

The Milton H. Erickson Foundation

NEWSLETTER

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Summer 1992

Beauty of Phoenix Only One Highlight of International Congress

Milton H. Erickson, M.D. (1901-1980), came to Phoenix, Ariz., to help his allergies.

He practiced psychiatry and was interested in all the Valley of the Sun had to offer. He used those offerings in his therapy.

In December, professionals from around the world will gather in Phoenix for The Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. Attendees will have the opportunity to experience Erickson's Phoenix. The Congress, entitled "Ericksonian Methods: The Essence of the Story," will be held Dec. 2-6, 1992.

Among Dr. Erickson's favorite destinations in Phoenix was Squaw Peak, a city park to which he would send his clients. The Peak is a popular hiking spot in Phoenix, and reaching the top can be a great accomplishment.

Dr. Erickson also enjoyed The Heard Museum, an institution filled with Native American artifacts. He also recommended The Desert Botanical Garden as a destination for visitors. The garden, located in Tempe, offers an opportunity to experience the Sonoran Desert.

These activities are only part of the appeal of attending the Congress. Educational activities presented by the leading authorities on Ericksonian approaches will be highlighted. Keynote addresses, two-hour workshops, demonstrations, small group practica, invited addresses, conversation hours, panels, group inductions, dialogs, trialogs, accepted papers, short courses and symposia will be featured.

Also, a special "Conference within the Congress" will give attendees an additional option for training. The program, entitled "Therapist Development," provides training centered on the personal development of the therapist. Rather than didactic information on clinical techniques, the cultivation and empowerment of the therapist's personal process will be emphasized.

The Therapist Development track is limited to about 100 people per day. There is a nominal extra fee of \$25 per day to attend the track.

Continuing education credits will be offered for attendance at the Congress.

The Milton H. Erickson Foundation, Inc., is accredited by The Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Continued on page 9

Phoenix Intensive Training Program

Registrations are being accepted for the Phoenix Intensive Training Program.

The two-week program is scheduled for June 8-13 and June 15-20. Lynn Johnson, Ph.D., is special invited faculty for the second week of the Summer Intensive. Dr. Johnson is a faculty member for The Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. He is a regular reviewer for The Foundation Newsletter.

The primary trainers for the Intensives are Jeffrey K. Zeig, Ph.D., and Brent B. Geary, Ph.D. Additional faculty also will participate.

Attendance is limited to 20 participants each week. For registration information, call or write Dr. Geary, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; telephone (602) 956-6196; fax (602) 956-0519.

**Complete Congress
Faculty List
See Page 15**

Interview

An Interview with Brian Alman, Ph.D.

by Michael D. Yapko, Ph.D.

Brian Alman, Ph.D., is a well-known author, teacher and clinician. Dr. Alman has been in private practice in San Diego for more than 15 years where he offers professional training and specializes in the areas of pain control, stress management, addictions and enhancing well-being. He is a member of the Society for Clinical and Experiential Hypnosis, the American Psychological Association and the International Society for the Investigation of Stress. His books include *Self Hypnosis: The Complete Manual for Health and Self-Change* (Brunner/Mazel) (reviewed in this newsletter), *A Clinical Hypnosis Primer* (John Wiley & Sons), *Thin Meditations* (International Health Publications), and *The New Addiction-Less 90's* (in press).

Dr. Alman had the opportunity to learn directly from Milton Erickson, M.D., in the late 1970s. He took that experience and developed his own strategies of utilizing self-hypnosis for tapping unconscious potentials.



Y—Please provide some information on your background.

A—Originally, I'm from Medford, Mass., a small city which is about three miles outside of Boston. On one side of my home was the forest and hundreds of miles to explore and enjoy; on the other side was the city environment and Boston, which is busy, exciting and educational. I have two sisters and a brother, and I'm the youngest of the

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Michael
Yapko



Editor's Viewpoint

ABC News' *Prime Time Live* ran a segment April 2 that was relevant to professionals who use hypnosis.

