



The Milton H. Erickson Foundation NEWSLETTER

Michael D. Yapko, Editor / 2525 Camino del Rio S., Suite 265 / San Diego, CA 92108

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Phoenix, Arizona 85016
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Telephone: (602) 956-6196

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What Was The Highlight of The Congress?



Jeffrey K. Zeig
Phoenix, Arizona

"The whole Congress was a highlight... All the people getting together... All of the faculty... The effort of the staff... The charm of San Francisco... The enthusiasm of the attendees... The exhibitors... It was a marvelous event."



Kristina Erickson
Tucson, Arizona

"I think the highlight of the Congress was the enthusiasm of all the people participating and the interest in continuing to seek and find education."



Linda Carr McThrall
Phoenix, Arizona

"The highlight was that everyone seemed as if they enjoyed themselves and had a chance to learn from a great faculty. The efforts of everybody made this a truly worthwhile event."



Michael Liebman
Phoenix, Arizona

"Well, certainly for me, personally, the highlight of the Congress was receiving the [recognition] award [from the Foundation and the Erickson family] with Michael Yapko and Stephen Lankton. That was a wonderful surprise and touched me deeply. Overall, I loved the quality of the Congress and the enthusiasm of the faculty and participants. There were a lot of good feelings throughout the Congress."

A Review

The Fourth International Congress

MORE THAN WE CAME FOR AND A HOPE FOR MORE TO COME

It was the week of December 7-11 when approximately 2,400 mental health professionals traveled from cities all over the United States and from nearly every continent to the San Francisco Hilton on Hilton Square. There, along with a host of presenters and moderators as well as members of Milton Erickson's family, they met to form the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, entitled "Brief Therapy: Myths, Methods and Metaphors."

If I am to believe the many therapists in attendance whom I had the pleasure of interviewing, it is not only in the spring of the year when folks long to go on pilgrimages. For indeed, the reasons most frequently given for traveling to the Congress fell into the category of "vacation," e.g. "a chance to see the City, visit the Muir Woods or the wine country, see the Golden Gate, meet new people or see familiar faces." And those who came for such reasons surely were not disappointed for they were greeted with perfect weather

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An Interview with Martin E. P. Seligman, Ph.D.

by Michael D. Yapko, Ph.D.

There is virtually no possibility of taking even an introductory psychology course without being exposed to the work of Martin Seligman. Marty, as he likes to be called, rose to fame at a relatively young age for his innovative work on what eventually became his "Learned Helplessness" model of depression. Seligman observed that laboratory animals and human beings exposed to aversive, uncontrollable stimuli often developed what appeared to be signs of clinical depression. These observations have led to countless studies, reformulations, and most importantly, deeper understanding of one of the most common disorders clinicians are asked to treat.

Seligman was interviewed in San Diego during The Fourth Annual San Diego Conference on Hypnotic and Strategic Interventions (March 1988), where he served as a keynote speaker. The text of his address will be published in the forthcoming volume edited by Michael Yapko entitled *Brief Therapy Approaches to Treating Anxiety and Depression*, to be available in the summer from Brunner/Mazel, Inc.

Seligman's recent interests are in the areas of attributional style, and its implica-



Martin E.P. Seligman, Ph.D.

tions for depression, health, and achievement. He remains one of the most famed, knowledgeable, and generative researchers and theorists in the field of psychology. **Y—Please start by describing your personal and professional background, and how you got interested in doing the research that you are so well known for doing.**

S—When I was 14-years-old I read Freud. I remember lying in a hammock reading a part about "tooth falling out" dreams. I

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A New Addition: Classified Advertising

The Newsletter will be adding a new classified advertising section in future editions. Classified ads announcing conferences, trainings, books and papers, calls for papers, and other such items of interest, will be available for purchase. Ads of 25 words or less will be placed at a cost of \$25.00, and each additional word will be included at a cost of \$1.00 per word. A

classified ad can be a useful way to promote widespread awareness of your product, event, or special concern. Ads are subject to approval.

Ads with accompanying payment should be sent to: The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016. All ads are payable in advance.

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Profile: Kay Thompson, D.D.S.

by Michael D. Yapko, Ph.D.

Kay Thompson knew Milton Erickson like few others. She is outspoken about her ideas and feelings regarding him and those who capitalize on their brief and narrow experiences with Erickson. This strong-minded professional provides depth and substance to the flourishing Erickson movement, counterbalancing those people who some criticize as "grandstanders."



man... When he held his audience [as they have been called], he just told stories, and the people who were there came with an expectation. The earlier people [his previous students and patients] didn't — they came with a challenge, a problem, a resistance... The people who came to these [later] audiences knew of the aura of Erickson; most of them came in already in trance and ready for a deeper trance experience, which he very willingly gave them... I think that [type of learning] alone was not anywhere near a total picture of the kinds of things that Erickson was capable of doing earlier on."

Kay admittedly gets frustrated with what she sees as an overemphasis on being indirect — a misperception of Erickson's ap-

proach, in her view. She said, "When he was working, it was very subtle, but was primarily direct... He was not indirect; [his] instructions were orders and were quite explicit... I don't feel, as some have said, that he evolved from being totally direct into being totally indirect and metaphorical." Kay also wants to correct the misconception that Erickson could magically do anything with anybody. She claimed "Erickson did not always use hypnosis. Erickson did not see every patient in the world who wanted to see him. There were many people for whom he felt hypnosis was not applicable and that other people could better treat them. All we read about were successes..." She points out that Erickson recognized the value of other

therapies as well as his own.

Kay sees herself as a conservative and stabilizing force in the enthusiasm over Erickson. She enjoys providing a sense of balance to the exaggerated claims she sees others make, and is careful to protect the integrity of the man who was so influential in her life.

Kay will fulfill her obligations to her professional society affiliations, and then intends to escalate the amount of traveling and teaching that she does. Her years of clinical practice and teaching hypnosis with Erickson and other significant practitioners are some of the reasons why Kay Thompson has a lot to say that is worth listening to.

Kay was graduated from dental school as the only woman in her class. Now, some years later, she is the first woman to be elected president of the Pennsylvania Dental Association in its 120 year history. She is a past president of the American Society of Clinical Hypnosis (ASCH), and serves on the University of Pittsburgh Board of Trustees.

Kay grew up as the only child of the only professional family in a small community — her father also was a dentist. Seeing her father as caring and always available, Kay acquired the value to help others at an early age.

Shortly after being graduated from dental school in 1953, Kay received a brochure in the mail describing a hypnosis workshop. "Looking for magic," she attended and was impressed with what she saw. She became increasingly involved with hypnosis and later with ASCH (when it formed in 1957) and its instructors, the most notable of whom was Milton Erickson. Kay's first impression of Erickson: "I was fascinated but terrified by anybody who could see into your soul like that... He demonstrated that ability with every demonstration he did... Watching him work, he was so very fast and he was so very smooth... His power of observation was so extraordinary..."

Kay's involvement with Erickson and ASCH was deep for many years. Kay appreciatively credits Erickson with helping shape her personal and professional lives, saying "He had more influence on me than anyone but the woman who gave birth to me." She says she often finds herself wondering even now what Erickson would think about things she does. She also wonders how he would feel about the way his work is sometimes represented. She says, "I worked very closely with him until his death. I feel very strongly about him. I do not think I have ever given an Erickson workshop — I can't. Erickson was the only one who has the right to give an Erickson workshop because the complexity of the man is the thing that makes it so difficult to classify him or explain him."

Kay feels too many people saw Erickson in his later years and formed limited, if not erroneous, perceptions about him. She says, "Most of the people who met Erickson within the last 8 to 10 years of his life saw a poor, sick, tired, weak old

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to celebrate The Milton H. Erickson Foundation's
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Lecture, demonstration, small group practice*

*Small groups will be led by the staff
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Invited faculty include **Joseph Barber, Stephen Gilligan, Stephen Lankton, Bill O'Hanlon, Ernest Rossi and Jeffrey K. Zeig.**

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**Special Discount for Newsletter Subscribers —
Deduct \$25.00 from regular registration fee
(must be postmarked by April 15, 1989.)**

REGISTRATION FEES

U.S. Registration Fees:

- \$250 U.S. (\$150 for full-time graduate students*) for registrations postmarked on or before May 31, 1989.
- \$300 U.S. (\$200 for full-time graduate students*) for registrations postmarked on or before September 1, 1989.
- \$350 U.S. (\$250 for full-time graduate students*) for registrations postmarked on or before October 1, 1989.
- \$400 U.S. for on-site registration if space is available. (No student discount.)

Canadian & Other Foreign Registration Fees:

- \$225 U.S. (\$150 for full-time graduate students*) for foreign registrations postmarked on or before September 1, 1989.
- \$300 U.S. (\$200 for full-time graduate students*) for foreign registrations postmarked on or before October 1, 1989.
- \$400 U.S. for foreign on-site registration if space is available. (No student discount.)

