paralysis and about the paralysis of one of his patients. Both of the stories have a theme of slow recovery.

He continues, telling her that one of his own children "knew that people walked." That child, in her determination, screamed with frustration before she learned to walk. "How do you think you scream?" asked Dr. Erickson, capturing and fixing Nicole's attention with this unusual question.

"First you take a deep breath...." What wonderful, playful intervention! Nicole then knew frustration is natural and had a way to express it. Expression of emotions can lead to less guilt. It would be difficult for Nicole to remain "shut down psycho-

logically" when she recognized screaming was an option and an option suggested by a physician who had also felt the frustration of paralysis.

On follow-up visits with Nicole, Frykman was struck by the continuing usefulness of Erickson's words to him. "Study human anatomy for visual clues. Be a good observer. Look for the meaning." Frykman also observed the enduring effect of Erickson's work with Nicole. She began using her hands and expressing her emotions more freely. She even began wearing purple.

Later, Nicole said that even though much of the session was "very vague" to her, "It was very wise to turn my back on my mother. I was feeling that way anyway," she said.

Frykman continued to work with Nicole. Her stormy marriages and her spiritual development during the years are also discussed in this tape.

At this point in time, 22 years after her session with Erickson, Nicole still has pain in her legs, but she can walk with the aid of a walker. "I was always looking for a cure," says Nicole. Erickson's metaphor and suggestion to Nicole was "An Indian hunts by waiting on a rock in the forest" letting her know that she didn't know the possibilities of the future and that patience and frustration are both integral to eventual success.

It would have been wonderful to see Erickson's work on the videotape. It was less so to hear about it on the audio. Nevertheless, Frykman's comments and his own excellent work, along with Nicole's conversations with him, provide a unique view of building on Erickson's work over a prolonged period of time.

This set of cassette tapes, *Nicole, An Erickson Case* has historical interest for Ericksonian therapists. It is a wonderful example of how, in one four-hour session, Erickson's voice is heard on such a deep level that changes continue for decades after.

Reviewed by:

Eric Greenleaf, Ph.D.
The Alameda, Calif.

INTERVIEW

continued from page 1

books and more than 400 journal articles.

Dan Short (DS): What do you consider your greatest area of accomplishment?

Nicholas Cummings (NC): I am primarily a psychotherapist. This has always been my first priority. I started private practice in 1948. For more than 50 years no matter what else I was doing, whether I was running the mental health system at Kaiser or founding a new company, I would still see 40-50 patients a week. I would see all of my patients on Mondays and Tuesdays starting at 3:00 AM and working until midnight. My sessions were 45 minutes so that I could see four patients in each three-hour block. While working with all of my professional projects I never stopped my practice. Throughout my career I have remained a psychotherapist in the trenches.

DS: How did you decide to become a therapist?

NC: I was a paratrooper in World War II. Forty percent of the fatalities for paratroops was psychological. There was a superstition among the troops that the average life expectancy of a paratrooper was four jumps. If he was an officer it was only two jumps. This belief helped alleviate anxiety and allowed the soldier to jump into combat for their first, second, and third battle. But when it came time for the forth jump the soldier would freeze at the door. This is what we called "jump door fever." The jump sergeant would then have to put his boot in their back and force them out the jump door. Invariably under these circumstances the trooper would go into a panic state and when he hit the ground he would forget all of his training and be dead within minutes.

Dr. William Menninger (Carl Menninger's brother), the Chief Psychiatrist for the military during WW II, conceived the idea that if the soldier could be talked out of the door he would not go into a panic state. So he brought several of us paratroop combat officers in for special training at a school in Long Island. My teacher was Freda Fromm Reichmann. She taught us how to talk the paratrooper out the door in

five seconds. The five-second interval was critical because jumping sooner than that would cause the paratroopers to run into each other. If the jump was delayed the paratroopers would be spread too thin when they landed. After I took that course from Freda Fromm Reichmann, I never lost another soldier to "jump door fever."