The segment dealt with the issue of unlicensed, untrained individuals offering professional services under such flimsy titles as "certified hypnotherapist." Cases were illustrated involving misapplications of hypnosis leading to emotional trauma for unwitting consumers who believed there is such thing as a certified hypnotherapist, regulated by state licensing agencies.

Most states do not even require a high school diploma for someone to practice hypnosis. People can get "certified" in a workshop and call themselves certified when the certification isn't worth the paper it's printed on.

I strongly support the Foundation's stance of offering training only to qualified professionals with advanced degrees. I also strongly support the efforts of Cory Hammond, Ph.D., the President of the American Society of Clinical Hypnosis, to make it considerably more difficult for unlicensed hypnotists to conduct treatment they are obviously unqualified to do.

Look in your local yellow pages under "Hypnotists" to see all the blatant ads for treatment by unlicensed individuals. It's time to realize that any tool that has the potential to help has the potential to harm. *Prime Time Live* made the point graphically to the nation.

Films Sought

Jay Haley, M.S., and Madeleine Richeport, Ph.D., are making a documentary on the life and work of Milton H. Erickson, M.D., with the approval of the Erickson family.

Haley and Richeport are seeking good quality films and ¾-inch video (preferably, but not limited to, the 1950s and 1960s). Please write P.O. Box 4833, Rockville, MD 20850.

When we were very young, we were willing to learn. And the older we grow, the more restrictions we put on ourselves.

(Erickson & Zeig, 1980, p. 75)

From the Director

AUDIOTAPE REVIEW

Milton H. Erickson, M.D., in His Own Voice

by Jay Haley

Jay Haley has done a great service by providing a series of audiotapes, featuring Milton H. Erickson, M.D. The tapes are grouped topically in four categories: 1) Problem Drinkers (one tape); 2) Multiple Personality (one tape); 3) Sex Therapy: The Female (two tapes); 4) Sex Therapy: The Male (two tapes). Each of the four sets is sold separately.

These are excellent programs which allow the listener to hear Dr. Erickson when he was in his 50s and 60s. The sound quality ranges from fair to good. It is better to listen to the tapes quietly rather than when doing an activity, because the material requires concentration.

A wealth of information is contained in the tapes. Although many of the cases are reported in other sources, such as the three-volume set on *Conversations with Milton H. Erickson, M.D.*, which Haley edited, there also is some new material. Moreover, it is instructive to learn the *process* of Erickson's communication, and it is interesting to listen to the communication between Erickson and those present. Jay Haley and John Weakland interact most notably with Erickson, but there also are some sessions in which Gregory Bateson is in the room.

The tapes provide valuable information, and I am now listening to them for the second time. Therapists from every discipline will benefit from this material.

The programs are available from W. W. Norton: 500 Fifth Avenue; New York, NY 10110.

— Reviewed by
Jeffrey K. Zeig, Director,
The Milton H. Erickson Foundation
Phoenix, Arizona

Institute News An Erickson Springtime in Paris

The Milton H. Erickson Institute of Paris, directed by Jean Godin, M.D., Ph.D., recently held its Fourth International Congress in Paris. Mrs. Elizabeth Erickson and Betty Alice Erickson-Elliott, M.S., L.P.C., were honored guests at the event. Dr. Godin and the Institute have been highly successful in disseminating information about Ericksonian approaches in each of the Congresses, and have published many of the presentations in *Phoenix*, their French language journal.

Obituary

A Tribute to Robert Goulding, M.D.

Bob Goulding called in early November 1990 to express his regrets: due to chronic respiratory problems, he would be unable to attend the 1990 Evolution of Psychotherapy Conference held in Anaheim.

I immediately experienced a personal regret. And, there was a flood of personal memories.

I envisioned the Evolution of Psychotherapy Conference as a way to honor seminal thinkers and practitioners in our field. I wanted Bob to see the impact of his important contributions — to receive the kudos that would rightfully be bestowed upon him by attendees of The Evolution of Psychotherapy Conference. Fortunately, Bob presented at the 1985 Conference, so he did see how much his contributions were valued by Conference registrants.