* Students must provide a certifying letter from their school or department on letterhead stationery indicating proof of full-time student status as of December 1989.

Linda Carr
McThrall



Notes From The Foundation

The Milton H. Erickson Foundation staff is preparing for the new year. With a busy, productive 1988, we all are ready for the continuation of our goals.

The first order of business for 1989 is to thank the staff for their great work at The Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. I personally thank these people for being so instrumental in making The Brief Therapy Conference such a great success: Chris Berger, Theresa

Cords, Sylvia Cowen, Greg Deniger, Mary Helen Kelly, Michael Liebman, Alice McAvoy and Judy Sachs. Thanks also to Teri Mahaffey and Lori Weiers who helped get the meeting off the ground. Thanks, also, to the faculty, to the attendees and to the volunteers. Contributions from every direction made the meeting so great.

* * *

We're looking ahead to our anniversary. The Foundation turns ten Oct. 29, 1989. We have planned a special institute Nov. 2-5 in Phoenix to commemorate the event. The meeting is size-limited, so sign up as soon as possible. A registration form can be found on page 2 of this issue.

* * *

A project we hope to get a good start on this year is a complete organization of The Erickson Archives. We have a group of professionals helping with this, and we will report developments in the coming months.

who appreciate the efforts of the many people involved in producing this newsletter.

I am especially pleased with how well the published interviews are being received. In previous issues, there have been interviews with Paul Watzlawick, David Cheek, William Kroger, Stephen Gilligan, and Virginia Satir. These interviews provide personal glimpses of well-recognized names in the field and stimulate a great deal of thought.

We will continue to provide much the same of what we are finding enjoyable to readers: book reviews, video reviews, announcements of interest, and so forth. As always, I rely on your sharing with me information that may be of interest to readers. Until I master physical dissociation and can be in many places at once, your input will be the only way I have to keep readers informed.

Thank you for your feedback. I look forward to receiving even more!

Stephen
Lankton



Notes From The Monographs

Monograph Number 6

Monograph Number 6 is now in press; it will be available in the Fall of this year. The contents consist of a position paper by Dr. Richard Fisch concerning possible difficulties in disseminating what he calls "The Broader Interpretation of Milton H. Erickson's Work" and several rejoinders including the following:

Dr. Nugent, "Conflict Between Development of a New Research Tradition and Development of Social Technology: A Reply to Fisch."

Dr. Keeney & D. Flemmons, "Milton Erickson's Lesson."

Mr. de Shazer, "A Response to Fisch."

Dr. Pearson, "Commentary on Dr. Fisch's Paper."

Dr. Mathews, "More Than a Doorway, A Shift in Epistemology: A Rejoinder to Fisch."

Dr. Gilligan, "Commentary on Richard Fisch's Position Paper."

Dr. Rossi, "Rejoinder to Dr. Fisch."

Following the trend which has been developing, we have some excellent research in this issue: Dr. Otani's, "Structural Characteristics and Thematic Patterns of Interpersonal Techniques of Milton H. Erickson, M.D.: A Quantitative Analysis of the Case of Joe," and Dr. William Nugent's "An Experimental and Qualitative Evaluation of an Ericksonian Hypnotic Intervention for Family Relationship Problems." Additionally, we have an intriguing paper by Dr. Stephen Gilligan entitled "Psychosomatic Healing in Ericksonian Hypnotherapy."

Advice for submitting articles

We are now accepting articles for *Monograph Number 7*. Many people at the December, 1988 International Congress asked me about publishing in the *Monographs*. There is an "Advice to Authors" letter and, while it is too lengthy to print in its entirety, here are some general guidelines:

Articles need to be previously unpublished, original work dealing with Ericksonian approaches to hypnosis, family therapy, and psychotherapy, including techniques, case studies, research, and theory.

Manuscripts should be submitted in quintuplicate (5 copies) with a 100-150 word abstract. Manuscripts of length varying from 15 to 35 typed double-spaced pages will be considered for publication. The style and format of submitted manuscripts must adhere to instructions described in the *Publication Manual of the American Psychological Association* (3rd edition, 1983).

The "Advice to Authors" letter, containing more information, can be obtained by writing to Stephen R. Lankton, M.S.W., P.O. Box 958, Gulf Breeze, Florida 32561-0958.

Electronic Bulletin Board System

Anyone with telecommunication capability will be interested in calling the BBS which has been running in my office for some time. A BBS is an electronic bulletin board system which can offer a range of services. The services which a BBS offers is shaped by the needs of the users who call it. Over the last few years I have used our BBS primarily to operate the office remotely when I am out of town. However, a few authors use our BBS to submit reviews and manuscripts and to receive immediate response and feedback on their work.

Now, the BBS is expanding to include forums for discussion of various topics of interest to callers, including case discus-

continued on page 4

Michael
Yapko



Notes From The Editor

With the Foundation still glowing from the success of the Fourth International Congress in December, it is with a renewed excitement that this newsletter was assembled.

Throughout the Congress, I had many opportunities to exchange ideas with colleagues regarding this newsletter. All the feedback I don't usually get by phone or mail (unfortunately) I was given in person. I was happy to hear many positive and supportive comments from regular readers

Michael
Liebman



Notes From The Center

The most exciting news from the Center is the new, 1989 Winter/Spring training schedule. We will offer workshops and clinical supervision programs in Phoenix. Our staff members have worked diligently to create programs covering a range of topics. We will present workshops in habit control and pain management; ethnic aspects and Ericksonian psychotherapy; depression and anxiety; Ericksonian psychotherapy with children; and stories, metaphors and anecdotes.

We also are working on other ideas for training programs for this year. Details will

be announced in future issues of *The Newsletter*.

In addition, the Center will offer one- and two-week Intensive Training Programs in June of 1989. Since opening in 1987, we have had many requests for short-term, comprehensive training programs. Professionals from other areas of the United States and overseas have expressed strong interest in coming to Phoenix to receive training and to take advantage of the Foundation, most notably the Erickson Archives. The Archives contain videotapes of Dr. Erickson as well as videotapes of featured programs from the Congresses and the '85 Evolution Conference. These videos provide a wonderful opportunity for those who never had the chance to meet and work with Dr. Erickson.

Please see our advertisement on page 15 of this issue regarding the intensive training programs.

The IC'88 San Francisco Conference on Brief Psychotherapy was a wonderful opportunity for Center staff to meet and talk with many of you. We appreciate your in-

terest in the development of the Center. We also appreciate the interest and support of the Center by many of the other faculty at the Conference.

We are proud to announce one of the Center staff, Gary D. Lovejoy, Ph.D. was named Arizona Counselor of the Year. The award was given for Gary's outstanding work in AIDS education and treatment. He received the award at the annual meeting of the Arizona Counselors Association, the state chapter for the American Association for Counseling and Development.

The Center staff all enjoyed their participation in IC'88. It was a wonderful meeting. We are excited about our Training Programs for 1989. We hope to meet and work with you in the upcoming months. If you need any information about our programs, please contact me at the Center. Happy New Year!

Foundation to Celebrate 10th Anniversary in November

The Milton H. Erickson Foundation celebrates its 10th anniversary in October. To mark the occasion, a special four-day institute will be held Nov. 2-5, 1989, in Phoenix, Arizona.

Featured speakers are Joseph Barber, Stephen Gilligan, Stephen Lankton, Bill O'Hanlon, Ernest Rossi and Jeffrey K. Zeig. Also participating are therapists from The Milton H. Erickson Center for Hypnosis and Psychotherapy. Center therapists will lead small group sessions.

For information, persons may write or call The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016; (602) 956-6196.

Therapists' Report

Neil Weiner, Ph.D., and Gordon Cuddeby, Ph.D., are therapists at The Milton H. Erickson Center for Hypnosis and Psychotherapy.

During their presentation at The Brief Therapy Conference, Weiner and Cuddeby worked with a woman whose presenting problem was a flying-phobia.

The therapists asked that she write them after the conference, letting them know how her flight back to New Mexico went:

Dear Neil and Gordon,

You asked me to let you know about the trip home to Albuquerque after the phobia induction you both did with me at the Erickson Conference in San Francisco.

I sat in my favorite seat — up front by a window. The day was clear and I wanted to see the terrain between California and New Mexico, which I love.

All during the flight, I waited for the fear — after all, it has become a traveling companion . . . in the last 27 years!

Well, it didn't show — I had a funny kind of blank nothing in the place where the fear used to reside in my chest.

And as I sit here recounting this, I can feel that blank nothing again.

After coming home, my television has kept me highly informed about the crash of PanAm 103, and I have been able to continue getting dressed (I watch the morning news) and go about my business, taking an interest in it, as a piece of news, but not *morbidly fixating on another piece of evidence that flying is dangerous, or running across the room to switch it off.*

I believe my next plane trip will be in March when I fly to visit my family in Kentucky. Before that, I will play the tape you gave me (and thanks for that) and see, again, what happens.

If there is any difference, I'll let you know.

