



The Milton H. Erickson Foundation NEWSLETTER

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WINTER 2007

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I N T E R V I E W

Interview with Reid Wilson

By Michael Yapko

R. REID WILSON, Ph.D. is director of the Anxiety Disorders Treatment Center in Chapel Hill and Durham, North Carolina and Clinical Associate Professor of Psychiatry at the University of North Carolina School of Medicine. For over a decade, Dr. Wilson served on the Board of Directors of the Anxiety Disorders Association of America. He is the author of Don't Panic: Taking Control of Anxiety Attacks, co-author of Stop Obsessing! How to Overcome Your Obsessions and Compulsions and co-author of Achieving Comfortable Flight.

Michael Yapko: You have described yourself as being a "strategic cognitive therapist." Can you describe what you mean by that term?

Reid Wilson: I am certainly a



cognitive therapist, but at the same time as a strategic therapist I'm looking for patterns and how to disrupt them. With anxiety disorders that needs to be the focus: looking for rigid patterns that have consistently undermined their ability to lead a healthy life. The divergence around cognitive therapy has to do with cognitive restructuring. I am a minimalist; I want to see how few moves I can

make to help promote change in the client, and also how few changes the client needs to make before he begins to gain some control over his symptoms. Strategic therapy is beautiful for that. It looks for those patterns and helps us disrupt them.

MY: You have said in workshops that all dysfunctional strategies are built around avoidance and resistance. Can you explain what you mean?

RW: Most people with anxiety disorders either have been traumatized in the past or have fantasies of the possibility of being traumatized in the future. They have a bias towards danger; they are on guard for things going wrong. At the same time, they under-appraise their own skills at solving problems and coping with them. These people are actually good problem solvers; they just don't believe they are. So if they don't believe they have the skills necessary to manage the challenge and if the challenge is something they perceive is dangerous, then the first thing they are going to do is worry in an attempt to solve the problem. When that does-

See INTERVIEW on page 20

Love & Intimacy: The Couples Conference

San Jose, California — April 25-27, 2008

www.CouplesConference.com

The Couples Conference will be held April 25-27, 2008, at the Marriott San Jose in San Jose, California. A special 6-hour *Law & Ethics* Pre-Conference Workshop will be held on Thursday, April 24, 2008. The theme for the Conference is *Attachment, Differentiation and Neuroscience in Couples Therapy*. The Conference is sponsored by The Milton H. Erickson Foundation, Inc., with organizational assistance by The Couples Institute, Menlo Park, California.

Learn Relationship/Marriage Skills for the 21st Century, Creative Confrontation, Deception and Repair, Enhancing and Empowering Relationships, Developmental-Psychobiological Approach, Prevention of Spousal and Partner Abuse, Imago Relationship Therapy, False-Self Couples,

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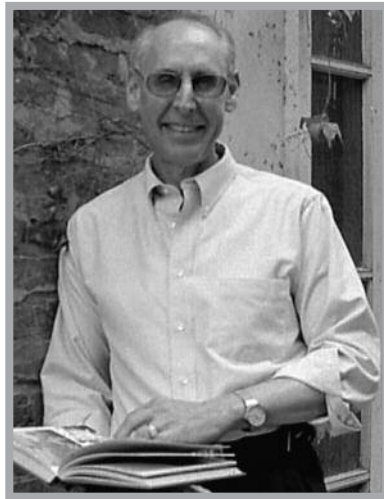
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EDITOR'S COMMENTS

The theme for the *Tenth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy is Awaken the Power Within*. This theme is central to the Ericksonian assumption. In this view, the job of psychotherapy is to help the people connect with their inner resources in the service of solving their own problems in order to reinforce their personal resiliency. No mental health professional has ever cured another person. From the Ericksonian perspective, the professional's job is to make the person's internal and external environment conducive of the person's own healing. The person is his or her own healer. We just facilitate and support that endeavor.

This issue is filled with facilitators who are presenting at this year's Congress. Our front-page interview is with R. Reid Wilson, someone I always have enjoyed for his humor and keen intellect. Michael Yapko's outstanding interview of Wilson brings out both aspects of Wilson. After 40 plus years of seeing clients, I usually expect to find one or two nuggets of information in any workshop I attend. Wilson's workshops are so information-dense and with so little fluff, I find myself both exhausted and exhilarated at the end. Be sure to attend both Yapko's and Wilson's presentations at the Congress. Both presenters are exceptional and compliment each other in philosophy. The focus of both of their main presentations will be on the creation of positive attitude in the service of success in therapy: Wilson's *Surprise! Uncertainty Minus Worry Equals Happiness* and Yapko's *Hope and Deeds: the Offspring of Expectancy*. Both are great presentations.

Marilia Baker again does an excellent job of introducing the Institutes. Her understanding of both local and international issues has made her unique in this role. You will be able to experience Baker's multi-dimensional and expansive perspective at her multicultural, gender-focused, interactive and topical workshops in the Congress. (She certainly does bring a lot to the table. Impressive!) In this issue Baker introduces the *Ericksonian Integrative Medical Institute of Orange County (EIMI)*. This is the only Institute that



is also a medical clinic that uses the Ericksonian perspectives as the core of its interventions. The members of EIMI were asked to contribute this issue. The Case History is presented by Gary Ruelas, the medical director. Here he introduces a unique perspective on the under-used diagnosis of Depression Secondary to a Medical Condition. In my capacity as clinical director of EIMI, I present the *Facets and Reflections* column. Dr. Ruelas and I will be presenting some interesting EIMI perspectives at our presentations at the Congress (*Pathways to Normalizing and Optimize the Brain: The Evolving Paradigm*) as well as some inductions and interactive presentations. Please join us.

Another presenter at the Congress, John Lentz, continues part two of his perspectives of Nicolas Cummings in his *In the Spirit of Therapy* column. In viewing Cummings, Lentz expands on the meaning and application of personal spirituality that motivates and drives purpose and accomplishment. Deborah Beckman later presents a DVD review of Cummings keynote presentation from the Brief Therapy Conference recorded December 9, 2006. Here, the outcome of Cummings spirit and determination challenges the very future of psychotherapy reminding us that our art is also a business. At the Congress, Beckman reminds us that the business is also an art in her *Beginning from Within: Igniting the Imagination of the Healer*.

We have an excellent assortment of book and DVD reviews this issue under the master editorship of Annellen and Alexander Simpkins.

They are an amazing couple whose personal journey has lead them to explore all that it means to be human. I highly recommend any of their thoughtful and expanding presentations at the Congress as a real treat. (I especially enjoy their approach in the workshop *Meditation for Therapists*.) You can get a flavor of their breadth and excellence in their book review in this issue of Daniel J. Siegel's *Mindful Brain*. The Simpkins expertly present the essence of each section of the book that tantalizes our curiosity to want more. It is an exceptional read, and is presented in an easy-to-read review.

A perennial favorite at the Congresses is Stephen Gilligan. Will Handy presents a telling DVD review of Gilligan's hypnosis demonstration from The Brief Therapy Conference: Recorded December 8, 2006. It is a masterful example of Gilligan's elegance and ability to connect as he does his art. This can be sampled in his workshop, *The Problem Is the Solution: Symptoms as Identity Transformers* and his other presentations at the Congress.

Maria C. Escalante reviews

Dorothy S. Becvar's *Families That Flourish*. Escalante's concise style is reflected in her Congress presentation *Ericksonian Approaches for the Treatment of Enuresis in Children*. Clean and precise!

John Lentz again shows his versatility in his book review of *The Beck Diet Solution: Train your brain to think like a thin person* by Judith S. Beck, Ph.D. This versatility is further demonstrated in his Congress presentation, *Brief Ericksonian Solutions to Miscommunications*. I do recommend that you not miss it.

Christine Guilloux provides her engaging review of George Gaffner's book, *More Hypnotic Inductions*. Guilloux's presentations at the Congresses always offer a timeless perspective. This is especially the case this year with her course *Extraordinary Heroes; Ordinary Heroes*.

Finally, Rubin Battino reviews *Existential Psychotherapy*, a clinical demonstration by Ronald D. Laing, from the Evolution of Psychotherapy Conference recorded December 13, 1985. It takes an exceptional person

See EDITOR on page 4



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is Online! www.erickson-foundation.org

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Special for Newsletter Readers! December 15 Deadline Extended to January 15, 2008!

*You must use this registration form to extend the December 15 deadline.

Love & Intimacy The Couples Conference

Marriott San Jose • San Jose, CA

April 25-27, 2008 (Friday-Sunday)
22.0 CE Hours available

Law & Ethics Pre-Conference Workshop

Thursday, April 24, 2008
Presented by Steven Frankel, PhD, JD
4-6 CE hours available

Keynotes:

Helen Fisher
Susan Johnson
Otto Kernberg
Bessel van der Kolk
Daniel Siegel

Faculty:

Ellyn Bader
Louis Cozolino
Helen Fisher
Susan Johnson
Otto Kernberg
Bessel van der Kolk
Peter Pearson
Esther Perel
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Registration Rates:

\$349 US Professionals /
\$459 with Law & Ethics
\$249 Foreign Professionals /
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Seniors (age 65 and above)
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Above fees valid until
January 15, 2007!

The Couples Conference REGISTRATION FORM

1

Name (As you want it on name badge—please print) _____
Street Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Daytime Phone _____ Fax _____
E-mail Address _____ University attended _____
University Major _____ Highest degree only _____
Professional License # _____ Physically Challenged ¹Yes No
Mail code (the code above your mailing address on brochure) CC08 - _ _

2

I verify that I meet the minimum eligibility requirements to attend The Couples Conference and that I am a (please check one of the boxes below):

- US Professional Foreign Professional/Foreign Student
 Senior Citizen providing proof of age (65 years and older)
 Graduate Student/Intern providing a certifying letter from school department indicating proof of student/intern status as of April, 2008.

3

I am registering for the following:

- Full Conference Registration (Friday-Sunday, April 25-27, 2008)
 Full Conference Registration WITH Law & Ethics Workshop (Thursday-Sunday, April 24-27, 2008)
(please indicate your choice of Law & Ethics Workshop): Workshop I (4 hrs) or Workshops I & II (6 hrs)

Individual Day Tickets (for those NOT attending the full 4-day Conference):

- Law & Ethics Workshop I (4 hrs) - Thursday, April 24
 Law & Ethics Workshops I & II (6 hrs) - Thursday, April 24
 Friday - April 25 Saturday - April 26 Sunday - April 27

4

I am enclosing the following amount \$ _____ (rate schedule is on the opposite page)

- Personal/Company² Check # _____ Make checks payable to American Continuing Education, Inc or ACEI
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Email: miltonerickson@cmehelp.com

REGISTER ONLINE! at www.couplesconference.com

¹ San Jose Marriott is ADA compliant. Please inform the hotel about any special needs. Any special concerns must be brought to the attention of the Milton H Erickson Foundation prior to February 15, 2008, by emailing office@erickson-foundation.org or telephoning 602-956-6196.

² *All non-sufficient funds checks will be charged a \$20.00 service fee payable by issuer.

³ The charge on your credit card statement for the Conference will be listed as "CE Education Class."

Cancellation Policy

Requests for refunds MUST BE IN WRITING and are subject to a \$45 administrative fee.
Full refunds, less the service charge, will be made if the request is postmarked by March 16, 2008.
Requests postmarked from March 17 to March 30, 2008, will receive a 50% refund of paid fees.
No refunds after March 30, 2008. No exceptions to this policy will be made.
Please allow 8-10 weeks for processing. Cancellations received March 30, 2008, will be processed in May 2008.