She was a remarkable woman. I was having coffee with her one evening and said, "If I survive this bloody war then I am going to become a psychiatrist so that I can find out why, when frightened of death, people do things that hasten their death." She said, "If that is the type of question you are going to ask, don't become a psychiatrist, become a psychologist because that is where you will get training in research." I had finished premed and was destined to go to medical school when I was drafted. After returning from the war I completed a second B.A. in psychology, so that I would be accepted into the psychology program at Berkley. It was Freda Fromm Reichmann that gave me the idea of becoming a psychologist and it was she who taught me how to do brief therapy in only five seconds.

DS: You are a person who has spent an enormous amount of energy looking for ways to help other people.

NC: I had an important epiphany near the end of WW II. I had been wounded in battle. I almost died from machine gun wounds in my abdomen and left knee. While still in recovery at the field hospital I found out that my company was assigned to liberate the concentration camp at Buchenwald. With armies moving in from the East and West, Hitler had given the order that every Jew should be dead before the allies arrived. The infantry was not going to be able to make it in time so once again they called in the Eighty-second Airborne troops to parachute in. My company was assigned Buchenwald. I remembered saying to myself, "My God, I did not go through all this to miss out on the one thing I fought the war for." I got up and started walking out of the hospital with a cane. The medical officer tried to stop me. He said he was going to court-martial me. I

See INTERVIEW on page 22

replied, "Well that is the only way you will stop me." So I was probably the only paratrooper in the history of the war to parachute carrying a cane.

What we found at Buchenwald was horrific. The stench of decaying human flesh was everywhere. The Germans were killing Jews so fast they did not have time to bury them. They were just pushing them aside with bulldozers. The slaughter was so grotesque. That experience changed my life. Before that time I would have never believed that humans could be so inhuman toward one another if I had not seen it with my own eyes. We captured the guards and liberated the inmates. Those that were still alive were emaciated and near death.

So after the war I did a lot of work with holocaust survivors in San Francisco. They loved working with me because I had been there.

DS: Brief therapy would not have been an accepted approach at this time.

NC: After returning from the war and getting into graduate school I was made to feel terrible about the use of five second therapy with the soldiers. I was told that I had probably damaged them for life, never mind the fact that the intervention saved their life. So as penitence I went into training in New York to become a psychoanalyst.

Erik Erikson was my training analyst. I saw him four days a week. In the tenth month he said, "We are going to go two more months and then we will finish." I said, "What do you mean? I am supposed to be in analysis for years of training." He said, "No. If we continue your psychoanalysis beyond two more months you will become a brilliant insufferable psychoanalyst. But if we stop now you will spend the rest of your life innovating." I was furious. This was the one and only time that I jumped off the couch and faced him. I said if he discontinued the training I would go out and get another analyst. He said, "If you want to do that it is your privilege but then the blood will not be on my hands." We spent the last two months arguing about this. He won.

I returned to San Francisco,

bought a leather couch and began my practice as a psychoanalyst. After about two years I realized that if this continued I would be seeing these clients four or five times a week for seven to ten years and at the end of my life have only reached 80 or less individuals. This seemed so terribly inefficient. I thought back to the days when I was saving paratroopers lives by talking them out the jump door in five seconds. Then I saw the advertisement for the job of Chief Psychologist at Kaiser Permanente. I was chosen for the job of bringing good mental health to enrollees.

In 1957 I wrote the first comprehensive, prepaid, reimbursable psychotherapy benefit in the United States. Before I wrote this no health insurance company would reimburse for psychotherapy. Before 1957, psychotherapy was considered unworthy of reimbursement. Their practice was thought to be too ethereal. Actuarialists would say, "How long is psychotherapy? It is as long as a piece of string."

From 1957 to 1960 I was able to develop a prepaid psychotherapy benefit that covered approximately two million people. Up until that time a person had to be wealthy in order to receive psychotherapy. There was no insurance. We soon found out that when blue collar workers came in for psychotherapy they did not know how to lay on the couch and free associate. No matter how much you tried to teach them they would not do it. After multiple failures we decided to start listening to our clients and that is when we developed the model of intermittent psychotherapy throughout the life cycle.