— Mary Wales North

Call for Papers

Abstracts to be reviewed for possible presentation at the 6th International Conference on Multiple Personality/Dissociative States are being accepted. The conference is sponsored by Rush-Presbyterian-St. Luke's Medical Center and will be held in Chicago, October 13-15, 1989, at the Hyatt Regency Hotel in Chicago, Illinois. The focus of the conference will be the origins of dissociation: literature, family violence and biochemistry. Abstract Deadline: March 8, 1989. New research abstracts only will be accepted through May 15, 1989. Abstracts must be typed on plain white bond paper. Copy should be limited to one side of one page (including title and author's lines) and have a minimum of a one inch margin on all sides. Please submit an abstract only if you plan to attend the conference. Abstracts should be sent (in duplicate) to Bennett G. Braun, M.D., Program Chairman, Sheridan Road Hospital, 6130 N. Sheridan Road, Chicago, IL 60660.

Bulletin Board *continued from page 3*
 sion, supervision, theory issues, epistemology, and workshop training schedules. We hope that interest and reaction will be high and this new feature will develop into an active form of exchange and communication.

Callers can enter at 2,400, 1,200 or 300 baud rate and the following communication parameters: 8 bit word size, no parity, 1 stop bit. The BBS can be reached most evenings between 6 p.m. and 6 a.m. at 904-932-3118. Other daytime hours can be specially arranged. The password for enter-

ing the system as a visitor and manuscript submitting is, simply, "VISIT." Calling in this manner, users can obtain a range of files about the *Monographs* including the letter of Advice to Authors, and Guidelines for Reviewers, lists of Editorial Board Members, Copyright Release forms, Tables of Contents for each issue of the *Monographs*, and the detailed Introduction describing each issue. A few other files are available as well including my Lotus 1-2-3 interactive worksheet for the Interpersonal Check List and George Glaser's (from the Milton Erickson Institute of Central Texas)

wonderful Apple MAC Hypercard stack for the ICL. Both allow interactively administering and scoring of the ICL.

Authors may pre-submit (with total anonymity, if they wish) one copy electronically. Authors submitting electronically may use a number of error checking formats including xmodem, kermit, zmodem, ymodem, sealink, and six other transfer protocols. Special arrangements can be made for non-error checking ASCII transmission. Additionally, one can call (904) 932-6819 to arrange special transmission times or discuss problems.



The Institute for Advanced Clinical Training

I S P R O U D T O A N N O U N C E

The Eastern Conference on Ericksonian Hypnosis and Psychotherapy

Friday-Sunday, July 14-16, 1989 in Philadelphia, PA

Core Faculty:

Joseph Barber, Stephen Lankton, Carol Lankton, Bill O'Hanlon and Jeff Zeig. Also featuring Sidney Rosen, Herb Lustig, Michael Elkin, Harry Aponte and others.

Intensive training on Basic, Intermediate & Advanced levels in:

Skill-Building in Hypnosis and Strategic Therapy • Assessment and Treatment Planning • Integration with Other Modalities • Special Populations (Chemical Dependency, Pain, Adolescents, Couples, etc.) • Live Demonstrations

Thursday, July 13 — Pre-conference seminar:

Fundamentals of Ericksonian Hypnosis & Therapy

If you register by:	March 25	May 25
Saturday & Sunday	\$190	\$230
Friday-Sunday	\$240	\$290
Thursday & Friday-Sunday	\$290	\$340

Full-time graduate students receive a 30% discount.

Approved for Category One CME credits.

Eligibility: Doctoral or Masters Degree in Mental Health from accredited institutions. Expenses for training may be tax-deductible.

Student volunteers are needed.

Register early—this conference is expected to sell out.

Special Sheraton hotel rates: Single—\$59; Double—\$65. A variety of recreational activities will also be available (golf, tennis, swimming, etc). For a brochure & more info on registration & group rates contact:

Dr. Robert Schwarz at IACT, PO Box 166, Ardmore, PA 19003 (215) 790-1414

Dear Editor,

As a faculty member and active practitioner of various forms of brief treatment, I attended the Brief Therapy Conference in San Francisco with keen interest. There were a number of fine presentations, enjoyable and useful, but I was also concerned by five trends:

(1) The denigration of all long-term therapy, the caricaturing of extended treatment as an always inefficient and unethical straw man. I certainly agree that therapy should be as brief as possible (see Hoyt, 1985, 1989; Talmon et al, 1988) but some problems and goals may require an extended therapy. How many brief therapists themselves have had long-term or open-ended therapy? Should there be a class-structured approach of short for them/long for us, symptom treatment for them/self-exploration for us?

(2) The repeated assertion that dynamic approaches are automatically misguided or worthless.

There has been a mistaken overemphasis on possible unconscious factors in pathology, I think, at the expense of recognizing the power of conscious choice and the constructive nature of the unconscious, but some solutions do come from exploring conflicts, uncovering guilt, etc., a process which can often be accomplished in short-term dynamic therapy.

(3) The strong emphasis and preference for indirection and manipulation as a matter of course. Problem solution and symptom relief may be foremost and what patients pay for, but a sense of increased autonomy and self-knowledge should not be downplayed or unnecessarily avoided. Brief therapists need to be careful that they not be seduced by the cleverness of quick

Newsletter Business

The closing date for material to be included in the next newsletter is April 15. Announcements, news items, letters to the editor and other items must be received by Michael Yapko by that date. All correspondence regarding *The Newsletter* should be sent to Michael at his address: 2525 Camino Del Rio South, Suite 265, San Diego, CA 92108.

Paid advertising, except upcoming training announcements, must be sent directly to the Foundation in Phoenix: 3606 N. 24th Street, Phoenix, AZ 85016.

Call for Papers

A call for papers for the International Special Education Congress, to be held July 30 to August 3, 1990, in Cardiff Wales, United Kingdom has been announced. Paper and workshop proposals on special education will be accepted. Send proposals to John Garrett, O.E.E., 69 Minehead Avenue, Sully, South Glamorgan, Wales, U.K. CF62TJ.

Anybody doing therapy ought to get to know the range of human behavior.

(Erickson & Rossi, 1981, p.86)

fixes.

(4) The lack of apparent concern about possible negative effects. There was an absence of reports about failures in brief therapy, and terms like contraindications, negative therapeutic reactions, suicidal risk, and countertransference were seldom heard. No one likes a discouraging word, but it seems naive to advocate "trusting the unconscious" without recognizing potential pitfalls like therapists and/or patients imposing destructive agenda on their process. All therapists need to acknowledge distortions, be alert to warning signs, and willing to seek consultation/supervision when needed.

(5) The virtual deification of Milton Erickson. The late Dr. Erickson was a master therapist and powerful influence in many people's lives, to be sure, but reveren-

tial references and the wrapping of techniques and approaches in the Ericksonian mantle chills critical discussion. The last generation of psychoanalysts would let questioners know that they had been analyzed by The Master Himself — will modern brief therapists form a hierarchy of those Who Went to Phoenix or at least trained with Someone Who Did?

I congratulate and thank the Erickson Foundation for the exciting conference. As we and our patients continue to realize the many benefits of brief therapy, I hope the points that I have raised will stimulate further thinking. I have great respect for Erickson (who I never met) and his contributions. I would like to think he would prefer a probing and sophisticated examination and extension of his ideas, both their strengths and their limits.

References

Hoyt, M.F. (1985) Therapist resistances to short-term dynamic psychotherapy. *Journal of the American Academy of Psychoanalysis*, 13, 93-112.
Hoyt, M.F. (1989) On time in brief therapy. Chapter in R. Wells & V. Gianetti (Eds.), *The Handbook of Brief Psychotherapies*. New York: Plenum.
Talmon, M., Hoyt, M.F., & Rosenbaum, R. (1988) When the first session is the last: A map for rapid therapeutic change. Workshop at Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy — Brief Therapy: Myths, Methods and Metaphors. San Francisco: December 7-11.
Yours Sincerely,
Michael F. Hoyt, Ph.D.

MRI Comments on the Virginia Satir Interview

In the previous issue of *The Newsletter*, we published an interview I conducted with Virginia Satir. In it, she expressed some feelings she had about her early career at the Mental Research Institute (MRI) in Palo Alto, California. While it is generally understood that in personal interviews

(such as those published in this newsletter) the individual being interviewed is simply expressing his or her own viewpoints, the MRI group felt the need to respond to some of Satir's comments. A chief function of *The Newsletter* is to stimulate interests, thoughts, communications, and an ex-

change of information between professionals. We are happy to publish differing viewpoints, and in that spirit, we offer the following comments from John Weakland and Jules Riskin of MRI.