Then there were my memories: Bob was one of *the* important influences in my life. He was one of my earliest trainers. I spent a year in ongoing training at the Western Institute for Group and Family Therapy, which he founded with his wife, Mary. I learned their Redecision model, a combination of Transactional Analysis and Gestalt group therapy, and they sponsored me in my efforts to become a Clinical Member of International Transactional Analysis Association.

In addition to getting excellent training, I also received valuable therapy. Part of the Gouldings' training model entailed personal therapy: they would supervise students conducting group therapy with each other. They also would conduct therapy groups with trainees, during which time we worked ourselves out of our own "stuck spots." The therapy I did with Bob helped me immensely, and I am continuously grateful for his guidance.

I have transmitted some of Bob's legacy to my patients. Not a day goes by in my private practice without my

using something I learned at the Western Institute for Group and Family Therapy.

There also are Bob and Mary stories I use to get points across to patients: I remember sitting next to Bob at dinner one evening. Trainees stayed overnight at the Institute, and dinner was part of the experience.

Bob and Mary were heatedly "arguing" about social issues. Each had strongly indicated the importance of his/her point. Hesitantly, I asked Bob, "Why do you and Mary argue like that?" Bob's sparkling laugh preceded his reply (it is a laugh I remember vividly as I write this.), "Jeff, I'm first born, a degreed professional, and an internationally renowned therapist. Mary is first born, a degreed professional, and an internationally renowned therapist. We fight to get close. We don't fight to distance."

Bob's perspective about fighting "to get close" had not occurred to me before. But, when I thought about it, Bob was right. On most occasions, he and Mary left the room hand-in-hand.

Bob Goulding received his B.A. degree from Western Reserve University in Cleveland, Ohio. He received his M.D. from the University of Cincinnati. Bob was a Life Fellow of the American Group Psychotherapy Association, and Past President of the American Academy of Psychotherapists.

Bob coauthored with Mary three books: *The Power Is in the Patient*, *Changing Lives Through Redecision Therapy* and *Not to Worry*. He wrote numerous articles and chapters in professional books.

Bob Goulding died at his home in Watsonville, Calif., February 13, 1992. The Board of Directors and staff of The Milton H. Erickson Foundation send condolences to Mary and members of the Goulding family.

Bob, your genius will be missed.
— Jeffrey K. Zeig, Ph.D.

Reviewers Needed

The Milton H. Erickson Foundation Newsletter routinely publishes reviews of books, audio and videotapes which relate directly to Ericksonian approaches.

Customarily, reviews are assigned by the editor. Those wishing to serve as reviewers should contact the editor, whose discretion in publication is final.

Criteria for acceptance are 1) relevance of the book or tape to Erickson-

ian approaches, and 2) clarity and succinctness of the review. Reviews must be submitted to the editor at least two weeks in advance of the next issue's closing date.

Authors can have their publishers send a review copy directly to the editor (not to the Erickson Foundation office). In the future, a list of books received will be published in the newsletter.



The Milton H. Erickson Foundation

PRESENTS

The Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy

RETURNING TO PHOENIX!

“Ericksonian Methods: The Essence of The Story”

December 2-6, 1992

Phoenix, Arizona

Featured Faculty:

Brian Alman, Ph.D.; Joseph Barber, Ph.D.; Philip Barker, M.B., B.S.; Norma Barretta, Ph.D. and Philip Barretta, M.A.; John Beahrs, M.D.; Shirley Bliss, Ph.D.; Philip Booth, M.A. (Oxon), Cert. P.S.W.; Gene Combs, M.D. and Jill Freedman, M.S.W.; Steve de Shazer, M.S.S.W.; Yvonne Dolan, M.A.; John Edgette, Psy.D. and Janet Edgette, Psy.D.; Michael Elkin, M.A.; Linda Epstein-Graval, M.A.; Helen Erickson, R.N., Ph.D.; Betty Alice Erickson-Elliott, M.S.; Richard Fisch, M.D.; Brent Geary, Ph.D.; Stephen Gilligan, Ph.D.; Jean Godin, M.D., Ph.D.; Jay Haley, M.A.; Carl Hammerschlag, M.D.; D. Corydon Hammond, Ph.D.; Ronald Havens, Ph.D. and Catherine Walters, M.A., M.S.W.; Marlene Hunter, M.D.; Tad James, M.S.; Lynn Johnson, Ph.D.; Norman Katz, Ph.D. and Marc Lehrer, Ph.D.; Carol Kershaw, Ed.D.; Alfred Lange, Ph.D.; Carol Lankton, M.A.; Stephen Lankton, M.S.W.; Camillo Lorio, M.D.; John Lovern, Ph.D.; Herbert Lustig, M.D.; Cloe Madanes, Lic. Psychol.; William Matthews, Jr., Ph.D.; Robert McNeilly, MBBS; Scott Miller, Ph.D.; Joyce Mills, Ph.D.; Nancy Napier, M.A., M.F.C.C.; Jane Parsons-Fein, C.S.W.; Robert Pearson, M.D.; Burkhard Peter, Dipl. Psych.; Noelle Poncelet, Ph.D.; Madeleine Richeport, Ph.D.; Michele Ritterman, Ph.D.; Sidney Rosen, M.D.; Deborah Ross, Ph.D.; Ernest Rossi, Ph.D.; Gary Ruelas, Ph.D.; Richard Landis, Ph.D. and Terry Argast, Ph.D.; Alan Schefflin, J.D.; Gunther Schmidt, M.D.; Robert Schwarz, Psy.D.; Francine Shapiro, Ph.D.; Olga Silverstein, M.S.W.; Donna Spencer, Ph.D.; Charles Stern, Ph.D.; Sandra Sylvester, Ph.D.; Terry Tafoya, Ph.D.; Moshe Talmon, Ph.D.; Kay Thompson, D.D.S.; Bernhard Trenkle, Dipl. Psych.; Lars-Eric Unestahl, Ph.D.; Paul Watzlawick, Ph.D.; John Weakland, M.F.C.C.; Andre Weitzenhoffer, Ph.D.; R. Reid Wilson, Ph.D.; Michael Yapko, Ph.D.; Jeffrey Zeig, Ph.D.

Newsletter subscribers only: May Registration Fees offered until June 15, 1992.

Fees: U.S. Attendees \$285 (\$185 - Full-time graduate students) *Fees increase after May 31, 1992*
Foreign Attendees \$250 (\$150) *Fees increase after September 30, 1992*

ELIGIBILITY: The Congress is open 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). The Congress is also open to professionals with mental health-related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their full-time student status.

Enclosed is my registration fee _____ (U.S. Funds Only) Students Only: My student letter is enclosed _____

We accept MasterCard _____ VISA _____

Expiration Date: _____ Signature: _____

COMPLETE ALL BLANKS

Name: _____ Degree: _____ Major _____

Address: _____ City: _____ State: _____ ZIP: _____

University from which you earned your highest degree: _____

University at which you currently are enrolled: _____

Physically Challenged? _____ In what way? _____

CANCELLATION POLICY: Requests for refunds must be made in **writing** and are subject to a \$30.00 administrative charge. Full refunds less the service charge will be made if the request is postmarked by **November 13, 1992**. No refunds will be made for requests postmarked after the refund deadline. Agencies billed should assume responsibility for payment of the administrative charge if cancellations are made.

Mail to: The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016

New Advertising Rates and Sizes in Effect in MHEF Newsletter

The Milton H. Erickson Foundation Newsletter appears in a new size and format with this issue.

Due to changing postal regulations and ever-increasing mailing costs, adjustments have been made in the size of the publication, as well as in the advertising rates.

The following are standard sizes and rates for advertisements:

1/8 Page	\$150
Vertical 2 5/32" x 5 1/2"	
1/8 Page	\$150
Horizontal 4 1/2" x 2 5/8"	
1/4 Page	\$240
Vertical 2 5/32" x 11 1/4"	
1/4 Page	\$240
Horizontal 4 1/2" x 5 1/2"	
1/2 Page	\$420
Vertical 4 1/2" x 11 1/4"	
1/2 Page	\$420
Horizontal 9 1/4" x 5 1/2"	
3/4 Page	\$570
Vertical 6 7/8" x 11 1/4"	
Full	\$720
Page 9 1/4" x 11 1/4"	

In addition to display advertising, classified advertising is available. Cost for classified ads is \$25.00 for 25 words or fewer, plus \$1 per word for each after 25.