EDITOR

continued from page 2

to be able to review R.D. Laing. And, Battino is an exceptional person. His interests span from chemical sciences to psychotherapy (He holds degrees in both.) As you review the Congress schedule of courses, you will see how his breadth is represented there. It is hard to choose which ones to attend.

While I have only mentioned the contributors in this issue, every one of the workshops, courses and interactive events at this year's *International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy* is outstanding. The greatest problem I am going to have is to decide which

ones to attend. Thank goodness they are being taped so I can eventually listen to them all. I look forward to meeting all of you at the Congress.

Rick Landis, Ph.D.
Laguna Niguel

ERRATA:

In the previous issue, the *Introducing the Institutes* was misattributed to Marilia Baker. The *Centro Ericksoniano de La Paz Baja California Sur* article was actually written by Cecilia Fabre. We apologize for any confusion that this may have caused.—Ed.

COUPLES *continued from page 1*

The Interpersonal Neurobiology Approach, Couples Sculpting, and Physiological Etiology.

The Faculty include Ellyn Bader, Louis Cozolino, Helen Fisher, Susan Johnson, Otto Kernberg, Bessel van der Kolk, Peter Pearson, Esther Perel, Daniel Siegel, and Stan Tatkin. Keynotes will be given by Helen Fisher, Susan Johnson, Otto Kernberg, Bessel van der Kolk, and Daniel Siegel.

A total of 22.0 CE hours is available for the Conference; an additional 6.0 CE hours available for the complete *Law & Ethics* Pre-Conference Workshop, April 24, 2008. The *Law & Ethics* workshop will be presented by Steven Frankel, Ph.D., J.D.

The complete brochure and Online registration is available on the Couples Conference Web site: www.CouplesConference.com To receive a brochure by mail contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Fax, 602-956-0519; Tel, 602-956-6196; Email, sonya@erickson-foundation.org

Special Offer! Newsletter readers can use the registration form on page 3 to extend the December 15, 2007 deadline to January 15, 2008!

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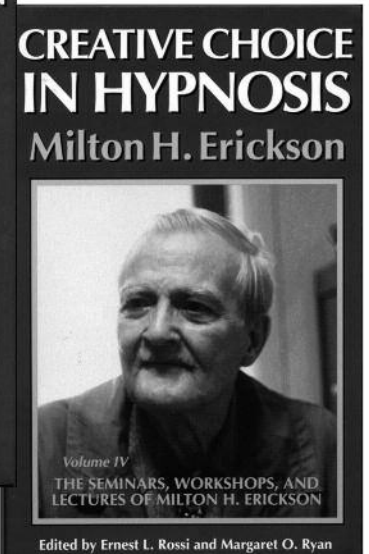
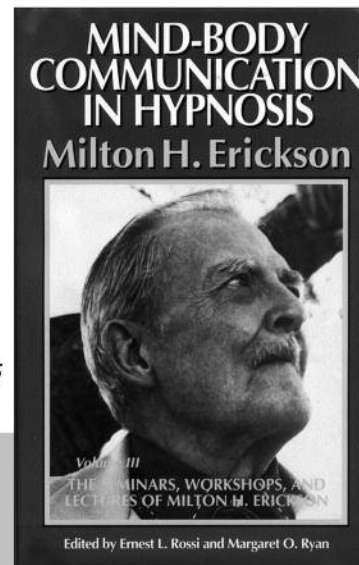
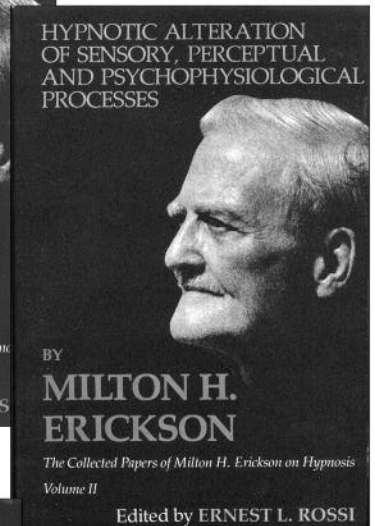
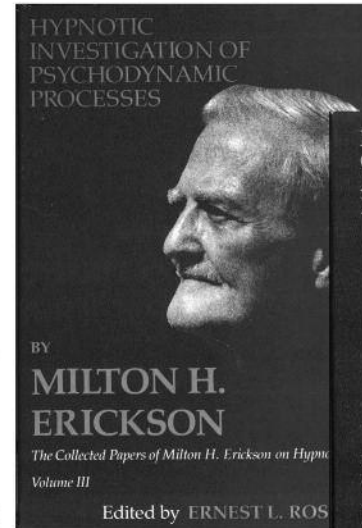
The new building fund of the Milton H. Erickson Foundation will ensure that our educational services continue to expand, that the cataloging and preservation of our archive proceeds, so future generations can easily access the ever-growing collection of resources we offer to health care providers.

The Foundation has come into ownership of several hundred copies of vintage classic books — four of the original volumes published by Dr. Milton Erickson and Dr. Ernest Rossi. (At this time the Foundation Press is distributing updated Neurobiology Versions of these works on CD through erickson-foundation.org/press, but neither hardback nor paperback of the updates are yet available.) These volumes are in their original shipping cartons and in pristine condition.

Donate to the fund now and you can receive one of these classic Erickson titles **FREE**. While supplies last, and with a minimum donation of \$50, we will recognize our supporters who request it with a copy of one of these four books, autographed by Dr. Ernest Rossi, or a special commemorative edition of Dr. Erickson's bookplate.

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INTRODUCING THE INSTITUTES

The Ericksonian Integrative Medical Institute (EIMI) of Orange County, California

Interviewed by Marilia Baker, MSW

Website: www.ericksonian-imi.org

The Ericksonian Integrative Medical Institute (EIMI) of Orange County was established in 2006 as a result of a natural evolution of the clinical knowledge and practice of a dedicated team of professionals. Gary Ruelas, D.O., Ph.D., Richard Landis, Ph.D., and Donna Crowell, LCSW had been together since 1984 when they founded the Orange County Society for Ericksonian Psychotherapy and Hypnosis (OCSEPH). Originally a training institute and a forum for collegial discussions on Ericksonian and systemic approaches, it was expanded in 1987 to encompass all of Southern California under the umbrella of the Southern California Society for Ericksonian Psychotherapy (SCSEPH). As such the Society has been a source of invaluable benefits to the community, providing clinical services, supervision, training, as well as serving as an informational hub for original materials by Milton Erickson, Gregory Bateson, Humberto Maturana, the Milan School, and others.

Gary Ruelas, D.O., Ph.D. is EIMI's Medical Director, with the impressive distinction of being one of a limited number of individuals in the United States holding licenses as both clinical psychologist and as physician (Doctor of Osteopathy). His medical specialties include preventive, anti-aging, nutritional, and addiction medicine, as well as neuropsychology, child development, learning and mood disorders in the field of clinical psychology. His training is exceptional and his integrative vision unique, as the EIMI's website confirms.

EIMI's Clinical Director is **Richard Landis, Ph.D.**, clinical psychologist, international trainer, and author. He holds post-doctoral diplomate status in integrative medicine, behavioral medicine, psychopharmacology as well as Board Certification in traumatology. In addition to other relevant positions in the community, Landis is Executive Editor of the MHE Foundation *Newsletter*. A well-rounded *Renaissance*-like professional with in-depth humanistic vision and demeanor, he brings to the Institute four decades of professional experience. He "make things happen" according to their mission and philosophy.

Donna Crowell, LCSW also has had an exceptional career in mental health, from serving as Clinical Supervisor for Social Work interns to working at the University of California Irvine Medical Center (UCIMC) in its Neo-Natal and Pediatric Department, providing clinical consultation, crisis and grief management, and brief therapy. She brings her understanding of both biological and psychological factors to her current practice of Integrative Psychotherapy with a specialty in women's issues as well as with youth and their families. Ms. **Viviana Schilpp, LCSW**



Richard Landis, Ph.D., Viviana Schilpp, LCSW, Donna Crowell, LCSW, Gary Ruelas, D.O., Ph.D.

is a most recent addition to the team, bringing expertise in ante-partum, post-partum, depression and anxiety disorders. Her practices also focus on men's issues using a cognitive behavioral model.

When asked what is EIMI's mission and how they first heard of Milton Erickson, Landis responds: "Our *mission* started 27 years ago when we attended the first Congress on Ericksonian Hypnosis and Psychotherapy, in Phoenix. Milton H. Erickson and Gregory Bateson had both passed away in the months leading to this moving gathering in 1980. Both individuals had deeply influ-

See INSTITUTES on next page

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February 18-22

July 21-25

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July 28 - Aug 1



INSTITUTES *continued from page 5*

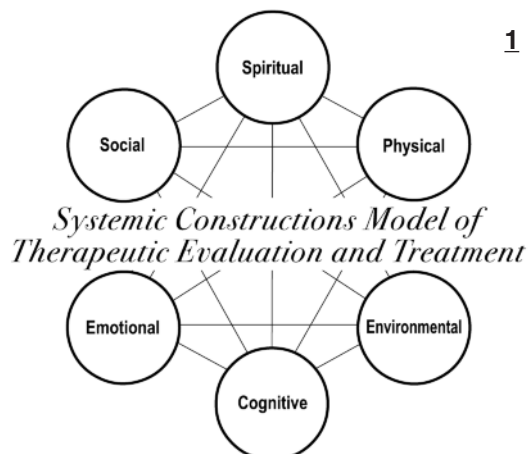
enced our lives, and their loss was felt by most of us. It was at this meeting that Gary and I decided to use Erickson and Bateson's philosophies as a respectful foundation for our interactions with others professionally and personally. Over the years, we eventually expanded and built on them as we collect new information".

Ruelas continues: "We first learned of Milton Erickson at a workshop by John Grinder and Richard Bandler near Santa Cruz, California. Erickson's name was frequently mentioned as an unusual and unique healer. His use of psychotherapy and hypnosis was clearly different from the more traditional forms we had studied. We called Dr. Erickson from the lodge and our journey was to continue into new dimensions of thinking and living. For the next few years we would drive to Phoenix to study with Dr. Erickson. We poured through any literature we could find, and reviewed the hours of taped material we had. Besides his many stories and assignments for us to complete, Erickson encouraged us to meet with Bateson because he knew of our interest in family communication and group trance states. The following months were divided between visiting with Gregory Bateson in his Big Sur home, and Dr. Erickson in Phoenix. These exceptional individuals reshaped the direction our professional lives would take."