— MDY

The Satir Interview — Some Points in Question

The following is a response from officials of Mental Research Institute to an article which ran in the Vol. 8, No. 3, issue of The Milton H. Erickson Foundation, Inc., Newsletter:

In the Editor's interview with Virginia Satir published in the Fall 1988 issue of *The Newsletter* of the Erickson Foundation there are several statements concerning events in the prehistory and early days of MRI which we, as participants in those times, believe may be misleading, or at least are open to quite different interpretations. We therefore are writing to give our views on the following points:

1. In both the introduction to this interview and in the front page obituary, Virginia is stated to be a "co-founder" of MRI. While she (along with Dr. Riskin) was one of the two original staff members recruited by Don Jackson, he had been making plans for the Institute, including seeking out potential board members and financial support, over many months prior to this. Accordingly, we believe that full recognition should go to Dr. Jackson as *the* founder of the Mental Research Institute.

2. It is true that by the founding of the Institute, Virginia, as she stated, already had much experience working with families — perhaps more than anyone else. But she also stated that the Bateson group "had worked on only one family" and implies that no one else was doing any such practical work — as reflected in the interviewer's question "Was some of it the fact that working pragmatically with families hadn't been happening anywhere yet . . . ?" In fact the Bateson projects had involved work with a number of families, and its concluding NIHM-funded project was clinical research on treatment of families with a schizophrenic member. Also, Dr. Jackson had been seeing families in his private practice since the early 1950's.

3. Virginia also stated "I was fed up with people talking about stuff and not showing what they did." There are some open questions here — how literally should one read "showed," and just what time period is referred to? But there clearly has been a concern with recording and observation of treatment sessions — a

very important step in improving both research and training in therapy — from the time of the Bateson projects on throughout the history of MRI. For example, from the mid-1950's members of the Bateson group were audiotaping family interviews and playing these tapes to interested professionals — at a time when this was severely criticized by orthodox psychiatry as invading the confidential relationship of therapist and patient.

4. It is saddening to see that Virginia felt that she and her work were ignored ("I know there was no support . . . for me") or even put down at MRI, but we see the matter differently. In the first place, Don Jackson not only organized the Institute and invited her on board, but also put her in charge of its first training program. He raised the funds to finance this and provided her with support personnel to take care of administrative work. In addition, Jackson founded Science and Behavior Books, publisher of Virginia's first work, *Conjoint Family Therapy*. Second, in those early days especially, the field was in a very new and undefined state, and the people involved in it naturally tended to be strong individuals with pronounced and often divergent views and interests. Certainly for all at MRI, not just Virginia, this involved conflict, but conflict we would view as largely constructive. Certainly MRI seems to have been a base for productivity and development for many — both those who have left like Virginia, Jay Haley and Lynn Hoffman, and those who have remained.

5. Finally, Virginia stated flatly that Don Jackson committed suicide. According to an official coroner's report, Dr. Jackson did die from an overdose of drugs and alcohol, but the circumstances are obscure and confused. He had been seriously ill for some time, was under the care of more than one physician, and was taking a number of prescribed medications, so that it is uncertain whether the overdose was intentional or accidental. Virginia's statement is only an interpretation.

Software for the Mind: How to Program Your Own Mind for Optimum Health & Performance

by Emmett E. Miller, M.D.
Published by Celestial Arts, 1987, \$9.95

Software for the Mind is a book intended for practically everyone. In the preface the author states that his goal is to make his message available to "...the healers in the medical mainstream, as well as those in the varying alternative disciplines, and to the individual desiring to enhance his or her own wellness."

The first chapter of the book begins by explaining how "changes in the mind are (somehow) ultimately translated into molecular change." This "psychophysiological approach" is the underlying theme of the book, and Dr. Miller explains his "programming" and "deprogramming" ideas that he calls "software for the mind."

In one section entitled "The evidence for conscious control of diseases and normally unconscious processes," Dr. Miller enthusiastically chronicles testimonials of miraculous healings and fakirism in an effort to extol the powers of hypnosis, which he explains as "Selective Awareness — the process of focusing on certain thoughts and taking the focus away from others, temporarily, in order to use the brain and nervous system more effectively."

The book is organized to be a self-hypnosis tutorial at all levels, from beginning to advanced. Each chapter thoroughly, if not painstakingly, explains the subject, offering exercises which become increasingly more complex as the reader presumably becomes more proficient in the "Selective Imagery." As with most helpful books on self-hypnosis, the inductions are tedious, standardized, and impossible to deliver to oneself without reading the material into a home recorder and playing it back (or sending off for the author's prerecorded version). The scripts often talk of a "third eye," progressive relaxation, regression to unhappy times, visualizing cells healing properly — while working with cancer, child birth, and other intricate psychological and physiological processes. In the reviewer's opinion, Dr. Miller promises too much, while implying erroneously, "where there is a will there is a way." A healthy frame of mind may favorably af-

fect an individual's healing process. However, it seems irresponsible to imply that if you do everything right, you can heal yourself. If one were to take much of the content of this book too seriously, out of ignorance or desperation, it could result in adverse consequences.

The author implies that his motivation is to teach everyone how to heal themselves of a plethora of diseases through a variety of self-hypnotic techniques. Constant reference to tapes produced by the author (available separately from the author's agent) throughout the body of the text indicates to the reviewer that the author would prefer that the reader sit back, relax, purchase the author's materials and leave the healing to him. The reviewer would feel more comfortable trusting David Steinberg's comedic "boogala-boogala" routine — after all laughter does seem to heal.

Emmett E. Miller, M.D., is the author of *Self Imagery* and *Selective Awareness* and co-author of *Health Power Awareness*. He lives and works in the Stanford, California, area.

— Reviewed by
David L. Higgins, M.A.

Annie Stories: A Special Kind of Story Telling

by Doris Brett, M.A.
Published by Workman Publishing, 1987, \$9.95

Annie Stories is a delightful little book that focuses on helping parents guide their children under 10 through difficult times and to overcome common fears.

The first three chapters present the reader with a basic explanation of how story telling works, ways to better understand children, and how to develop helpful, original stories using the provided information. The remaining chapters consist of a concise, smoothly written discussion of the subject from the author's point of view, an "Annie story," and, often, further comment on the topic. Scattered throughout each of these stories are footnotes that clarify the psychological structure of the passage. The nine areas covered in the book are nightmares, fears, a new baby in the family, first days at nursery school, divorce, death, relaxation, dealing with pain, and going to the hospital or doctor. The stories are intended to be read by

parents to children while adapting the details to mirror the precise situation of their own child. Each story forms a detailed structure that is based in real world experiences but each one is laced with the lulling magic of fairy tales. Not only do the stories gently help the parents to help their children "tame the beasts of childhood," but the process of story telling can bring the parents and children closer together. Furthermore, the book offers parents a skill which can enable them to feel that there is something specific they may do to help their distressed children.

The style of the book is clear, simple, informative and entertaining while it is written specifically for parents and children under age 10, the reviewer feels that it may be a worthwhile book for clinical practitioners to use as well. It might help expand one's repertoire of therapeutic skills, gain a new perspective of how to help young clients and their parents, or be prescribed as a reading assignment for parents.

Doris Brett is a psychologist and is head of the Psychology Department of the Caulfield Community Care Centre with the Royal Southern Memorial Hospital in Caulfield, Victoria, Australia.

— Reviewed by
David L. Higgins, M.A.
San Diego, California

Media of Note

Acknowledgement: Opening to the Grief of Unacceptable Loss by Peter Leech, M.S.W., L.C.S.W., and Zeva Singer, M.A., M.F.C.C., has been published by Wintercreek Publications (1988). The book has been placed in the Archives of The Milton H. Erickson Foundation.

Byron L. Sickles, M.A., recently completed his second master's degree in addiction counseling. His thesis, entitled "Hypnosis and the Alcoholic" investigates the use of hypnosis as a strategy for the treatment of alcoholism with emphasis on the principles of the Ericksonian approach. The research reviews general psychotherapy systems which preceded Erickson. It examines elements of Ericksonian and other approaches and describes

factors which limit the use of hypnosis for alcoholism treatment. Conclusions are based on evaluation of successes and failures found in the research. The study suggests that combining the Ericksonian and Alcoholics Anonymous systems under the knowledgeable guidance of people trained and experienced in both disciplines may offer the possibility of synergistically improved results.

Mr. Sickles completed his second master's degree at Siena Heights College in Ohio. His paper has been placed in the Archives of The Milton H. Erickson Foundation.

For information contact Byron L. Sickles, M.A., 4114 Heatherdowns Blvd., Toledo, OH 43614.

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The Milton H. Erickson Foundation has for sale a wide selection of tapes on a broad array of subjects relating to Ericksonian approaches to hypnosis and psychotherapy. Videotape review allow readers to obtain more detailed information regarding the content of the tapes as well as their relative quality.

Videotapes are available in all domestic formats (1/2" Beta or VHS, and 3/4" U-Matic), and some also are available in the international PAL format. Tapes generally are one hour in length and all were professionally videotaped. See the order form elsewhere in the newsletter for specific information on ordering and for a partial listing of other available tapes.

"The Client-Centered Approach"

with Carl Rogers and Ruth Sanford from
the Evolution of Psychotherapy Congress
in Phoenix, Arizona, 1985.