DS: Please explain this approach to psychotherapy.

NC: I invented the model known as focused intermittent psychotherapy throughout the life-cycle. The thinking prior to this was that the patient would continue to come for psychotherapy until a permanent cure was obtained. Of course, nobody could ever let go of the therapy because how could you ever say that you will never again need help. I saw psychotherapy differently, more similar to how a physician practices. You come in to your family doctor with the flu and he treats that problem. He does not keep you on weekly visits

until there is evidence that you will never again need medical attention. This new model stated that throughout the life-cycle there will be times when a person might need psychotherapeutic help. Some people need help when leaving home for the first time or getting married or losing a job or getting a divorce or retiring or growing old. Rather than starting over with a new therapist each time I envisioned a single therapist following an individual throughout the life-cycle. This model was first described in the early 1960,s in a paper titled "The General Practice of Psychology," and has since worked very well.

To support my claims I developed a research program that would track the outcomes of a focused psychotherapy benefit offered to 30,000 subscribers over a period of three years. We found that over 60 percent of physician visits were based on psychosomatic complaints. What convinced the insurance company of the value of this benefit was the money that was saved in medical expenses. Kaiser went from making psychotherapy an exclusion to making it mandatory. In 1963 Kaiser Permanente became the first health insurer to include psychotherapy as a regular benefit. The other insurers then followed their lead.

DS: You have also been involved with the graduate training of future psychologists.

NC: In the 1960's I became disgusted with the fact that the majority of graduate students were being trained by professors who had never worked with psychotherapy patients. I decided to do something about it. In 1969 I became the founding President of the California School of Professional Psychology (CSPP). It was the first doctoral-level clinical training program to emphasize experiential learning, personal therapy as a requirement for trainees and a faculty of practicing clinicians. I was the founding president of all four campuses and continued to serve as president for seven years. The educational model that we incorporated changed graduate training in psychotherapy forever.

DS: I have heard that the current status of managed care is now in decline.

NC: Managed care is a transitory thing. It is merely the first chapter in the industrialization of mental health care. Things will never again be the

way they were. Managed care will continue to evolve.

Because of recent court decisions and what I call the "doctor knows best laws" managed care can no longer dictate to practitioners. The result is that costs are beginning to rise and as a result the health care companies are going to return more and more of the cost to the patient through co-payments and first installments. In an effort to control what they consider needless or wasteful long-term therapy the industry will turn to EBTs, evidence-based therapies. The position of all major insurers will be that if it is not evidence-based, we do not have to pay for it. No one will be able to go to court and argue with this.

DS: What do you see as the future of the field?

NC: Within the next five years we are going to begin to see the integration of behavioral care into primary care. This is the next step in the evolution of health care. In this new era psychologists will work side by side with physicians providing primary health care. The United States Air Force has already adopted this model and implemented it into more than half of their installations. Kaiser Permanente is in the process of implementing the model throughout California.

DS: Please give an example of how this works.

NC: In Northern California Kaiser has 2.5 million enrollees. For each population of 20,000 they have assigned a team of primary physicians, psychologists, nurse practitioners, and other appropriate personnel. This is ingenious because you have the power of a large company broken into smaller groups to foster the type of familiarity where everyone is known by name. Psychologists are on location in the primary care setting. Whenever a physician has a patient who might be suffering from depression or emotional problems or something of that sort, the physician will say, "I think this is something that Dr. Short might be able to help us out with. Let's go down the hall and have a talk with him." The physician will then accompany the patient to the psychologist and all three will discuss the issue. The physician remains in the room for the first several minutes so that the patient does not feel abandoned. The patient perceives this as a seamless part of health care. They do not feel that they have been sent away because the problem is "all in their

coffin of psychiatry.

DS: You have made some very significant contributions to the field. Why have we not seen your work described in graduate textbooks?