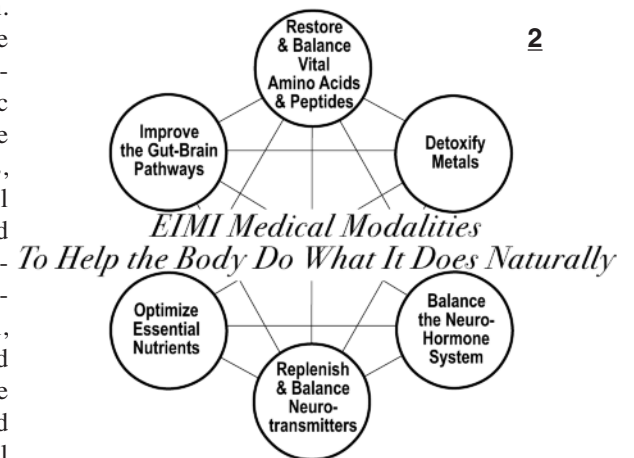
Says Ruelas: "Having a profound respect and appreciation for what the brain and body is capable of was deeply embedded into our souls by Dr. Erickson and reinforced later by Bateson. From the time of our first meeting with Dr. Erickson, we knew our lives would take on a new form. We would forever walk around this planet looking at living organisms from a different perspective. Both these giants of men were so humble and giving in their lives. What they taught us was not technique or method but a profound appreciation of life in general. These men influenced our lives not just by in what we would do but in how we would live in relationship to each other. We believe Erickson's life and philosophy demonstrated a deep appreciation for what living organisms are capable of achieving. Bateson taught us the deeper connection between our selves and others, the significant importance of appreciating even the minutest of relationships. The support, encouragement and utilization of inherent abilities found in all forms of life were always a fundamental part of their teachings".

"Over the decades we continued to explore the fundamentals taught to us by Erickson and Bateson. We studied with the founders of the Institute for the Family in Milan, Italy, led by Mara Selvini, Gianfranco Checcin, Giuliana Prata and Luigi Boscolo who had taken Bateson's work on systems theory and applied it to family therapy. We studied with Humberto Maturana, a biologist from Chile who applied paradigms of biology to family systems, and with Heinz Von Forester, a humanistic-physicist. In Von Forester's pursuit of trying to understand human systems, he coined the term *Second Order Cybernetics* and continued to expand our horizons with his teaching of systemic constructivism. We explored our understanding of the brain by studying with André Weitzenhoffer, David Cheek, and Kay Thompson, who so eloquently shifted our level of understanding of clinical hypnosis".

The evolution of a concept: "As a product of Erickson's admonition to us to look at everything 'in all possible ways,' we evolved the double hexagon model of Systemic Medicine. The *Systemic Constructions* element in the first hexagon represents the evaluation domains of EIMI. It is comprised of the spiritual, physical, social, cognitive and emotional domains (Fig 1). The *EIMI Medical Modalities* (Fig 2) in the second hexagon are medical treatment options in the service of enhancing and optimizing the physical and elements in the Systemic



Constructions hexagon. They include a balance of naturopathic, homeopathic and allopathic approaches to improve the gut-brain pathways, optimize essential nutrients, replenish and balance neurotransmitters, balance the neuron-hormonal system, detoxify metals, and restore and balance vital amino acids and peptides. Psychological models center on the Ericksonian approaches in all forms. At EIMI, we believe that our practice reflects more than an Ericksonian philosophy for psychotherapy, but a philosophy and appreciation for life".



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This Internet discussion group addresses Ericksonian approaches to hypnosis and psychotherapy. Additionally, list members have access to a web site featuring papers, photographs, and a matching service for workshop presenters and those in need of training.

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IN THE SPIRIT OF THERAPY

This is the second of a two part series where Dr. Nicolas Cummings was interviewed by John Lentz regarding his beliefs which have allowed and encouraged his many successes. In the first part he discussed growing up and experiencing his father's death when he was four, a misdiagnosis at six of being retarded, and polio at nine that paralyzed him from the waist down. He also told about how his grandmother would goad him into moving his muscles, which he would by climbing onto his bicycle and pushing down with his hips and arms to ride his bike. He would sometimes be gone for long periods of time. -Ed.

NC: My mother would become frantic and have the police looking for me, but I consistently disobeyed her, was supported by my grandmother, and within three years I could pedal from Alameda to the Oakland Airport and back without falling, a distance of nearly 50 miles. Soon I had no telltale paralytic gait, and soon I was walking seemingly normally. When inducted into the army in WW II, and remembering my grandmother's admonition not to spend my life being a cripple, I hid my polio from the medical examiner who most cer-

tainly would have given me limited duty.

In basic training close order drill was difficult (to this day I do not have the coordination to dance), and I used to sneak out of the barracks at midnight and practice marching, determined not to be mustered out of the service. I succeeded, later volunteered for the paratroops, and was with the 82nd Airborne Division, jumping in Yugoslavia as my first combat mission, where after all our officers were killed I received a field commission from staff sergeant to second lieutenant.

I led my platoon jumping on D-Day with the 505 and made another ten combat jumps before being severely wounded jumping into Bastogne during the Battle of the Bulge. I sustained three machine gun bullets in my abdomen and one in my left knee. I lay in the snow for three days, in and out of a coma, before the medics found me. In the battalion aid station the one overwhelmed physician triaged me to die, being too far gone. I am told that after several hours I tried to raise myself on one elbow and a corpsman said to the medical officer, "Sir, this man is still alive." I am told I responded, "You're

damn right, you son-of-a-bitch." The medical officer decided if I wanted to live that badly he would take another look at me.

I was eventually moved to a field hospital when I learned that my company was chosen to liberate the concentration camp at Buchenwald. I was a captain by then, and I decided I would not be deprived of leading my company on this mission. I went AWOL from the hospital, bribed a motor pool sergeant with a bottle of Scotch whisky I had stashed away in return for a jeep, and joined my company. I am probably the only paratrooper who ever jumped carrying a cane, as I still could not walk without it (I had a recovering new platinum knee).

The Allied armies were not getting there fast enough and Hitler had given orders that when the American and Soviet infantries marched in all Jews should have been exterminated. They were killing people so fast there was not time to bury the bodies. We could smell the stench of decaying human bodies from several hundred feet up as we swept in, often hitting the stacks of corpses, and subduing the German guards, most of whom had been wounded on the Russian

Front, and several of whom were missing limbs. It is a sight I shall never forget, and seeing the inhumanity of it all remains a defining moment in my life.

JL: *The above events Dr. Cummings recounted speak volumes about his stance toward the world. His first line was "It is my guiding belief that all of us have an intended potential accomplishment and that often tragedy and other obstacles can serve to strengthen our resolve toward that goal." It seems that guiding belief alone about us as people can make the difference between success and failure. His belief about personal success is captured in that line. What a powerful way to think about people. His retelling of tragic events and his overcoming them focused his thinking on being able to overcome still more in the future. It became obvious that each time he retold or recalled his story, he was getting himself further into the mind set of the person who can succeed and overcome tragedy. I am not sure that I have ever heard a better principle that summarizes the foundation of faith in human achievement.*

CASE REPORT

My reflection of Dr. Erickson always takes me back to his manner of looking at problems from a different perspective than those one would normally use.

The present case was one of those where numerous interventions already had been applied. I was only contacted as a last resort, a final terminal stop, a kind of "go to this guy because he does strange things" sort of referral. The patient really was no different than many patients we had seen at our center; a young female, 23-years old, single, recently broken up from a significant relationship. Her parents had divorced while she was in high school and she had moved away to finish college. During her senior year, her boyfriend decided to move and establish in his own career. She had no other significant stressors, and as a graduation present she and her mother went on a two-week vacation. They traveled to a few countries and she found herself ill during her journey. She reported the illness as, "I first became sick from my stomach; had a flu like illness for two days; and I have felt tired and depressed since." Prior to her visit she had been seen by her primary care doctor. After a full evaluation found no significant abnormalities, she was eventually diagnosed with depression and referred to a psychiatrist. Her psychiatrist placed her on medication. She had a negative reaction to the medication so the psychiatrist altered her medication. After three changes, she was feeling worse. She stopped her medication and was then referred to our office.

Typically we review both medical and psychiatric history. In her case our review initially supported the diagnosis of depression, and we were ready to embark on our course of treatment. But we also routinely conduct an assessment

of nutritional status. In her case all of her nutrients were low, and tests for thyroid function, adrenal functions, and her neurohormones including progesterone and estradiol were abnormal

We were surprised to discover that she was in a quasi-menopausal state. Her hormones had significantly slowed down, and her thyroid functions, though not in extreme dysfunction, were off balance.

Consistent with our Ericksonian frameworks, we began to work with her at several different levels. She started on a course of hypnotherapy coupled with cognitive-behavioral work to deal with her situational stressors. At the same time we began to restore her nutrient load by working with her intestinal system to increase absorption of her nutrients. Finally we started on a mild course of bio-identical hormone replacement, BHRT, (this last step being somewhat unusual for her age). Her course of treatment was a rapid acceleration into health. Her regiment of BHRT last only five months before we were able to titrate off the hormones and have her body self-regulate. She has been followed out for two years and there has been no recurrence of any further episode of depression or hormone depletion. There has been no need for additional psychotherapy.

This case is another example of how we have been blessed with Dr. Erickson's philosophy to look beyond the label of the obvious -- to go beyond the conventional wisdom of the moment. He taught us to look under the rocks that have not previously been lifted. It is a journey and philosophy for which we are deeply indebted to Dr. Erickson.

Gary Ruelas, D.O., Ph.D.

Erickson Integrative Medical Institute of Orange County

CONFERENCE NOTES

Onsite Registration Still Available! *The Tenth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, sponsored by The Milton H. Erickson Foundation, Inc., will be held December 6-9, 2007, at the Hyatt Regency Phoenix, Phoenix, Ariz. Sessions include Law & Ethics, Practice Development Workshops, Keynotes, Interactive Events, Clinical Demonstrations, and an eight-session Fundamentals of Ericksonian Hypnosis Program. A post-Congress *Advanced Ericksonian Hypnosis Training Day* will be held on Monday, December 10, 2007. View the complete brochure, accreditation information, faculty bios, workshop handouts, hotel accommodation links, and free educational downloads on the Congress Web site: www.erickson-foundation.org/10thCongress. For further information contact The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016-6500; Tel, 602.956.6196; Fax, 602.956.0519; Email, miltonerickson@cmehelp.com

The American Society of Clinical Hypnosis (ASCH) will hold the 50th Annual Scientific Meeting and Workshop entitled, *Reflections: Exploring 50 years of Excellence in Clinical Hypnosis*, March 7-11, 2008, at the Hyatt Regency McCormick Place in Chicago, Ill. The meeting features Eva Banyai, Consuelo Casula, Betty Alice Erickson, Stephen Lankton, Joan Murray-Jobsis, Olafur Palsson, Amir Raz, Ernest Rossi, Marc Schoen, and Jeffrey Zeig. For complete information contact ASCH, 140 N. Bloomingdale Rd., Bloomingdale, IL 60108; Tel, 630-980-4740; Email, info@asch.net; Web, www.ASCH.net/annualmeeting.htm

The 31st Annual Psychotherapy Networker Symposium 2008, *The Power of Relationship—From Isolation to Connection*, will be held March 13-16, 2008, in Washington, D.C. Complete information will be available in the coming weeks on the organization's web site: www.psychotherapynetworker.com. For further information contact Psychotherapy Networker, 5135 MacArthur Boulevard N.W., Washington, D.C. 20016; Tel, 202-537-8950; Toll-Free, 888-408-2452; Fax, 202-537-6869; Email, symposium@cmehelp.com

The 16th World Family Therapy Conference will be held March 26-29, 2008, in Porto, Portugal, celebrating the 20th Anniversary of the International Family Therapy Association (IFTA). The theme for the Conference is *Transformation and Globalizations: Family Therapy in the 21st Century*. For complete information contact the Conference Secretariat: Paragon Conventions, 18 Avenue Louis-Casaï, 1209 Geneva, Switzerland; Tel, +41 22 7477930; Email, ifta08@paragon-conventions.com; Web site, www.paragon-conventions.com/ifta2008

The Milton H. Erickson Foundation will sponsor *Love & Intimacy: the Couples Conference*, April 25-27, 2008, at the Marriott San Jose, San Jose, Calif. Organizational assistance is provided by The Couples Institute, Menlo Park, Calif. The Conference includes a 6-hour Law & Ethics Pre-Workshop on Thursday, April 24, 2008. Keynote Addresses, Interactive Events and Workshops will be held throughout the Conference. The faculty include Elyn Bader, Louis Cozolino, Helen Fisher, Susan Johnson, Otto Kernberg, Bessel van der Kolk, Peter Pearson, Esther Perel, Daniel Siegel, and Stan Tatkin. A total of 22.0 continuing education hours are available for the Conference with an additional 6.0 for the Law & Ethics Pre-Workshop.