Rogers' innate sense of optimism contained within his humanistic viewpoint is evident throughout this tape. This lengthy videotape is structured into three distinct sections: 1) introductory remarks, 2) a demonstration of technique, and 3) responses to the questions from the audience.

In the introductory section, Rogers and his associate, Ruth C. Sanford, M.A., provide background information about themselves. They invite the audience to consider issues they would like raised for discussion in the final section of the workshop. In addition to receiving questions from the audience to be responded to later, Rogers discusses his association with Gloria (from the "Three Approaches to Psychotherapy" film) and how the classic half-hour interview conducted for the film with Gloria became the basis for an ongoing relationship that spanned her lifetime.

The second section of the tape provides a demonstration of client-centered therapy. The client, a woman selected from the audience, presented as suffering emotional distress after having miscarried twins 2 1/2 years previously. Her later unsuccessful attempts to become pregnant catalyzed intense feelings of grief, loss, and failure. In the demonstration, Rogers' non-directive therapeutic approach reflected the need for the subject to accept the responsibility for her to access her own potential to eventually experience herself more positively. Later, in evaluating the demonstration, Rogers expressed feeling clumsy in his initial interaction with the client. This was apparent in his stereotypical but exaggerated reflection of her feelings. As the interview progressed, Rogers filled the role more of a "companion" (his word) than that of a guide. This appears to direct a phenomenological shift in the awareness of the client from self-blame to feelings associated with loss. Rogers' intensely empathetic relationship with the client, together with his genuine caring, were well appreciated by the client who said she was aware of the "niceness" that he represented in their interaction.

In evaluating the demonstration, Rogers emphasized that therapists not try to mimic him, but that they should be aware of and utilize their own individuality. He identified the principle feature of therapy as being the therapist's ability to be "present" in the relationship, and to make it a safe place for the client to initiate a process of change. The tape concludes with Rogers answering questions from the audience, expanding on his own personal values and beliefs. The excellent representation of client-centered therapy in the demonstration compensates for the slow tempo of the introductory

section.

Carl Rogers probably was the world's most eminent and influential clinical psychologist. He received his Ph.D. in 1931 from Teachers College, Columbia University. He was the founder of the client-centered approach to psychotherapy. He was a resident fellow at the Center for Studies of The Person in La Jolla, California. Rogers served as president of the American Psychological Association, the American Association for Applied Psychotherapy, and the American Academy of Psychotherapists. He received eight honorary doctorates and the Humanist of the Year Award from the American Humanist Association. The American Psychological Association afforded him two awards. Rogers also received the Award of Professional Achievements from the American Board of Professional Psychology. He authored or co-authored 12 books and numerous articles in psychological, psychiatric and educational journals dating from 1930.

— Reviewed by
Brita A. Martiny, M.A.
San Diego, California

Note: The Rogers tape is available in two forms: 1) The entire three-hour workshop and 2) the complete demonstration (one-hour).

"The Storyline in Psychotherapy"

with Erving Polster from
the Evolution of Psychotherapy Congress
in Phoenix, Arizona, 1985

Erving Polster treats the viewer to an engaging and skillful demonstration of Gestalt psychotherapy. Humor is creatively used throughout the demonstration as a vehicle for building and maintaining the momentum of therapy, while providing a comfortable context for delivering therapeutic directives.

Prior to selecting a volunteer client from the audience, his workshop focuses on storytelling. He introduces concepts such as client problems being represented in abstract terms and story-like terminology; the "story" being comprised of events which are thematically linked together. The therapeutic task is to "flesh out" the storyline that the clients alludes to in presenting the problem.

The demonstration client, a female therapist who worked with abused women, presented having a problem dealing with men. At the outset, Polster demonstrates the utilization of whatever resources are available in the therapy process. He does this by using interaction with a positive, responsive audience in order to develop the client's experience of comfort. This is integrated with the client's sense of humor in order to reconnect her with a sense of playfulness that is established in the therapeutic dialogue between them. Alter-

natives appear to develop as a result of processing disconnected feelings and then reconnecting the client to her ability to gain a more balanced perspective about her feelings.

Other techniques demonstrated in this tape include therapeutic double-binds; the inevitable "empty-chair technique" (which was used in this instance to clarify feelings of anger and vulnerability); reframing (of the client's tears and anger); seeding (the prospect of increased comfort and playfulness), as well as laughter (as a "lubricating force" in the therapy).

In the final section, Polster answers questions from the audience, discusses his views regarding transference and counter-transference, how to assess the "storyline," and his use of humor.

The unusually good technical quality of the tape, together with the excellent quality of content, contribute to making this tape a delightful learning experience.

Erving S. Polster (Ph.D., Western Reserve University, 1950) is Director of the Gestalt Training Center, San Diego. He also is Associate Clinical Professor at the University of California, San Diego Medical School. Polster is co-author, with his wife Miriam, of "Gestalt Therapy Integrated," and is author of "Every Person's Life is Worth A Novel."

— Reviewed by
Brita A. Martiny, M.A.
San Diego, California

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(Erickson & Rossi, 1981, p. 93)

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(Erickson, 1954c, p. 261)

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KEYNOTE ADDRESSES

- PW332-150 \$9.50 Brief Psychotherapy: The Temporal Factor, A. Lazarus
- PW332-49 Strategies and Metaphors of Brief Therapy, C. Madanes
- PW332-91 \$9.50 Why Not Long-Term Therapy? J. Haley

CONVERSATION HOURS

- PW332-110 \$9.50 Hypnotherapy in Czechoslovakia and Eastern Europe, M. Vancura
- PW332-111 \$9.50 Individual Applications of Hypnosis, B. A. Erickson Elliot, R. Erickson Klein, R. Erickson
- PW332-112 \$9.50 About Milton Erickson, L. Erickson, K. Erickson, E. Erickson
- PW332-113 \$9.50 Psychological Principles to Promote Safe Sex, B. Zilbergeld
- PW332-114 \$9.50 A Conversation Hour with Ernest L. Rossi, E. Rossi
- PW332-115 \$9.50 A Conversation Hour with Paul Watzlawick, P. Watzlawick

SHORT COURSES

- PW332-50 \$9.50 Briefest Therapy Methods, S. Andreas
- PW332-51 \$9.50 Brief Therapy in Dentistry - Anxiety and Phobias, J. Auld
- PW332-52 \$9.50 Accelerating the Therapeutic Process: Integrating Ericksonian Approaches with Group, Couples and Child/Family Psychotherapy (Symposium), R. Bourne, Jr., R. Glenn, M. Hart, C. McGee
- PW332-53 \$9.50 Annie Stories: Helping Parents to Help Their Children, D. Brett
- PW332-54 \$9.50 Questions as Suggestions: Bateson Meets Erickson (Again), G. Combs, Jr., J. Freedman
- PW332-55 \$9.50 An Ericksonian Approach to Phobic Behavior (Symposium), G. Cuddeby, N. Weiner, F. Noble
- PW332-56 \$9.50 Holding On and Letting Go in Ericksonian and Strategic Psychotherapy, R. Dimond
- PW332-57 \$9.50 Ericksonian Approaches to the Treatment of Residually Placed Adolescents, J. Sasson Edgette
- PW332-58 \$9.50 Utilization: Joining and Utilizing the Creative Resources of the Child and Family to Break the Cycle of Trauma and Anxiety, L. Epstein-Gravai
- PW332-59 \$9.50 Ericksonian Underpinnings in the Treatment of Childhood Trauma Sequelae, S. Feldman
- PW332-60 \$9.50 The Utilization of Explanations in Solution Focused Consultation, B. Furman, T. Ahola
- PW332-61 \$9.50 Brief Psychotherapy in the Treatment of Schizophrenia, A. Canter
- PW332-62 \$9.50 Myths in Action in Hypnosis, J. Godin
- PW332-63 \$9.50 Tinker Toys and Brief Psychotherapy: Building Your Own Model (Symposium), M. Liebman, B. Geary, C. LeGroy, L. Ethkin

- PW332-64 \$9.50 Ericksonian Approaches to Redecision Therapy, M. Phillips
- PW332-65 \$9.50 Ericksonian Psychotherapy and Remediation of the Fragmented Self, R. Price
- PW332-66 \$9.50 Hypnosis and Therapy with Victims of Torture, M. de Krasinska
- PW332-67 \$9.50 The Contextual Layering of Therapeutic Discourse, J. Gale, D. Fiemans
- PW332-68 \$9.50 The Diagnosis and Utilization of Patients' Response Styles, S. Goldsmith
- PW332-69 \$9.50 A Metatalk: Erickson, Bateson and the Pursuit of the Systemic Grail (Symposium), Moderator: J. Barber, R. Kessler, G. Schmidt, B. Matthews
- PW332-71 \$9.50 Ericksonian Techniques Across Cultures (Symposium), M. Prior, E. Del Castello, M. La Manna, K. Miyata
- PW332-72 \$9.50 Therapeutic Paradox: Similia Similibus Curantur, C. Sommer
- PW332-73 \$9.50 An Extension of Erickson's Utilization Technique to Deep Hypnosis Unconscious Exploration Beyond the Personal to the Transpersonal, D. Spencer
- PW332-74 \$9.50 Explaining the Unexplainable: Insights into Ericksonian Metaphor from Studies in Artificial Intelligence, L. Stephens
- PW332-75 \$9.50 Facilitating New Identity and Understanding in Hypnotherapy: "The February Man" and Other Techniques, B. Tanenbaum
- PW332-76 \$9.50 Connecting and Healing Using Family Myths, J. Thompson
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- PW332-158 \$9.50 Employee Assistance Program (EAP's) and Brief Family Therapy (Symposium), J. Moran, G.G. Maak, D. Eaton