NC: Because I do not believe in psycho-religion. Most people who practice psychotherapy belong to a school of thought that is practiced with religious dedication. During graduate training a person becomes an analyst or a neo-Freudian or an Adlerian and then practices that approach in a slavish manner. I felt that my model would fit anybody's orientation and therefore did not identify myself with any single school of thought. Consequently, if you do not belong to any church, then no church quotes you.

DS: I wonder if this is why Erickson is not better known for his pioneering work.

NC: Absolutely. Erickson did not want to become a cult leader. He especially stressed this during the later years of his life. Had it not been for the work of professionals like Jay Haley, Ernest Rossi and Jeff Zeig we may never have heard his name.

DS: You came to Phoenix to meet Erickson during the late 1960's. Has his work influenced you in any particular way?

NC: Yes. I steal shamelessly from everybody. I find Erickson's work amazingly stimulating. We, of course, incorporated a lot of his thinking in our work at the Mental Research Institute at Palo Alto (MRI).

DS: Tell me more about your role at MRI.

NC: I succeeded Don Jackson as the director of MRI from 1978 to 1981. I worked with Paul Watzlawick, Dick Fisch, Virginia Satir, John Weakland, Jay Haley, and Gregory Bateson. Providing leadership to a group with such a degree of extraordinary talent was difficult. Each person had his or her own ideas. As director I helped them establish their first European conference. It was held in Nice, France, in 1980 and every year thereafter, until they only held conferences in the US.

DS: What type of clinical problem do you consider your specialty?

NC: I enjoy working with the impossible patient, the type of person who everyone else has given up on. I was known for many years in San Francisco as the therapist of last resort. I got everybody's failure.

head." The psychologist is right there on the primary care floor.

Research so far has shown that in the traditional health care setting physicians will identify 40% of the people who need psychological services. Of that small number only 10% will actually follow through on a referral. So in most health care systems only 4% of those who need this type of care actually receive it. But when you have the psychologist on location you get an identification rate at 90% of which 85% go into therapy.

When the health care industry sees how beautifully this works and how much money is saved in medical costs, they will convert to this system of integrated care. Now imagine going from seeing only 4% of the people who need therapy to 85% of the people who need therapy. In the integrated health care model, psychologists will also be involved in what we call "population management sessions" in which they run groups for people who have diabetes or asthma or hypertension. With the use of these groups the compliance with medical treatment shoots way up which also cuts down on medical costs. For instance a person with diabetes who has not complied with the proper diet will start to do so after joining one of these groups. Also, there is a large psychological component to all forms of chronic physical illness. Anxiety and depression almost always accompany these conditions.

This is the future of psychology. René Descartes will finally be put in his grave and we will no longer have a separate mind and a separate body. Psychology will become an indistinguishable part of health care.

DS: How do you see prescription privileges fitting into this future?

NC: Working within the integrated model it becomes even more important for psychologists to have an understanding of psychopharmacology. Primary care physicians are far more likely to seek the advice of psychologists trained in psychopharmacology than from psychiatrists, because of psychologists training and understanding of drug research. Once psychologists get prescription privileges across the country we will probably have seen the last nail on the

Somehow I was able to reach these people. I enjoyed the challenge and they knew I enjoyed working with them. I used a lot of paradox. For instance, I might say, "You think you are so terrible. Alright, you have six weeks to defeat me, try to make me a failure."

DS: What makes paradox effective?

NC: I used paradox with patients who had to somehow defeat the world. I would challenge them to crush me. This type of patient would come into the office and act unbelievably rude and aggressive. In response I would say, "If that is the most challenging you can be let's quit. I have got far more important things to do than to work with you." Most therapists think that you have to smother the really difficult patients with kindness. But I was no fuzz ball. I was really tough on them.

DS: And why does this work?