For further information including the complete brochure and Online registration visit the Conference Web site: www.CouplesConference.com. To receive a brochure by mail contact The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; Fax, 602-956-0519; Tel, 602-956-6196; Email, sonya@erickson-foundation.org

The Association Française de Nouvelle Hypnose Congress will be held May 17-18, 2008 in Paris, France. The Congress is organized by Jean-Marc Benhaïem. An early registration fee is offered before January 31, 2008. For complete information contact AFNH, 4 rue des Sablons F-77300 Fontainebleau, France; Tel, +33 1 60 74 07 26; Email, afnh@wanadoo.fr; Web, www.hypnoses.org

The 11th Congress of the European Society of Hypnosis (ESH) in Psychotherapy and Psychosomatic Medicine, *Hypnosis & Hypnotherapy: Trauma and Pain*, will be held September 17-21, 2008, at the Lecture Hall Centre in Vienna, Austria, with a special Pre-Congress on EMDR, September 16, 2008. For further information and to register Online visit the Congress web site: www.vienna.hypnos.de; Tel, +43 1 405 138 316; Fax, +43 1 407 82 74.

Call for Papers: Abstracts for papers, workshops and posters contact Henriette Walter: henriette.walter@meduniwien.ac.at. All abstracts regarding dental issues should be sent directly to Albrecht Schmierer: ASchmierer@aol.com. Deadline for Abstract submission is January 31, 2008.

The ESH homepage is www.esh-hypnosis.org

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2007		
12/6-9	Tenth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy / Phoenix, Ariz. / Invited Faculty	1.
2008		
1/4 – 3/21	Fundamentals of Advanced Ericksonian Hypnotherapy / Larkspur, Calif. / Eric Greenleaf, Ph.D.	2.
1/24-27	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Minneapolis, Minn. / Jeffrey K. Zeig, Ph.D.	3.
1/31-2/3	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	4.
2/11-15	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Brent Geary, Ph.D., Stephen Lankton, MSW, DAHB, Zeig, and Invited Presenters	1.
2/14-17	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / San Luis Obispo, Calif. / Zeig	5.
2/18-22	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Lankton, Zeig, and Invited Presenters	1.
2/28-29	Advanced Techniques of Ericksonian Therapy / Austin, Texas / Zeig	6.
3/30-4/2	Fundamentals of Ericksonian Therapy - ZIST Penzburg, Germany / Zeig	7.
4/3-4	How to BE the Best Clinician / Cologne, Germany / Zeig	8.
4/5-6	Anxiety and Depression / Geneva, Switzerland / Zeig	9.
4/16-20	Ongoing Supervision Training / Mexico City, Mexico / Zeig	10.
4/19	A Step After Healing / Larkspur, Calif. / Betty Alice Erickson, MS, LPC, MFT, Greenleaf	2.
4/25-27	Love & Intimacy: The Couples Conference / San Jose, Calif. / Invited Faculty	1.
5/14-28	Comprehensive Ericksonian Training Program / Singapore / Zeig	11.
6/11-15	Brief Therapy: An Ericksonian Orientation / China / Zeig	12.
6/17-22	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Hong Kong / Zeig	13.
7/2-6	Ongoing Supervision Training / Mexico City, Mexico / Zeig	10.
7/14-18	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, Ariz. / Geary, Lankton, Zeig, and Invited Presenters	1.
7/21-25	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, Ariz. / Geary, Lankton, Zeig, and Invited Presenters	1.
7/28-8/1	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Advanced</i> / Phoenix, Ariz. / Geary, Lankton, Zeig, and Invited Presenters	1.
7/30-8/3	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	4.
2009		
March	Trance Possession and Ritual in Bali – 2-week program / Ubud, Bali, Indonesia / B.A. Erickson, Greenleaf	2.

Contact Information:

1. 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 ; Web, www.erickson-foundation.org
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F A C E T S A N D R E F L E C T I O N S

I remember Dr. Erickson telling me that it was both important to trust the unconscious and at the same time to make sure that the unconscious was regularly fed with new and interesting learnings so it had even more with which to work. This became evident to me while I was showing some students how to use hypnosis to potentiate EMDR's effectiveness. I had been demonstrating a metaphor of physical healing to stimulate emotional healing when a student interrupted asking how I got my ideas for my metaphors. Since I naturally go into my own trance while I am doing metaphor work, his question inadvertently triggered a deep search within me. Instantly, I was transported to Dr. Erickson's kitchen where we were discussing one of our favorite topics: What does it mean to be human?

Because of Dr. Erickson's training and expertise as a physician as well as a psychologist, he had been fascinated with physiological components that effected our emotional functioning and wellbeing. He really did not seem to separate the physical from the emotional. He seemed to intuitively be aware of mind/body interconnections that would take 25 years more years to become scientific truths. For example, he seemed to know that physical and emotional pain had overlapping processes. Treat one and you affected the other.

In that altered state stimulated by the student's question, I heard Dr. Erickson say, "Emotionally we already have all that we need to heal in the same way that a scraped knee knows how to heal the wound. It just needs the right protection while healing and to not mess with it too much."

I now see the source of my healing metaphor lies deep within that conversation with Dr. Erickson.

While the metaphor trance healing I used actually lasted forty-five minutes, the following excerpt is a core echo from that moment in Dr. Erickson's kitchen:

He seemed to intuitively be aware of mind/body interconnections that would take 25 years more years to become scientific truths.

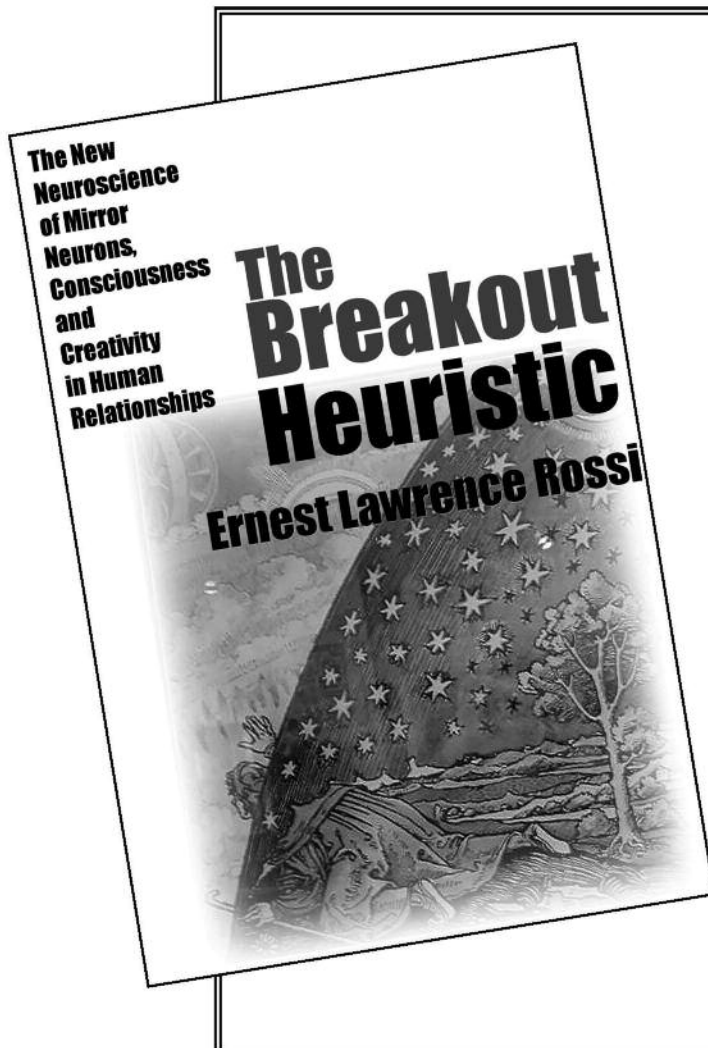
The body heals hurts in interesting ways. As a child, we all have had the experience of tripping and scraping our knee. Sometimes we do not immediately notice the hurt because we are more aware of the shock and surprise. But later it starts to hurt like a son-of-a-gun. And the body knows how to heal itself. It will automatically cover the hurt with a protective covering. And under the scab healing will occur. When sufficient healing has been accomplished and the protective cover is no longer necessary, it will fall off all on its own accord.

Once the old wound is presented to the healing sunlight, it can look perfectly normal. And if you look closely, there are some very tiny scars. The body knows that these scars are stronger than regular skin. And it knows that if we fell and scraped our knee in just that way, there is a possibility that we will fall in a similar way until we learn to fall in a safer way. So we may need to have that area protected and made stronger so it can heal faster and be more resilient.

Even 28 years after his death, I continue to discover the learnings Dr. Erickson gave me.

Rick Landis

Laguna Nague, CA



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Directive Family Therapy

By Jay Haley and Madeleine Richeport-Haley

Published by The Haworth Press, Inc.
New York, 2007

ISBN: 978-0-7890-3356-7

200 pages

www.haley-therapies.com

Directive Family Therapy is Jay Haley's last work, written with his wife, anthropologist, Madeleine Richeport-Haley. The Haleys present a way to change behavior outside of the traditional psychological context. This book illustrates Haley's use of directive strategies in family therapy, with clear methods for how to make active, effective interventions.

The book begins with an introduction that defines how Haley's method of brief, directive therapy is different

from traditional forms of therapy. True to the Ericksonian approach, Haley defines the unconscious as positive. He emphasizes skill-building and an ever-present optimism: Even the most intractable problems can be changed. A founding father of the family therapy approach, Haley consistently construes problems within the family context, with solutions that require the whole family to work together toward a solution. As Erickson also taught, there is a natural human developmental cycle. When people have problems, they are often refusing to follow the normal course of life. Good psychotherapists direct their interventions toward getting people back on track.

dent's not to be led astray or discouraged by extraneous interpretations or diagnoses: observe the family interaction objectively, using common sense. Then the most urgent problem emerges.

Once the therapist has understood what is going on, he or she should present clear directives for families to take action. These directives must include consequences if they are not followed. The book teaches this method through the cases along with interspersed nuggets of advice that Haley has offered over the years. Some are ways to construe the situation, such as "Marital relationships are based upon sequences of behavior that follow rules. Symptoms are the expression of a conflict of rules." (p. 97). Haley also taught that symptoms are often metaphors (p.171), so an effective strategy is: "Channel bizarre behavior into socially acceptable areas—into a reality instead of a metaphor—to permit functioning"

He emphasizes skill-building and an ever-present optimism: Even the most intractable problems can be changed.

from traditional forms of therapy. True to the Ericksonian approach, Haley defines the unconscious as positive. He emphasizes skill-building and an ever-present optimism: Even the most intractable problems can be changed. A founding father of the family therapy approach, Haley consistently construes problems within the family context, with solutions that require the whole family to work together toward a solution. As Erickson also taught, there is a natural human developmental cycle. When people have problems, they are often refusing to follow the normal course of life. Good psychotherapists direct their interventions toward getting people back on track.