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- PW332-166 \$9.50 Hypnotherapeutic Interventions in Panic Disorder, H. Hollander
- PW332-167 \$9.50 True Stories: A Strategy for Generating Metaphors, J. Freedman, G. Combs, Jr.
- PW332-168 \$9.50 Brief-Strategic Psychotherapy with Anxiety and Phobic Reactions, N. Rubinstein-Nabarro
- PW332-169 \$9.50 Work with Metaphors in Couple Therapy, T. Robles de Fabre
- PW332-170 \$9.50 Goddess as a Healing Metaphor for Women, D. Pace Redford
- PW332-172 \$9.50 Brief Therapy of Drug and Alcohol Addiction: Rationale and Methodology, S. Miller
- PW332-173 \$9.50 "Humor Risk" "Trance-Sitonal" Therapy for the Distressed Client: Love and Relatedness Lost and Found, B. Blue, J. Hensley-David
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- PW332-175 \$9.50 Promoting Therapeutic Movement Through the Use of Ambiguous Function Assignments, W. Boyd, Jr.
- PW332-176 \$9.50 Monsters, Elves, and Genies: Inviting Them to Therapy (Symposium), S. Szczeny, K. Mayton, M. Johnson

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Congress Review *continued from page 1*

and a festive holiday spirit. Most agreed that hotel accommodations were both pleasant and affordable, although all were dismayed by what one gentleman termed the "a-maze-ing" layout of the hotel. (Was this a confusion technique?)

Much more than a holiday could be found at the Congress, however, and even those who anticipated hearing "nothing new" had something noteworthy to report.

They enjoyed seeking among the plethora of choices available — nearly 200 workshops, addresses, short courses, symposia and demonstrations. I was not alone in wishing I could be in many places at the same time, for choosing was the hardest task.

Outstanding among the presentations in my opinion, were the three keynote addresses: Cloé Madanes offered a gourmet selection of interventions appropriate to four levels of family functioning, and she did so with remarkable clarity, humor, and grace; Jay Haley cleverly prescribed the symptoms of long-term therapy; and Arnold Lazarus was delightful in his plea for brevity in a structured, multi-modal approach to therapy.

Also among my favorites was the debate between Jeff Zeig and Albert Ellis, the major point of dissent being the efficacy of indirect vs. direct methods of communication. Steve Gilligan's hypnotic work with a couple was worth seeing again. (Fortunately, it, along with five other one-hour

demonstrations, is available on videotape.)

More important for me than any single presentation was the larger picture of the present state of the art (or is it science?) of psychotherapy and the implications for its future. How many times must Albert Ellis present himself as the proverbial grain of sand in the oyster before Ericksonians catch on to the importance of designing and implementing studies for validating empirically the effectiveness of their methods? As enlightening as Jay Haley's address was in illuminating the dangers of long-term therapy, could not an equally enlightening address be offered highlighting the drawbacks of short-term therapy? Was the beautiful work demonstrated and described by Erving Polster an example of brief psychotherapy? And was it art or science? And do we ask insurance companies to fund art or science? When is it important to be brief? Always, or just with certain populations? How can we substantiate our opinions, or does one's work speak for itself?

Although a few presenters addressed the question of when to choose family therapy over individual therapy, that is a question which deserves greater attention, in my opinion. It is my hope that future conferences will offer greater empirical evidence, not just more compelling arguments, for the choice of cognitive, strategic, hypnotic or metaphorical methods, short or long-term, gestalt or psychodynamic approaches. Especially, I

would like to see greater focus on the goals of psychotherapy. If, for example, we could agree with Paul Watzlawick that the method to use is the one that works, then let us first agree on the goals that we are pursuing; the first question, then, would be "...works to achieve what end?" As Michael Yapko pointed out, our particular preference for long or short-term therapy no doubt was influenced by the social context in which we grew up. So each of us has a preference, a bias perhaps, and an expertise. How do we measure our effectiveness? How do we utilize our own resources to improve our effectiveness? How can we verify to ourselves and others that we are doing good therapy? These are important questions, I think, for future presenters to consider.

Marian J. Richetta, M.A.
San Diego, California

Interview *continued from page 1*

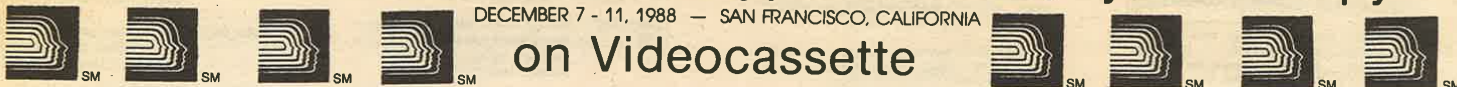
don't know if you remember, Michael, what Freud said about "tooth falling out" dreams, but he said it's guilt over masturbation and fear of castration. I thought "Oh my God! How did he know?" (Laughter.) That was a critical moment for me, because I really wanted to spend my life having those kinds of insights and documenting those kinds of insights. I don't think I ever wavered on what the good questions were — the great questions of human motivation. What changed over the next 10 years was

what I thought counted as an answer to those questions and the methods you could use to find answers to those questions. So, I did my undergraduate degree in the philosophy of science and ordinary language philosophy. That basically convinced me that these questions had to be answered in a much less clinical, more tough-minded, and more experimental way than Freud did. So, at the end of my undergraduate career, I was choosing among becoming a philosopher, becoming a professional bridge player, or becoming what I became. I picked up becoming an experimental psychologist because I thought it would allow me to answer what I thought the great questions were, but to do it in a way that was tougher — more likely to be public and stand up [to scrutiny].

When I got to graduate school at the University of Pennsylvania, what I was looking for basically was something that may be a model of some form of human suffering. When I saw dogs lying down in a shuttle box and not doing anything (even though there was an electric shock there), and even though the people around me, who were into learning theory at the time, were treating that as an annoyance, that seemed to be to me a phenomenon that modeled human suffering. I understood that it might be brought to bear on human suffering. So, I spent the next few years of my life trying to understand learned

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Conference Announcements

March 3-5 — The Fifth Annual San Diego Conference on Hypnotic and Strategic Interventions has been scheduled. Workshops are with Jeff Zeig, Ernest Rossi, Michael Yapko, Stephen Gilligan and others. Keynote speaker is David Cheek. For information contact The Milton H. Erickson Institute of San Diego, 2525 Camino Del Rio South, Suite 265, San Diego, CA 92108. (619) 295-1010.

March 10-11 — 12th Annual Family Therapy Network Symposium will be held in Washington, D.C. Keynote speakers are Paul Watzlawick and Carol Gilligan. For information, contact The Family Therapy Network, 7703 13th Street, N.W., Washington, D.C. 20012.

March 11-15 — The annual meeting of the American Society of Clinical Hypnosis will be held in Nashville, Tennessee. For

information, contact ASCH, 2250 East Devon Avenue, Suite 336, Des Plaines, IL 60018.

March 31-April 4 — Orthopsychiatric Association will hold a meeting in New York. For information, contact A.O.A., 19 West 44th Street, Suite 1616, New York, NY 10036.

April 27-30 — The National Alcoholism Forum has been scheduled to be held in Atlanta. For information, contact 555 De Haro Street, Suite 200, San Francisco, CA 94107.

July 14-16 — An East Coast conference on Ericksonian Approaches to Hypnosis and Psychotherapy will be held in Philadelphia, PA. For information, contact Robert Schwarz, Psy.D., Institute for Advanced Clinical Training, P.O. Box 166, Ardmore, PA 19003. (215) 790-1414.

helplessness in dogs and rats.

By that time, I was an assistant professor at Cornell. My students kept telling me that I didn't know enough about real human psychopathology. I seemed to be a good experimental modeler, but when it came to talking about what "helplessness" was a model of, I didn't know anything about that. I went back on a sabbatical to the University of Pennsylvania, took a year of psychiatric residency, working with Tim (Aaron) Beck, and started seeing patients on a regular basis in order to get a feel for the clinical situation.

I remember the first time someone told me about depression. Jim Geer, who is a behavior therapist, looked at my dogs one day being helpless, and he said, "Marty, that's depression." I said, "What's depression?" You know in the mid-1960's, it was an unfashionable category. So, about that time I got to know Beck and his view of depression, and then began to think about helplessness as an explicit model of depression.