NC: With these individuals what I often discovered was that deep-down inside there was a small frightened child. They were terrified of growing up. They did not think that anyone else would be there for them when in need. Having defeated their parents and conned their teachers they would come to see a therapist and think maybe this is the person who will be there for me. To test this idea they start to do things to defeat the therapist. They try to frighten, intimidate or con the therapist. Most of all they try to make him angry. Most therapists try to cover up their anger by becoming nicer and nicer. For these patients that is a green light to clobber you, "You Goddamn phony! I'm going to kill you." This defeat would result in tremendous hostility toward the therapist for having failed them. However, when working with someone who does not give up the fight, even after 10 or more rounds, these people can become the most devoted and grateful patients.

DS: Speaking of not giving up, when did you serve as president of the APA?

NC: I was president of the APA from 1979 to 1980. Prior to my election I was told that I would never get anywhere in the APA because I was too controversial. But I was the first APA president in history to win an election during the first of four

rounds of voting. I got more than 50% of the votes on the first run.

DS: Why were you considered controversial?

NC: The academicians rejected me because I was not a behaviorist. The psychoanalysts were resentful because I had left the fold. The American Psychological Association treated me as an adversary because of my efforts to professionalize psychology. As strange as it now seems, when Rogers Wright and I first went after licensure and reimbursement for psychologists, the APA fought it. This is all described in our book, *The Practice of Psychology: The Battle for Professionalism* (Zeig, Tucker & Theisen, 2001).

DS: I would like to know more about the Nicholas & Dorothy Cummings Foundation.

NC: When we formed American Bidyne it was our intent to show psychologists how to build a psychologically driven system and then give it away. Our plan was to cap it at 500,000 enrollees and use it as a showcase. I wanted psychologists to come from all over the country and learn how to create this type of system. Everyone laughed and said, "How is he going to get that many enrollees. He has added grandiosity to his paranoia." But I had 500,000 enrollees in a matter of weeks. But the only people who came around to learn how to do it were business men. After two years I decided to take my foot off the brake and we shot up to 14.5 million enrollees. We were psychologically driven. We had no session limit. We used the psychotherapy throughout the life-cycle model. After seven years I never had a single malpractice suit or a complaint that had to be adjudicated. When you are truly patient-oriented you do not get sued.

After selling American Bidyne, Dorothy and I wanted the money to be used to help advance psychotherapy. So we formed the *Nicholas & Dorothy Cummings Foundation*, which has done a number of things. We provide scholarships. We endowed a chair at the University of Nevada in Reno. We sponsor a number of conferences and research projects. We give the Cummings Psyche Award that carries a \$50,000 award. It is the largest of its kind. You can read all about this at our website

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*: Dr. Christine Kessler Chenoweth, V. Alton Dohner, M.D., and Elizabeth R. Prete, LCSW. 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: David Doron, Ph.D., Betty A. Elliot, Elizabeth M. Erickson, B.A., Kristina K. Erickson, M.D., Robert B. & Kathy M. Erickson, Roxanna Erickson Klein, RN, Ph.D., Martha T. Freedman, Psy.D., Elijah David Herschler, Salvatore Iannotti, M.D., Nolan E. Penn, Ph.D., Madeleine Richeport, Ph.D. & Jay Haley, M.A., and George L. Vinnedge. Thank you for your generous donations.

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.

INTERVIEW

continued from page 23

www.thecummingsfoundation.com. The Foundation is our way of giving back to the profession.

DS: You have done a lot of heroic things. What do you consider your greatest accomplishment?

NC: I have been married to my wife Dorothy for 54 years. I am tremendously grateful for that accomplishment. My daughter Janet is a psychologist. My son is a lawyer and I like to think of him as one of the five honest lawyers in the United States.

DS: How do you want to be remembered?

NC: For never seeing less than 40

or 50 patients per week. I want to be remembered as someone who was in the trenches. If there is anything that has helped me innovate, helped me anticipate what the profession needed or where the profession was going, it was doing an awful lot of hands-on therapy, knowing what people in psychological distress feel and what they need. Psychologists who move up the administrative chain without continuing to work with clients, end up becoming more concerned about the cost of floor wax than what is needed by people in psychotherapy.

DS: Thank you very much. The opportunity to interview you has been inspiring.

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