The main body of the book is divided into chapters by developmental phase, from birth through retirement and aging. Each chapter presents a number of cases from Erickson, Haley, and Haley's supervisees. Descriptions are succinct, paring away anything extra. In this way, we can hear Haley guiding his stu-

(p.87). People can be empowered to make changes when, for example, you "Encourage parents to reach an agreement about how to handle a problem" (p. 58). Sometimes people need indirect directives in order to change: "The paradox of telling someone to do what they are already doing seems very simple, but it can have a profound effect (p.113)."

The appendix, an added bonus, includes two interviews that vividly portray Haley's personal evolution. Haley describes his research with Bateson, his training of underprivileged local community people in Philadelphia to be therapists, and much more.

Directive Family Therapy is a prolific master's answer to some of the most intractable problems psychotherapists face. We recommend this insightful, clear guide to using directive interventions in psychotherapy.

Reviewed by
C. Alexander Simpkins Ph.D. &
Annellen M. Simpkins Ph.D.



Coming December 2008!

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Acceptance or rejection will be sent by
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B O O K R E V I E W

The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being

By Daniel J. Siegel, MD

Published by W. W. Norton & Company
2007

ISBN: 978-0-393-70470-9 (hardcover)

385 pages

The Mindful Brain, by Daniel Siegel, MD is a study of how attunement through the practice of mindful awareness can promote well being in oneself and with others. Through out the book, Siegel explores the integration between mindfulness and the brain, showing how mindful practice can change mind and brain for the better.

Part One: Mind, Brain, and Awareness introduces the topic. It also includes "Brain Basics," an evolutionary/developmental perspective on brain structures and functions. Even those unfamiliar with neurological terminology can gain a better understanding of the interconnections from information in this chapter.

Siegel sympathizes with materialist views of the brain, but maintains that the mind and experiencing is also important. Part Two: Immersion in Direct Experience is Siegel's own first-person account of his introduction to mindfulness training. It reads like a journal that invites the reader to share in his thoughts when he first learned mindfulness.

Part Three: Facets of the Mindful Brain, describes the trend of Western researchers to operationalize a definition of mindfulness, so it can be studied scientifically, measured, and utilized. This definition stands outside the Buddhist traditions where mindfulness originated. Included is a large selection from the ever-growing body of research. We can learn from these third-person objective findings about possible mechanisms, effects on the brain, and therapeutic applications.

Included are Siegel's own classifications and definitions, similar to what he does in his workshops. For example, a shorthand description for the mindfulness experience is YODA's SOCK: The idea that You Observe to Decouple Automaticity. Then you discover a balance of Sensation, Observation, and Conceptualizing that leads to a kind of nonconceptual Knowing (paraphrased from page 69).

Siegel proposes that mindfulness is a bottom-up process that grounds us in the core of our being, fully present and open to the moment, rather than the more typical top-down cognitive approach that alienates us from direct experience by interposing pre-existing constructs. Mindfulness might also be understood by analogy with mirror-neuron theory. Focusing nonjudgmental attention on experiencing is a way for the brain to mirror inward, promoting well-being.

Part Four: Reflections on the Mindful Brain, offers applications. Educators can add a fourth "R," reflection, to teach reflective skills that will connect students more deeply to the learning material. For psychotherapists, being present cultivates the HUB, the central source of awareness and basis for executive attention, part of a wheel analogy of the mind. Mindfulness facilitates nonverbal skills, always valuable for the psychotherapeutic process. Useful exercises and methods that therapists can incorporate into their practice are also given.

Finally, three appendices that include reflections, a glossary of terms, and a neuroscience discussion with references give readers even more access to the material. *The Mindful Brain* is an innovative and useful adaptation of ancient wisdom, certain to be a valuable addition for the modern practitioner.

Reviewed by

C. Alexander Simpkins Ph.D. and Annellen M. Simpkins Ph.D.

The Nature of Therapeutic Hypnosis *Volume I of The Collected Works of* *Milton H. Erickson, M.D.*

Edited by Ernest L. Rossi, PhD

Roxanna Erickson-Klein, PhD

Kathryn Lane Rossi, PhD

Published by Milton H. Erickson Foundation Press

Phoenix, Arizona 2008

www.erickson-foundation.org/press

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Clothbound, Illustrated, \$59.95

391 pages

The Erickson Foundation has been committed to communicating the work of Milton H. Erickson to the world with books, CD's, and DVD's. Their goal has been not only to preserve Erickson's legacy, but also to make his creative and innovative approach accessible. This new book series, *The Collected Works of Milton H. Erickson M.D.*, sixteen volumes, will surely accomplish this goal. Named as one of the *Psychotherapy Networker* top ten most influential therapists of all time, Erickson is an important teacher of psychotherapy. Through this series, his wisdom will be made available for the serious student.

Each volume in this series will be organized around a major area of exploration with papers on the topic presented in chronological order. Divided into sections, each book will include a brief introduction that orients readers to the topic and places the ideas into a neuroscience and psychosocial genomic context.

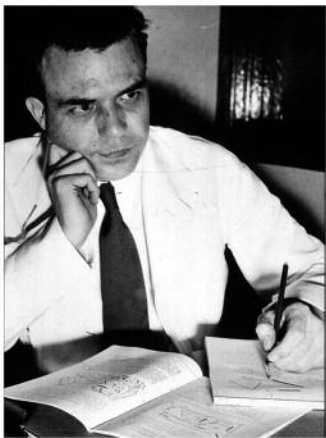
This first volume, *The Nature of Therapeutic Hypnosis*, begins with an inspiring Foreward, Milton H. Erickson: The Cheerful Work Ethic of an American Farm Boy, from Rossi. Here Rossi explains how Erickson approached his own handicaps with unflagging optimism, which helped him to formulate his utilization approach to therapy. In a sense, the more difficult the problem, the more effective Erickson's methods become.

The book is divided into four parts. Part I, Exploring the Nature of Consciousness and Hypnosis, begins with an in depth chapter by Rossi on the neuroscience of hypnosis, therapy, and rehabilitation. This is followed by Erickson's fascinating initial experiments that started him on his path to individualizing and utilizing the client's experience to bring about deep trance. Also included is Erickson's collaboration with Aldous Huxley exploring hypnosis and Erickson's unique approach to autohypnosis. Part II, Naturalistic and Utilization Approaches to Therapeutic Hypnosis, presents Erickson's classic papers on hand levitation, ideomotor techniques, inducing deep hypnosis, naturalistic methods, and utilization techniques. Part III, Minimal Cues, Mirror Neurons, and Rapport in Therapeutic Hypnosis, covers Erickson's way of noticing and utilizing subtle communications and cues from clients. The first paper shows the use of sensory cues, followed by papers on the more complex use of double binds and indirect inductions using surprise and the "my-friend-John technique. Part IV, Observation, Time, and Training in Therapeutic Hypnosis, includes some previously unpublished papers on Erickson's views about hypnosis research, and how he approached a lecture-demonstration that was being filmed.

One of the extraordinary benefits from reading Erickson's original papers is the feeling of sharing in Erickson's personal path to discovery. Erickson does not simply present his techniques, he discloses the creative sources of his approach, illuminated by open-minded curiosity about human nature with deep caring for the unique individual he is trying to help. So, in this way, Erickson shares not only what he thought, but also how he got there--what experiences and experiments brought him to his conclusions. With the highest recommendation, we want to emphasize how valuable it is to immerse yourself in these papers so that you too can share in the personal experience of learning how to learn from Milton H. Erickson! As Erickson advised, "Trust your unconscious...Don't try to use somebody else's technique...Just discover your own" (vii).

Reviewed by

C. Alexander Simpkins Ph.D. and Annellen M. Simpkins Ph.D.



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Edited by Ernest L. Rossi, Ph.D., Roxanna Erickson-Klein, Ph.D. & Kathryn Lane Rossi, Ph.D.



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Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi	Rossi, Erickson-Klein & Rossi
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BOOK REVIEW

Families that Flourish Facilitating Resilience in Clinical Practice

By Dorothy S. Becvar

Published by W. W. Norton & Company
New York, London, 2007

ISBN: 13: 978-0-393-70488-4

ISBN: 10: 0-393-70488-2

When people get trained to become psychotherapists they often are more focused on psychopathology than on the dynamics of healthy families. Therapists should be familiar with the variety of processes that have been found, both clinically and through research to characterize successful families. So, in order “to help families flourish, therapists need to know what flourishing looks like” (from front flap).

This book begins with a Foreword about how a revolution began “with the simple act of bringing family members into a therapy room at the same time” (p. ix).

I liked finding sections about systems theory/cybernetics, and postmodernism in Chapter One. What we believe influences or participates in the creation of the reality of what we experience.

In Chapter Two, “Families” the author encourages readers to understand the role and importance of the family and how it is completely intertwined with society. There are core functions the family performs: Family formation, economic support, nurturance, education, socialization, and protection.

Current characteristics of American families also are addressed. “The family as a whole may be understood as characterized by developmental processes that influence and are influenced by growth and change among its members”. The delay of marriage, increased heterosexual cohabitation, growth of single parenting, delayed and declining fertility are good examples of these characteristics.

Chapter Three, “Flourishing”, focuses on the positive by analyzing the characteristics and processes that enable families to succeed in general, and in response to specific challenges. Successful families are able to identify the various stressors, options, and constraints impinging on a particular situation. They can avoid rigidity and opt for flexibility with one another. Initiative and autonomy of individual members are encouraged and supported. The ability to communicate effectively is another essential. Flourishing families communicate effectively and congruently, matching on verbal and nonverbal levels.

Chapter Four, “Resilience”, points out that sometimes circumstances such as chronic illness, children with disabilities, murder of a child, gay or lesbian families, and cultural diversity, can push people to their limits. The author states, “Resilience is essential if families are to remain hardy and to flourish” (p. 89). This is fundamental in all types of families and even more so when families deal with unusual circumstances.

In Chapter Five, “Putting Principles Into Practice”, emphasizes the benefits of a systemic cybernetic epistemology as providing a meta-perspective. Here, by reading first-order approaches and interventions, one can recall models such as Virginia Satir’s communications approach and Jay Haley’s strategic approach. This same section addresses second-order approaches and postmodernism. Tom Andersen’s reflecting team, the Solution-Oriented Therapy of William O’Hanlon and the Narrative Therapy of Michael White and David Epston are explained briefly and clearly.

In Chapter Eight, “Encouraging Effective Parenting”, the author highlights the importance of families that support the emotional well being of each individual for fostering the formation of a healthy identity. Discipline and respect of individual differences are some of the topics covered. Many parents would benefit if they read this chapter.

The appendix includes valuable tips for describing the client system, the client context, and the presenting problem. It is never too late to use a ritual for forgiveness and letting go. The author provides a simple, excellent summary for achieving these processes.

This is a clear, user friendly and magnificent book. I highly recommend it.

Maria C. Escalante Cortina MA
Mexico City, Mexico.

BOOK REVIEW

The Beck Diet Solution: Train your brain to think like a thin person

By Judith S. Beck, Ph.D.