The next major transformation in my career and thinking was about 1975, when I started to wonder about individual differences that made some people and animals more or less susceptible to helplessness and to depression. I found that about one out of three of my people and dogs, when I gave them inescapable noises and insoluble problems, didn't become helpless. So, I wondered what it was that prevented some people from ever becoming

helpless, and that's when I started thinking of optimism and attributional style. In the period from 1975 to 1978, I tried to put forward a model which talked about why helplessness theory had been wrong and why it needed to include attributional style.

The next major changes that occurred were in 1978 and 1979, when I found myself together for a year at the Center for Advanced Study in the Behavioral Sciences with people who were neither experimental psychologists nor clinicians. Previously, the two groups I hung around with most and learned the most from until that period were experimental psychologists first, and clinicians second. [But in this year, I was with] longitudinal researchers who didn't believe in the experiment as a way of finding out truth, nor did they believe in the clinical study. What they believed in was looking at large groups of people over time and doing casual modeling of behavior. These were lifespan developmental psychologists, and what I took away from my interaction with those people was that one of the ways of testing questions about the effects of optimism, pessimism, and attributional style was by looking at groups of children, groups of life insurance salesmen, or whatever, over time, and trying to predict who was going to succeed and who was going to fail.

There was one more departure that is worth mentioning. I had been focused on depression for about 10 years, from about 1970 to about 1980, largely by accident, largely because I ran into Tim Beck and

because this was a high priority item at NIMH, so they were happier to give you money for research if you called it depression. But, helplessness to me didn't map exactly into depression, because there was a lot of depression it didn't cover and there were a lot of other things it did speak to; two of these were achievement (because giving up is so important there) and physical health. Starting in the early 1980's, I started to work on achievement and health: attributional style, helplessness as a predictor of achievement, and as a predictor of immune response and physical health.

Putting all these departures together, I say what's moved me all my life have been the dark questions of human motivation: why people do the things they shouldn't, and why they fail to do the things they should. I've used three methods to try to answer those questions. I've used the experimental method, the clinical method, and the longitudinal lifespan approach. I've tried to do this on three sets of dependent variables, the three being depression, achievement and physical health.

That's the most complete summary [of my life] I've ever given!

Y—There's no doubt that you are one of the most prolific writers and researchers in psychology. I can't imagine you doing the kind of work you do without being consumed by it and obsessed with it. What kind of impact does your work have on your personal life and the kinds of choices you've made?

S—At the end of the prologue of Bertrand

Russell's autobiography, he says—"This has been my life, and if offered the choice to do it again, I would gladly do so." On the professional side, [my work] has been enormously satisfying — it's just what I've always wanted to do. I think I'm very action-oriented; I'm a poker player and a bridge player — I like to hop around. I only play the kinds of games in which there's action. The questions I've worked on have allowed dogged pursuit, but they've also allowed jumping around. So, when I thought I knew that dogs are helpless and why they're helpless, I could stop working with dogs and ask "Could the same thing happen with people?" When I thought I understood helplessness' contribution to depression, I said okay, let's look at its effects on the immune system. So, I've enormously enjoyed and been consumed by the freedom in the different arenas of American life that this work has taken me into.

Y—You really didn't answer the personal side of the question.

S—Well, I really don't think it has taught me a thing about myself. (Seligman laughs.) I think, like most everybody, I continue to make an enormous number of personal mistakes, and I'm not sure I learn from them very well. I haven't felt much illuminated from what I've found out either clinically, experimentally, or longitudinally about questions on how I should lead my life.

Y—Your learned helplessness theory has generated a tremendous amount of in-

continued on page 14



SM

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Brief discussions of the nature of rapport between the hypnotist and patient; and hypnosis and memory.

Two lengthy question and answer periods covering a wide range of topics and including more case examples.

ACKNOWLEDGEMENTS: The Milton H. Erickson Foundation is grateful to **THE AMERICAN JOURNAL OF CLINICAL HYPNOSIS**, **ELIZABETH ERICKSON** and **ERNEST L. ROSSI, Ph.D.** for granting permission to distribute the audiotapes of Dr. Erickson's lectures at the 1952 UCLA symposium. The texts of "Control of Psychological Functions by Hypnosis" and "Hypnotic Approaches to Therapy" were originally published in the July 1977 issue of *The American Journal of Clinical Hypnosis* and then produced in *The Collected Papers of Milton H. Erickson, Vols. II and IV (E. Rossi, Ed.)*, respectively. Except for these lectures, the material on these audiotapes has not been published previously. An edited and annotated transcript of the 1952 Los Angeles Symposium will be published *Mind/Body Connections in Hypnosis*, which is Volume 3 of *The Seminars, Workshops and Lectures of Milton H. Erickson*, edited by Ernest L. Rossi and Margaret O. Ryan (New York: Irvington, in press).

THE 1960 CHICAGO SEMINAR

More than 4 hours of Dr. Erickson's presentations on 4 cassettes including lectures on:

"Resistance: A Demonstration and Discussion," Dr. Erickson elicits and discusses manifestations of resistance and does a reverse set induction to demonstrate breaking down negative sets. (Tape A; Side 1)

"Psychodynamics of Hypnosis," Dr. Erickson discusses as an intrapersonal and interpersonal experience: 3 categories of human behavior and brain functioning and how they relate to suggestions; and the importance of indirect methods. (Tape A; Side 2)

"Advanced Techniques I: Permissive Language, Ordeal Therapy, Geometric Progressions," Dr. Erickson describes these techniques as applied in cases of sexual dysfunction, stuttering, bed wetting, compulsive habits and aerophobia. (Tape B and C)

"Advanced Techniques II: Double Binds," Dr. Erickson describes a variety of types and uses of double binds, case illustrations include patients with cancer, physical handicaps, childhood eating disorders, and patients who are self-defeating. (Tape D)

The Milton H. Erickson Foundation wishes to express its appreciation to **Marion R. Moore, M.D.**, who donated both sets of tapes from his collection to the Foundation Archives.

ELIGIBILITY: These tapes are available to professionals in health related fields including physicians, doctoral level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., AMA, APA, ADA); also to professionals with mental health related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Full-time graduate students in accredited programs in the above fields can purchase tapes if they supply a letter from their department certifying their student status.

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terest. I don't think there's a theory that can generate that much interest without also taking some "hits." Have you received much criticism? Have people hurt you personally or professionally because of the ways they have responded to the things you've done?

S—Well, I've taken a lot of hits. Let me get abstract for a minute. There are two traditions in our field: one is the "medical psychiatric," and the other is the "arts college psychological." Now, in the medical psychiatric circle, (the lineage goes Freud, Jung, Wolpe, and Beck), taking a hit is a real bad thing, because within that domain you don't say "I don't know," when you have to deal with patients. You're either right or wrong about patients — you can't be statistical with a patient. There's simply not a lot of room for expressing doubt. The great masters in that field, and I've named four of them, have been very easily offended. If you look at the history of each of these people, except maybe for Jung, these are people who have serious splits with followers, who get offended easily when they're criticized, and who write people off in their lives. So, that's one of our venerable traditions. The other one is the arts college (British empiricism) psychology model, which welcomes skepticism. It is more directly within the scientific tradition in which science progresses by taking hits. So, you take a hit, you disconfirm something, and it changes. You don't take it personally, because you believe that that's the way science progresses.

Now, I don't think I'm deluding myself when I say that I've taken a lot of hits, and I'll describe what they're like. For the most part, as devastating as some of them were to the theories I was working with, it always felt to me like it was [facilitating] movement in the right direction. The sorts of incidents I've experienced, which giants like Freud, if they would have experienced them would have written their critics off both personally and professionally for the rest of their lives, I've welcomed and even nurtured. Now, just for an example, when I did animal learning studies and said animals had expectancies and could learn on contingency, I was dealing with Skinnerian behaviorists for the most part. They certainly didn't believe animals had expectancies and they didn't believe animals could learn contingencies. As a result, within animal learning, there was a small group, maybe 10 percent, who accepted the work, about 50 percent who ignored the work, and 40 percent (some of whom were very bright people) who basically said this was full of _____, and this just can't be right. With those 40 percent, though, I think very constructive dialogues went on. I think of people like Neal Miller, Bob Rescorla, and Jay Weiss as severe critics.

But, then when I started to move into depression and specifically helplessness in depression, my clinical colleagues said, "Look, you're an experimental psychologist who doesn't know anything about depression, and there were a bunch of articles being written about how impoverished of this theory was for real depression." Well, I think the consequence

of that was that the theory became more serious and had to deal with things like attributions, self-esteem, and lots of the questions we ignored as experimentalists. So, from the "stepping back" position, I guess I'd like to say in theory and most of the time in practice I try to treat criticism as a central part of scientific progress. But, of course, there have been lots of sleepless nights and times when I wanted to see people dead, but eventually the adult part of me [took over]. Well, I think the more hits you take the better. There [is something true about] what Oscar Wilde said about people judging people by the quality of their enemies. That's appropriate here. It's not how many experiments get generated or how often your name gets cited in textbooks as being right, but how often you're cited as being *wrong* that I think is a closer measure of the importance of the theory. On those grounds, the stuff I've worked on has done really well.