Published by Oxmoor House, Inc.
2006/2007

ISBN: 10: 0-8487-3173-5

ISBN: 13: 978-8487-3173-1

The Beck Diet Solution is just that, a solution for diets. Judith Beck has created a six-week, cognitive therapy approach to dealing with any

and difficulty of weight loss as real, and yet provides practical helps that make it possible and attainable. Within every section, the reader is directly and indirectly encouraged to adopt strategies that ensure success and actually anticipate it.

Beck’s book is well thought out.. At almost every turn when you might have an objection or excuse for not doing what she suggests, she addresses your objections.

In every chapter are descriptions of typical sabotaging thoughts, with helpful hints and practical tips such as today’s “to do” list and opportunities for further commitment. She takes the position that with every opportunity you are either strengthening your

She has developed a practical program that even covers such things as practicing hunger tolerance, and overcoming cravings as well as setting realistic goals.

diet. Her approach is not dependent on any particular diet, or type of diet. It is strictly a way to think that ensures success. In this book she presents a whole system for solving the usual problems people encounter as they attempt to lose weight. By teaching effective ways of thinking about food, diets, cravings and temptations, she sets the stage for using cognitive therapy approaches specifically designed to address weight loss. She has developed a practical program that even covers such things as practicing hunger tolerance, and overcoming cravings as well as setting realistic goals.

The book is designed as a workbook with assignments, suggestions, practical wisdom, and interesting statistical facts, so that it is useful in many different ways. It is meant to be a practical roadmap anticipating the next bend in the journey to weight loss. As such it treats the complexity

“resistance muscle” or your “giving in muscle”. Simple, direct thoughts characterize her approach. It quickly cuts through ambivalence, fear, denial and self-deception. Her term for self-deception is self-fooling.

My overall reaction to this book is more than favorable. Usually, I don’t like workbooks, but Beck’s easygoing style and no-nonsense approach of anticipating the next objection and her obvious expertise won me over, literally and figuratively. I quickly found myself, in spite of my dislike of workbooks, doing what she said. So far I am down 15 pounds and it has been the easiest weight I have ever taken off. I will be recommending this book to my clients and friends who want to reduce their weight.

Reviewed by
John D. Lentz D.Min.
Shepherdsville, KY

CALL FOR PROPOSALS

BRIEF THERAPY CONFERENCE
December 11 - 14, 2008 San Diego, California

PRESENTATION COVER SHEET

The Milton H. Erickson Foundation is calling for proposals for the **2008 Brief Therapy Conference**. Those interested in presenting a Solicited Short Course on the topic of short-term therapy methods (or closely related area), may submit **(1)** a 200-word presentation summary, **(2)** a 50 word abstract, **(3)** two educational objectives, **(4)** two true/false questions to be used for continuing education purposes and **(5)** curriculum vitae of all presenters in your program. **Three** copies of each submission, except CVs, should be included in your packet. Send only **one** CV for each presenter. Preference will be given to proposals that address the theme "*Brief Therapy: Lasting Solutions.*"

There will be approximately 20 concurrent Solicited Short Courses with one and a half hours allotted for each Course on Thursday, December 11, 2008 from 8:30-10:00 AM and 10:15-11:30 AM. Short Course faculty receive complementary registration for the Conference, but pay their own expenses for food and lodging.

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

Name: _____ Degree _____
 University where highest degree was earned _____ Major _____
 Professional License # _____ State _____
 Address _____
 City/State/Zip/Country _____
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2) Names, Addresses and Degrees of copresenters (if any)

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

3) Title of Presentation:

4) Audiovisual equipment required: overhead projector VHS player DVD player
 Please bring your own laptop computer for a PowerPoint presentation. Only a limited number of LCD projectors will be available.
 I am able to bring my own LCD projector I am unable to bring my own LCD projector
Note: No other AV equipment, including laptops, can be provided.

Enclosure Checklist: (SEND AN ORIGINAL AND 3 COPIES) Attach this cover sheet to the original. The three copies should contain **ONLY THE TITLE** because the review process will be blind. Please **do not** include names on the three copies. **Also include a CD of your proposal**, if possible.

- 200 word presentation summary
- 50-75 word abstract (for publication in the program and syllabus)
- Educational Objectives (minimum of two objectives). In your objectives, indicate what participants will have learned at the end of the presentation. Be specific, e.g. 1) To list three principles of increasing patient compliance; 2) To describe three techniques used in brief treatment for depression
- Two true/false questions to be used for continuing education purposes
- Curriculum vitae of all presenters (One copy only)

If my proposal is accepted and placed on the program, I will be present at the Conference

Signature _____ Date _____

DEADLINE: Proposals must be postmarked by January 30, 2008. Acceptance or rejection will be sent by March 14, 2008

Mail proposals to: The Milton H. Erickson Foundation, Inc.
 2008 Brief Therapy Conference Short Course Committee
 3606 N. 24th Street, Phoenix, AZ 85016-6500 USA

Only a limited number of proposals can be accepted. Please submit early

B O O K / C D R E V I E W

***Meditation from
Thought to Action******With Audio CD***

By C. Alexander Simpkins PhD and
Annellen Simpkins PhD

Published by Radiant Dolphin Press
San Diego, California

ISBN: 978-0-9768160-3-4

161 pages

70-minute Audio CD

Not only have the Simpkins written a wonderful book on meditation, giving the reader practical help in using the various tools of meditation to enhance one's life, they also have created a teaching tool for understanding the great thinkers of the East as well. This second edition of the book is written in a way to be experi-

But the real shocker for me was how they utilized these techniques in making healthy life choices and in conflict resolution.

enced. Because of the Simpkins' in-depth analysis of meditation, along with its origins, this text is informative, concise, and well conceived. They captured the broad teachings of the leaders of Yoga, Buddhism, Zen Buddhism, Daoism, and Confucianism. If Part One of their book did nothing more than explain in useful ways the similarities and differences of these Eastern philosophical giants thought about meditation, it would be worth buying. However, the Simpkins also offer practical ways of using the silent methods of the East to transform the active lifestyles of the West..

Part Two of the book offers tools of meditation that can be incorporated into everyday life, including useful life skills. They offer us ways of using meditation skills to enhance our awareness while we are going about our daily routines that often involve much sitting. Instead of asking us to only set aside time for meditation, they have creatively offered practical ways to get benefits from ordinary

activities like sitting, standing, and walking in mindful ways.

Part Three deals with mindfulness in actions and in general living. For instance, one can practice mindfulness while doing errands or other life tasks as a method to apply Eastern thought in a Western life style. They even invite you the reader to draw on your meditative skills in interpersonal relationships. What a creative idea!

Clearly the Simpkins have used their vast knowledge of psychology and hypnosis to understand life, meditation, and Eastern thought in unique ways. As a result you may feel like you are reading a book from a trusted friend. They offer such pragmatic and life enriching experiences that even Judeo-Christian readers will feel their backgrounds and beliefs are being respected. The invitation is to expand one's awareness and opportunities for

health through higher awareness of what is occurring right now.

While reading this book I found myself cheering the Simpkins, and their writing. I got new insights. But the real shocker for me was how they utilized these techniques in making healthy life choices and in conflict resolution. I also was shocked at how practical their ideas were to spirituality. I will be employing some of the practical ways of enhancing spiritual and physical health that they taught; it is likely you will as well. Their ideas will clearly help deepen spiritual awareness and improve overall health in physical, emotional and spiritual ways. The CD that accompanies the book leads you step-by-step in a guided yet unobtrusive way. They made me feel as if I was being accompanied by a very competent and accepting friend. Wow!

Reviewed by
John D. Lentz, D.Min
Shepherdsville, KY

***More Hypnotic
Inductions***

By George Gafner, PhD

W.W. Norton & Company
New York, London, 2006

ISBN: 13 : 978-0-393-70518-8

ISBN: 10 : 0-393-70518-8

Journeys are more important than destinations. Journeys are what we experience in the here and now from the perspective of the destination. Destinations can be a holiday resort to get to, a house to build, a book to achieve, a behavior to change... "Getting there" is the way to think about the hypnotic induction – then, "on site," the therapy work can take place: it is another journey toward the destination of change.

Many of us were taught not to read a script for induction. But when a case is complex or complicated, or when we feel stuck or dry, without inspiration, relying on a script can provide a base from which to spring.

The preliminary considerations Gafner offers are to remind us what hypnosis is. Then he describes what neuroimaging studies have shown about the impact of hypnosis. He explains who should practice, and for what purpose. He makes distinctions

between hypnosis and guided imagery, meditation, trance work, and progressive muscle relaxation. Finally, he briefly summarizes and presents the theoretical foundations of hypnosis and its six components: pre-trance discussion, induction, deepening, therapy treatment, re-alerting and debriefing.

Five main categories are presented: story inductions, inductions for sleep, inductions for children, directive inductions, and confusion inductions. Among the inductions are amnesia induction, catalepsy induction, hidden observer induction, "not knowing" induction, sound sleep induction, boredom induction, rumination induction, little monster induction, forest induction, remorse induction, four faces induction, left right induction.

Seasoned hypnoterapist or beginner, you can dig and you can draw in ready-made inductions for practice from this reservoir of resources. You can mix and match them so as to get the client and you started and on the path to effective treatment. Happy trails, happy journeys!

Reviewed by
Christine Guilloux
Paris, France

D V D R E V I E W

Existential Psychotherapy

Clinical Demonstration by Ronald D. Laing, M.D.

Evolution of Psychotherapy Conference
December 13, 1985
PP-EP85-CP-V13

The Milton H. Erickson Foundation, Inc.
www.ericksonfoundationstore.com
Tel: 602-956-6196 / Fax: 602-956-0519

R.D. Laing is one of the pioneers of psychotherapy and also a creative genius whose work I have admired for a long time. So, I looked forward to being able to review this demonstration. In a room behind the stage he interviewed a young woman who had been in a program in Phoenix for homeless mentally ill clients. The interview lasted for about 25 minutes, and not much seemed to be going on. Yet, at the end of the interview, when the young lady joined Laing and the moderator and several professionals from the program at a table before an audience of thousands, she appeared to be perfectly *compos mentis* (Laing's description) and at ease.

During the interview the client stated that she "tended to be paranoid" and was aware of conspiracies. She told Laing that, "I've seen you read my mind."

See *EXISTENTIAL* on page 19

Innovative Ideas to Sharpen Your Clinical Skills

Directive Family Therapy

Jay Haley, PhD,
and Madeleine Richeport-Haley, PhD



"CHARMING . . . a brief orientation to many of the key issues involved in Haley's strategic approach, case after case arranged along a life-cycle continuum, plus fascinating interviews illuminating key figures and moments in the history of family therapy—SHOULD SPARK THE IMAGINATION OF READERS INTERESTED IN CHANGING THE INTERACTION BETWEEN PEOPLE TO BRING ABOUT POSITIVE OUTCOMES."

—Michael F. Hoyt, PhD, Author of *Some Stories are Better Than Others*, *Interviews with Brief Therapy Experts*, and *The Present is a Gift: Mo' Better Stories from the World of Brief Therapy*

"There are no hidden meanings or psychobabble, just CLEAR COMMUNICATION AND THE TRUTH—A LIGHT SHINING IN THE DARKNESS!"

—John H. Frykman, PhD, Author of *A New Connection and The Hassle Handbook—A Guide Through the Teenage Years* and Co-Editor of *Making the Impossible Difficult*

"In this little gem of a book, beginners will learn dozens of creative directives for solving a host of familiar clinical problems; more experienced therapists will marvel at how subtly these directives address underlying structural issues."

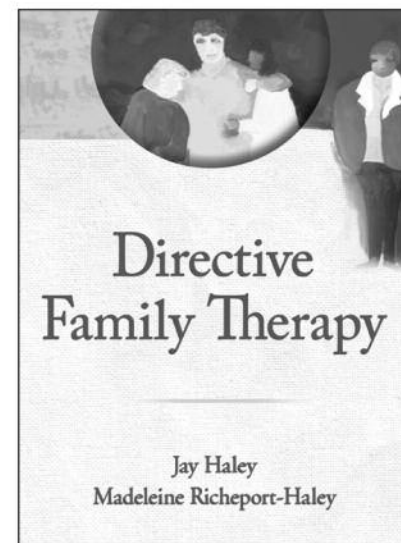
—Michael P. Nichols, Professor of Psychology, College of William & Mary

Directive Family Therapy is the final work of a widely recognized giant in the international family therapy field. This text is the pre-eminent state-of-the-art sourcebook on practical, innovative techniques to effectively solve problems throughout the life cycle stages. Directive family therapy pioneer Jay Haley, PhD (who passed away in 2007), and Madeleine Richeport-Haley, PhD, provide practitioners with creative directives to clearly identify problems, formulate well-designed treatment plans, and then successfully carry them out to achieve lasting therapeutic change. This essential text explores fascinating case studies illustrating the powerful, highly effective problem solving directives. The work is extensively referenced, and includes a full and complete bibliography of Haley's published works and a list of the authors' collaborative films.

Problem areas addressed in **Directive Family Therapy** include:

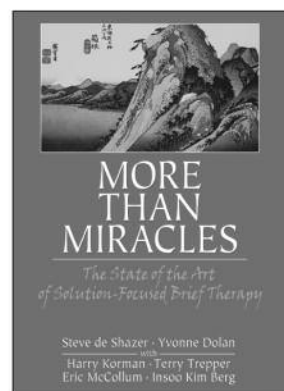
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The Haworth Press, Inc. is saddened, but honored to present directive family therapy pioneer Jay Haley's remarkable final work, **Directive Family Therapy**. The late Dr. Jay Haley will be memorialized at the Tenth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy in December.

OF RELATED INTEREST



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Steve de Shazer, MSW (1940-2005), Yvonne Dolan, MA with Harry Korman, MD, Eric McCollum, PhD, LCSW, LMFT, Terry Trepper, PhD, and Insoo Kim Berg (1934-2007)

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PAD07

D V D R E V I E W

Big Dreams During Important Life Transitions

Clinical Demonstration by Ernest Rossi, PhD

DVD Recorded at Brief Therapy, Lasting Impressions
Anaheim, California 2006

BT06-DV11

The Milton H. Erickson Foundation, Inc.
www.ericksonfoundationstore.com
Tel: 602-956-6196 / Fax: 602-956-0519

The clinical demonstration, *Big Dreams during Life Transitions*, by Ernest Rossi, PhD is a delightful, multi-level teaching experience. On one level, Rossi teaches what he is doing by including the viewer in the experience. He encourages you to learn with him and the subject as they explore what the subject's dream means, and how to mine healthy nuggets from big dreams. On another level he masterfully follows and gently guides, with broad suggestions aimed at enhancing the subject's experience. On still another level, Rossi demonstrates his unique blend of concentrated attention that evokes a mild trance.

Rossi begins by telling what he is going to demonstrate, and asks for a volunteer from the audience. Then he asks Gwyneth to tell her dream and assists her learning from it and her unconscious, by utilizing her hands as therapeutic symbols that employ her responses to his minimal suggestions.

What Rossi does in working with Gwyneth's dream is a variation of his trance induction that uses the subject's hands held in mid air to represent different aspects of the person. It is also a creative use of that mild trance-inducing technique. His amazing skill and mastery makes the process look easy. By using Gwyneth's hands to represent different aspects of the dream, Rossi demonstrates how powerful this technique can be in providing a positive experience that is both freeing and healing at the same time.

One of the especially delightful aspects of this demonstration is that you get to watch Rossi watching Gwyneth in that intense way he pays attention. Watching him watching is like viewing a sacred experience. His attention is so focused, respectful, accepting, and informed. Seeing it is moving. And you can recognize that Rossi's trance is having a powerful effect on Gwyneth in the demonstration. No wonder that Gwyneth accesses and accentuates personal change through this experience of discussing her dream. The trance that Rossi seems to operate from is so genuine that just watching the video you are likely to find yourself entering a mild trance and discovering that you too are creatively beginning to think about life transitions.

Each time that Rossi says to Gwyneth "Yes, let's see where that leads us to next," he speaks with such certainty and respect that there is no doubt that something is going to happen. He works with her to recognize the connection between her dream and her life, always taking cues from her direction and simply nudging her to the possibilities and creative insight that she would generate. It is Rossi's blend of following while leading with attention, and his unwavering faith in the human capacity to change and grow in positive ways that is so unique. Just encountering his attitude and worldview is healing because it is very accepting and positive.

I found the DVD so compelling in inducing a trance of creativity that I got immediately immersed in several projects of my own. It is likely that you will as well. This demonstration teaches practical techniques and provides the viewer with a positive experience at the same time.

Reviewed by
John D. Lentz, D.Min
Shepherdsville, KY

D V D R E V I E W

Practicing in the 21st Century: Success or Failure?

By Nicholas Cummings, PhD, ScD

The Brief Therapy Conference:
Lasting Impressions
Anaheim, California
December 9, 2006
60-minute DVD - BT06-D16K4

The Milton H. Erickson Foundation, Inc.
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There are plenty of fine, recorded presentations available: of techniques to add to our expertise, theory to add to our knowledge base, and still others to inspire our continued growth and personal development. Dr. Nicholas Cummings' keynote is not any of these. Instead, he challenges the future success or failure of the

Each of these specialty industry giants gave away their future success by not recognizing the emergence of a larger industry. The numbers of our possible failure are already being counted: In 1990 virtually all inpatients being discharged were referred for outpatient therapy, by 2005 only 5% were referred for continued outpatient therapy.

Many of us practicing may be in small group or individual private practice. By assuming we are in the mental health care profession we risk our future success by not recognizing that we are part of a larger industry: the health care industry. Cummings informs us, "Once a business becomes industrialized, there is no going back to the times of cottage industry."

"When asked how it is that I have built a successful private practice –

We will all do better in our personal business if we take the time to view and review Cummings' call to join the larger health care industry.

profession itself, with a combination of cajoling and chastisement spoken from a lifetime of singular accomplishments.

Cummings wants the field of psychotherapy to succeed, not for our sake, but for the sake of the large percentage of patients that are not getting the care they need. Hundreds of studies discovered that more than 60% of patients seeking medical care had nothing physically wrong. Yet, extensive medical testing was done to find something physical when a simple behavioral intervention could have provided relief. Cummings reminds us that Rene Descartes is dead and so are his thoughts on the separation of the mind and body.

Although the annual funds spent on healthcare are in the trillions, Cummings breaks the statistics down to numbers that can be understood personally. And he wants those of us in the "mental" healthcare business to take those numbers very personally. He presents compelling examples of how failure can be ours by following the path taken by other, larger once successful enterprises such as the railroads, the telegraph, IBM and Xerox.

my answer includes, I never forget it is a business." And while I am on this track, the future track is that we are part of a much larger business. Therefore I subscribe to Cummings' vision and directives. He describes transitions already occurring and provides specific examples on how to become part of seamless industrialized healthcare.

It is too easy to stay focused on all those other fine topics mentioned earlier. They assist us in becoming better mental health care providers. Cummings prescribes a different course of study. A course that responds to the question, "What is the next phase of therapy?" We will all do better in our personal business if we take the time to view and review Cummings' call to join the larger health care industry. And we will succeed "When we are a valuable integrated part of the health care system, until then, economics will win."

Reviewed by
Deborah Beckman, MS
Milton H. Erickson Institute
Dallas, Texas

“Connecting with the Inner Self in Psychotherapy”

By Stephen Gilligan, PhD

From The Brief Therapy Conference:
Brief Therapy; Lasting Solutions
Recorded December 8, 2006
BT06-DVD3

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Steve Gilligan has been “Connecting with the Inner Self in Psychotherapy” for decades. He demonstrates it on this DVD. His subject, a woman he met the night before, presents him with one of the goals some therapists dread: “I have been smoking since I was 15, and I enjoy it very, very, very much ... not so much the nicotine as the whole ritual – waving my hand around, the smoke ... I continue to enjoy it, but [with quiet emphasis] I know I have to stop.”

Having established trance even before asking for her therapeutic goal,

Repeatedly, he brings in her body and its needs, development, and wisdom. He speaks of insecurity and security and how her “body has worked out different ways, different rituals” as it has “explored the best ways to handle” those learnings. “You can see for yourself how your expression of your own autonomy changed in subtle ways” from decade to decade.

Orienting her toward the future, he invites her to become, “curious how your thinking will change over the next months” and how, “you’ll look back to how you were able to preserve the important parts of the ritual as you get healthier and healthier.” He emphasizes “the fundamental truth: Some rituals need to be preserved; and the fundamental truth: You can be curious about how to fight for the right that you can preserve your ritual on your own terms.”

There are too many lovely points to enumerate. When his subject doesn’t do what he asks, he praises how she does things her own way. Again and again, he guides her to a “deep, gentle appreciation for what that ritual has always tried to give you ... and

“She’s the boss; and if anything’s going to happen, it’s on her terms. And that’s nice to know, isn’t it?”

Gilligan immediately sidesteps the power struggle that can torpedo habit control therapy. “Make sure you don’t give up the important parts of the ritual – that you vigorously defend from any attempts to get you to give it up.”

He hangs his intervention on having her slowly and repetitively pantomime the ritual with arm movements, subtly suggesting that the repetition might become a tiresome chore. The movements are to help her to notice all the ritual’s deep meanings -- “Past meanings, future ... as you protect and elaborate the ritual that is just for you ... that no one could take away, no matter how hard they might try.”

Gilligan directs his (silent) subject to review her development from age twelve onward, especially in terms of the growth of her personal autonomy.

how you can honor that need in so many different ways – healthy ways.” He ends by acknowledging her inner self: “She’s the boss; and if anything’s going to happen, it’s on her terms. And that’s nice to know, isn’t it?”

Gilligan recognizes essential parts of this woman’s character. Some therapists would create resistance by seeing her as “oppositional.” Gilligan warmly sees her as autonomous – and honors that strength. “Connecting with the Inner Self in Psychotherapy” will reward many viewings – both for hypnotic technique and for a profound lesson in opening to a client with the respect we all warrant.

Review by
Will Handy, LCSW
Dallas, Texas

**The Rainbow Machine:
Tales from a Neurolinguist’s Journal**
by Andrew T. Austin

“Andy Austin’s Rainbow Machine will have you laughing, gasping in horror and awe, and wishing like hell that you lived close enough to him to get an appointment. He is the British Milton Erickson.” —Bill O’Hanlon, author of *Change 101* and many other books about brief therapy.