Y—Can you describe what you have observed over the course of the last 20 years relative to depression and its treatment?

S—I think that things have gone from the Dark Ages, basically, to the age of sunlight about depression. When I started learning from Tim Beck about depression 20 years ago, people really didn't know what depression was. When it was talked about in DSM I or II, all depression was simply considered a form of manic-depressive illness. And you couldn't do anything about it, except to drug people. In my scientific lifetime, there have been a number of major changes. First, within the biological and drug side, drugs that work have come into play, and their mode of action is partly understood. Heritability is better understood, and has now become a viable field of study in which it looks as though there are some things that are heritable and some things that aren't. There are people like Egeland who can now tell what part of the chromosome it's on. But, for me that has not been the most exciting part. The drug, genetic and biological process leaves part of me cold, because those aren't things that people can do for themselves and because those aren't plastic systems. So the great changes I think, have been in the plastic systems. The major ones can be put in two ways. There have been brief interventions (I'm thinking of cognitive therapy here), and therapy that works that seem to be at least as effective as the biochemical treatments with drugs. During this period, the National Institute of Mental Health decided it would actually investigate in a tough-minded way whether or not therapy worked. We now can answer questions, not only about things like the prevalence of depression, which we could never answer before about what works, what its probability of working is, and what the relapse rate engendered would be. I think we can say in confidence at this point that for unipolar depression, about 80 percent of people can benefit roughly equally by cognitive therapy or by drugs. We're beginning to understand how both of these therapies work, but not too much on how they interact. So, we've gone from a disorder that was mysterious, of unknown prevalence, and incurable, to a disorder that

is on the road to being called curable (some already call it that), whose mechanisms both at the cognitive and biological level we have the beginnings of understanding. It's been a great time to work in that field.

Y—That's a good chronicle of the last 20 years. Now, what about the next 10 or 20 years.

S—For depression?

Y—What do you see yourself doing? Comment on the direction you'd like to see things go. Right now you're involved in a lot of projects revolving around attributional style, but it's leading you into the area of prevention, so perhaps you could comment on your hopes and expectations.

S—Talking in the long run, I think the endeavor of taking people who are already depressed and making them better is now becoming a "mopping-up" operation. There are a lot of people who can do it, and there are a lot of ways it can be done. But, while it's humanly enormously important and maybe even the most important humane psychological process of the last 20 years, I think, for me, it's lost a lot of the intellectual excitement. I view the role of the clinical psychologist as possibly undergoing a radical change over the next 20 years. [I think] clinical psychologists will less and less take people who are already sick or who already have a problem and make them better, and more and more will take people who are well and arm them with tools preventatively. Thus, when these people face the slings and arrows of life that produce depression, for example, people will be better armed against them. Now, I'm talking prevention and I'm talking specifically for the set of things that helplessness and depression impact; so, I'm talking about depression, suicide, poor achievement, and physical illness and immunal incompetence.

Jonas Salk, on the 30th anniversary of the first trials of his vaccine, said if he could do it all over again, he'd still do immunization, but he wouldn't do it biologically. He'd do it psychologically. He'd take the tools that have been learned in the therapeutic endeavor in the last 20

years and apply them to young kids and use them preventatively. I agree with him. This is what I am excited about for my next 20 years, to take the cognitive and behavioral techniques that we now know work in depression and translate them, not to depressed patients, but to normal groups. Can you take these techniques and use them preventatively? Can you do them in a junior high school, then look at the next 10 years and find out whether you have lowered the probability of depression; suicide, drug abuse, infectious illness, and dropping out of high school? Can you take women with breast cancer, give them these ingredients preventatively, and find out whether you lower the occurrence of a second bout of breast cancer? Can you take life insurance salesmen who are about to drop out of their company, give them these techniques, and make them more resistant to the giving up that follows when people reject them 10 or more times a day?

So, I see both my own career and clinical psychology as moving away from therapy and into prevention. Speaking more personally, think of a company as having a research arm and a development arm; can you take the same sort of logic and ask about a life course? The way I think of my own life right now is that I spent the last almost 25 years working on certain basic principles about helplessness, depression, optimism, pessimism, and the like. There's been a good deal of research that represents progress in this field, and makes us think we now know and understand quite a bit about these phenomena. Now I believe I've come to a development phase in my career in which I want to know whether these ideas work in the real world. That, for me, means asking questions about prevention, breast cancer, and achievement in the workplace. So, I want to see if the research work I've done can be translated into development and prevention.

Y—Is there anything else you want to share perspectives on?

S—No, I'm happy with what I had to comment on.

Y—Thank you for the interview, Marty.



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Phoenix Training Program

Intensive Training Programs are designed to provide participants a variety of coordinated training experiences in a concentrated time frame. The Milton Erickson Center will be offering a two-week program in June of 1989. Week one will provide a beginning program for those who would like a training experience from the "ground up." Week two entails a more advanced training for those more experienced in Ericksonian Hypnosis and Psychotherapy. Participants may enroll for week 1, week 2, or both weeks.

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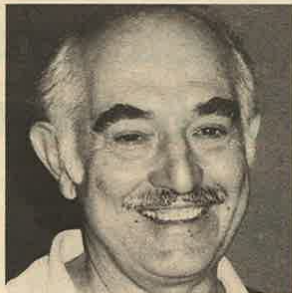
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Congress Highlights



Paulina Castella Ringler
La Reina, Santiago, Chile

"For me, it was a very good experience to meet all the people that I've been reading about in books. I've been working on the idea of "seeding" for the last 1½ years, and I'm going to do my thesis on that theme. I think the Congress was very well organized and that the objectives were achieved. Most of what the people presented was very interesting."



Irv Katz
San Diego, California

"I think mainly meeting others, renewing friendships, making contacts, and substantiating a lot of what I already know. Also, adding some more information and recognition that these methods are becoming important — not only as a therapeutic process, but also as something that can help in people's everyday lives and for society in general."



Dolly Murphy
San Diego, California

"Observing all the different brief therapy modalities and how they could be applied in therapy. To me, it was very interesting to hear psychodynamic people talk about brief therapy and to hear people address what seem like opposite viewpoints."



Doris Brett
Melbourne, Victoria, Australia
"There were a lot of highlights, actually. I liked seeing all the different people and seeing all the famous names that you read about, and I love talking with others and getting their feedback."

Donations

The Milton H. Erickson Foundation has received a total of \$897.00 since the last issue of *The Newsletter*. We wish to thank the following people for their generosity and kindness in remembering The Foundation.

- Steve Andreas, M.A.
- Carol A. Fitzsimons
- Patricia Cassidy, M.A.
- Kristine Gaenzle, M.S.
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- Mel L. Goldstein, M.S.W.
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- Brian J. Strasnick, Ph.D.
- David J. Thompson, Ph.D.
- John D. Williamson

Special thanks go to Michael Sparks, Ph.D., and John R. Thompson, M.A., for their generous donations.

We also wish to thank Edgar Etkin, from Buenos Aires, Argentina, who sent etchings of Dr. Erickson, and Michael Vancura, from Prague, Czechoslovakia, for a cut-glass dish. These items will be displayed at The Erickson Foundation.

Although each individual is unique in all of his experiential life, single instances often illustrate clearly and vividly aspects and facts of general configurations, trends and patterns. Rather than proof of specific ideas, an illustration or portrayal of possibilities is often the proper goal of experimental work. (Erickson, 1953, p. 2)

One's appreciation of, and understanding of the normal or the usual is requisite for any understanding of the abnormal or unusual. (Erickson, 1980, Vol. II, chapt. 18, p. 179)

Erickson Courses

Lewis B. Morgan, Ph.D., offers a course, "Alternative Counseling Strategies," in the master's program in Counseling and Human Relations at Villanova (Penn.) University. The course, which has been offered by Dr. Morgan for five years, focuses on Ericksonian hypnotherapy, as well as Erickson's influence on N.L.P. and Brief Strategic Therapy approaches. The course is three credits.

* * *

Steven F. Bierman, M.D., offers a course, "Introduction to Medical Hypnosis." It is a CME course co-sponsored by The University of California — San Diego and The Del Mar Health Center. Stephen Gilligan, Ph.D. and Dr. Bierman are primary lecturers of the course. For additional information, contact the Del Mar Health Center, 1321 Stratford Ct., Del Mar, CA 92014.



Rob McNeilly
Melbourne, Victoria, Australia
"To see people question their basic beliefs and values, and providing a one-hour view of psychotherapy."



Marian Richetta
San Diego, California
"Talking to so many people was a highlight for me — I got everyone's opinion on what was the highlight of the Congress!
I liked the debates and hearing the differences of opinion about where therapy needs to go in the future."

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