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EXISTENTIAL *continued from page 16*

There was then a dialogue about the Universal Mind and Christianity and about a Christmas gift to her parents. “Why wouldn’t it be okay to send your parents Christmas gifts?” “I have been an unfaithful daughter.” Laing obviously connected on some subtle level with the client with his words and body language. In Laing’s terms he was involved in a “transpersonal view” with the client, and that’s where the connection came. In response to an audience question Laing said, “There is a mystical communication going on. It can’t be put into words.” In a sharp exchange with one of the questioners, Laing arrogantly accused the questioner of being arrogant since he didn’t understand or accept what Laing had been doing.

The client felt that Laing was successful with her stating, “This guy can be a great psychotherapist because he knows how to tap into other people’s minds, not just asking questions.” On some level Laing convinced the client that he could do this and was able to help her. The tape will mystify many. I doubt that I could replicate what Laing did with this client, but I am sure you will find the DVD interesting.

Reviewed by
Rubin Battino, MS,
Yellow Springs, OH

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D V D R E V I E W

Therapeutic Three-Generation Family Reunion

By Carl Whitaker

Evolution of Psychotherapy
Anaheim, California
December, 1990
PP-EP90-CP-V15

57 min.

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In this DVD, Carl Whitaker, MD demonstrates a consultation to a Hispanic family (a couple and their two children, along with a maternal grandmother) that has been seen previously by another therapist for three sessions. The presenting concern involved the little girl who began to have panic attacks and thought she was going to die. The family had an unusual situation in that they worked and lived together, but the father spent much of his time in one house, while the mother, grandmother, and children spent much of their time living in another house. The family communicated with Whitaker via the mother who worked as a translator.

The grandmother explained her perspective that the family did not seem to listen to what she had to say. In the course of Whitaker's intervention, it appeared that the primary difficulty actually concerned the inflexibility within the family as they played out their fixed roles—roles that seemingly evolved from the community, the culture, and from within the family system itself.

As a result of their interactions with Whitaker, the family gradually accepted the crazy premise that each of them could imagine playing out a different role in the family. For example, the grandmother could be a rebellious teenager, have a romantic interlude with her son-in-law, and create a stir in her community. Whitaker asked such questions as, "What if you went back to being a woman instead of a mother?" and commented, "I think mothers are make-believe." All of the roles were re-ordered and distorted in this playful session, and none of the family members appeared to question Whitaker because he never veered from this approach and stayed true to the make-believe script right until the end.

He explained that in creating chaos and "craziness" in the family system, there was more flexibility and freedom, and therefore less anxiety; the little girl would no longer end up shouldering the burden and assume all of the responsibility for the anxiety that had existed among the adults.

In summary, this is an example of how bringing in a consultant can dramatically alter the "rules" in a therapy session, bringing change that can then be capitalized upon by the existing therapist in subsequent sessions. This session also illustrates Whitaker's approach to therapy as he seeks to create involvement and direction that is co-created by his patients in unexpected and playful ways.

Review by

Kathleen Donaghy, Ph.D.
Phoenix, Arizona

INTERVIEW *continued from page 1*

n't work they are going to try to avoid exposure to the problem situation. We need to focus on those types of cognitions—the world is dangerous and I am inadequate to handle it—to help these people gain some control of their anxiety.

MY: At times you've even described your work as being "persuasion therapy," where you talk about people's belief systems being essentially a "rigid fortress" and

what you strive to do is try to change their mind. Can you elaborate on that principle?

RW: The person's belief system of anxiety tends to drive everything. If we begin by using techniques with someone without altering their belief system, they tend to incorporate our techniques into their existing point of view. If you teach someone how to relax, they tend to try to stay relaxed in all situations. And as we know,

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you actually have to go toward distress to get better instead of being relaxed. So, as I was saying, trying to work minimally, if we can get people to alter their frame of reference about the nature of the problem and the nature of how to approach the problem, then they make the techniques much more powerful and they have drive behind it.

MY: You have said that pattern disruption is a core piece of your unique contributions to the field of

OCD treatment. Specifically to what are you referring?

RW: The gold standard of treatment with OCD is exposure and response prevention, but it is very difficult to do that work in an outpatient basis. So what I help people do is to begin to manipulate symptoms as opposed to having to get rid of them altogether. For instance, we might have someone who is a hand washer out of fear of contamination wash his

See INTERVIEW on next page

hands as long as he wants, but every three minutes stop and dry his hands off, walk out of the room, come back in and wash again.

There's a series of ways to break these patterns down and interrupt them in a way that's not too terribly threatening to the patient, but begins to open up their mind to the possibility of change. We can work incrementally instead of full-force with exposure and response prevention, and that reduces resistance.

MY: Because pattern disruption is a core part of your contribution, it sounds like you may have had some influence from the work of Erickson and perhaps some of the MRI people as well.

RW: Oh, absolutely – pattern disruption, paradox, reframing, second-order change. Most of the people with anxiety disorders have solutions that actually perpetuate the problems. So we will look at second-order change in order to begin to manipulate the symptoms. Therefore, almost all of our interventions are going to be

paradoxical in nature. Not only that, the paradoxical strategies we use tend to go against the natural instinct of backing away from situations when frightened. That's why the strategies that Erickson created by pattern disruption begin to break it down small enough so that it's not quite as threatening to people. Also the ability to add components to people's rigid patterns instead of taking components away has been a very powerful influence in how we begin to promote change.

MY: Are there any people whose work currently attracts you that you find relevant to what you're doing?

RW: In the last three or four years I've been studying more of the work of Mihaly Csikszentmihalyi regarding flow, particularly two items: one is "matching skills with challenges." People with anxiety disorders perceive their skills to be very low and perceive the challenges that they face to be too high. There's a way to begin to challenge that by creating paradoxical assignments that they feel capable of mastering. I am encouraging patients to voluntarily, purposely, choose to increase their doubt, their

Even more important to me is the whole concept of perceiving behavioral practice as a game that they have the ability to win.

worry and their physical discomfort. Most of them believe that can succeed at getting worse!

Even more important to me is the whole concept of perceiving behavioral practice as a game that they have the ability to win. Anxiety disorder patients like rules and typically live by rules, so we're going to change rules for them. I literally have patients score points by paradoxical interventions and then literally win prizes during treatment. The game theory allows people to shift about 30% off of center instead of looking directly at their anxiety symptoms

and being frightened by them. So that's been a powerful assistance in my current thinking about interventions.

MY: Can you offer some examples of anxiety management strategies that you use? For example, do you do anything in the realm of mindfulness?

RW: Sure. Mindfulness is very important because the first thing we want people to learn to do is to step away from the problem situation and observe it. If we can get an observer present at a time when the problem is
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occurring, then they are no longer 100 percent the actor in the drama. Once we have that position, we then want them to work on naming what's going on. For instance, with obsessive-compulsive disorder, they get caught up in the content – “this is about germs,” “this is about harming my child.” We want them to shift their thinking to “this is about uncertainty; this is about distress.” Labeling the pattern helps point them in a different direction. We then teach them to respond to this different direction: how to handle the generic experience of doubt and distress. So mindfulness leads to reframing the nature of the battle, and that leads to pattern disruption and paradoxical interventions.

My work now is an extension of the exposure model. With exposure we want frequency, intensity and duration to develop habituation. I think is missing a key concept. I want patients to shift from being the *object* of exposure: “The doctor says I need

to do exposure to habituate.” I want them to become *subject*, by believing the statement, “I also *want* to experience frequent exposure to intense distress for an extended time.” In other words, “If frequency, intensity, and duration will get me better, then I *want* what it is that I *need*.” It is a level of ownership that makes a profound difference in the treatment process, when the patient can say, “I want that uncertainty to last 45 minutes or an hour and a half even. And I want the distress of that uncertainty to bring an intensity of about a 50 on a 0-100 scale because I'm committed to getting better.”

MY: Anxiety is so often associated with other disorders, does it change your treatment any if the person is also depressed?

RW: Depression is the first comorbid disorder on the heels of anxiety. People are much more restricted in their lifestyle. The average person with a panic disorder sees twelve physicians in ten years without getting the proper diagnosis, much less

When depression is missed we sometimes don't catch the loss of motivation and, more importantly with anxiety disorders, poor concentration.

any treatment. So any kind of debilitating disorder like this can bring in depression. When depression is present it can be tricky because so often it is what we used to call “masked depression” or “agitated depression,” and therapists can easily miss the diagnosis. When depression is missed we sometimes don't catch the loss of motivation and, more importantly with anxiety disorders, poor concentration. They simply can't hold onto the task assignments, forget to do homework, or start skipping sessions because the stance of “why bother” short-circuits the drive to get better. So it's a pretty tough one-two

punch if somebody has both anxiety and undiagnosed and untreated depression.

MY: So often anxiety occurs before onset of depression. Is there something that you think we should be doing to better identify and treat anxious children so that they don't also then become co-morbidly anxiety and depressed adults?

RW: It's true that early anxiety seems to create a vulnerability for depression later on, and I think our field is beginning to move in the direction of prophylactics. For instance, social shyness is the most

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genetically predetermined personality trait there is. We know with the study of Rhesus monkeys you can breed a socially inhibited Rhesus monkey. However, if you take her away from her socially inhibited mother and give her to a dominant mother, that mother will nurture her right out of that and these previously socially inhibited offspring will look like normal adolescent monkeys. Humans fit this model too. Often the parent of an anxious child is also anxious. These parents then tend to be more cautious when they train their kids on how to engage in the world. So a parent education plus a school education about social skills, cognitive restructuring and assertiveness, combined together is what we're finding to be the most helpful work.

MY: What's the relationship between parent and child anxiety? Would you say that anxious parents pose a threat to their children in terms of modeling or is this something that is genetically transmitted?

RW: It's actually both. We know that anxiety disorders run genetically in families. That's clear. We also know that anxiety disorders tend to run the lifecycle. So, one, we get the genetic factor and then depending on the disorder – for instance, this occurs less with obsessive compulsive disorder, but more with social anxiety and panic disorder – a parent does model fearfulness. The average parent might say, "Don't climb up in that tree. You might fall down and break your arm." These parents tend to say, "Don't climb up in that tree. You might fall down and break your neck." Or, "Don't go down to the creek. You might drown." So they begin to convey that the world is a dangerous place. "Listen to me. I'll give you the rules on how to be safe." So the skill of tuning into my sense of safety and needs and risk-taking tends to atrophy with these children.

It's the same issue we have with dominant, aggressive, controlling parents – the same message of "Listen to me in order to be safe." These children develop an external locus of control. As they grow up they are less secure about themselves, have a

Risk aversion, fear of change, and attachments and dependency with other people—these are three tendencies that run through all the anxiety disorders.

poor sense of identity, and are much more likely to seek reassurance from other people. Risk aversion, fear of change, and attachments and dependency with other people—these are three tendencies that run through all the anxiety disorders.

MY: The last question: People who attend your workshops routinely say that you provide a lot of information and you're funny. Are you able to integrate humor, not only into your workshops – I mean, anxious people aren't known for having a great sense of humor, but it's obviously a part of who you are. How does that play in your work?

RW: It really goes back to the game theory in some ways: I want them at some level to enjoy solving

the puzzle. I want things to be somewhat light in the sessions, even though the problems can be horrendously debilitating. We laugh a lot. It just is a way to free up learning with students. We know this from the data: if we can elevate their mood, then people tend to be more creative. We're not filing taxes here. We're not doing legal documents. We're trying to put some pieces together creatively and hold onto them as a package. I have to entertain myself as well, so that plays into the role. I certainly enjoy laughing, and it's true that it makes the time go by much quicker. But the core function is to help the patient alter her perceptions as she considers these issues.

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