Professionals also may list announcements in the upcoming training section of the Newsletter. The cost of each listing is \$10. Listings include the date of the training; title, presenter and location of the training; and a contact name, address and telephone number.

All advertising is subject to approval by The Milton H. Erickson Foundation Board of Directors. Display advertisements for training must include an eligibility statement: "Masters or doctoral in mental health disciplines."

All advertisements should be submitted to The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, Ariz., 85016-6500. News and other editorial materials should be sent to Michael D. Yapko, Ph.D., Newsletter Editor, P.O. Box 234268, Leucadia, Calif. 92023. Submissions must be double spaced.

The Milton H. Erickson Foundation Newsletter is sent to 13,000 mental health professionals and full-time graduate students throughout the world.

Newsletter Business

The Newsletter is published three times per year. The closing dates are April 15, August 15, and December 15. This means all items to be included must be received by those dates. All submissions must be double spaced. The Newsletter is posted approximately six to

eight weeks later. As always, send all advertising directly to the Foundation in Phoenix. Training events, announcements and other information should be sent directly to me at the Leucadia, Calif., address on the front page.

Workshops in Russia Announced

Workshops are being organized in Russia through cultural exchange programs.

John Edgette, Psy.D., and Janet Sasson Edgette, Psy.D., directors of the Milton H. Erickson Institute of Philadelphia, are leading the professional group. Workshops will be conducted in St. Petersburg and Novosibirsk (Siberia) in September 1992.

For additional information about the workshops and travel to Russia, professionals can contact Maryanne Olsen, Ed.S., 466 River Road, Bogota, N.J. 07603; fax: (201) 488-2202.

You depend upon the patient's natural associative process to put things together.

(Erickson & Rossi, 1979, p. 386)

Birth Announcement

Stephen Gilligan and Denise Ross are the proud new parents of a baby girl. Zoe Isabelle Ross-Gilligan was born March 2, 1992, weighing in at nearly ten pounds and measuring 22.5 inches. Baby and parents are doing well. We wish them the best!

There is nothing wrong with having rigid sets. But if you want to alter yourself in some way, you must be unashamedly aware that you do have sets and it's better to have a greater variety of sets.

(Erickson, Rossi & Rossi, 1976, p. 213)

Therapy is often a matter of tipping the first domino. All that was needed was the correction of one behavior and if that one behavior was corrected. . .

(Erickson & Rossi, 1973, p. 14)

Hammond Named New ASCH President



D. Corydon Hammond, Ph.D., ABPH, took office in early April as President of the American Society of Clinical Hypnosis (ASCH).

Hammond is a fellow of ASCH and one of only about 85 diplomates in clinical hypnosis of the American Board of Psychological Hypnosis. He recently published the *Handbook of Hypnotic Suggestions and Metaphors* (W.W. Nor-

ton), and he has published some 95 professional articles, chapters and sections of chapters.

Hammond is co-director of the Sex and Marital Therapy Clinic and a research associate professor at The University of Utah School of Medicine in Salt Lake City. He is a member of the faculty for the International Congresses on Ericksonian Approaches to Hypnosis and Psychotherapy and is on the editorial review board of the *Ericksonian Monographs* series.

As president of ASCH, Hammond plans to begin a public information campaign to educate the public both about hypnosis and about the dangers of lay hypnotists. He also will lead ASCH toward the instituting of a certification program. Along with the certification program, ASCH has worked to establish standards of training in the field of clinical hypnosis.



The Milton H. Erickson Foundation PRESENTS

Phoenix Intensive Training Programs

in Ericksonian Approaches to Hypnosis and Psychotherapy at the Milton H. Erickson Foundation in Phoenix

Jeffrey K. Zeig, Director, The Milton H. Erickson Foundation WITH Brent B. Geary, Coordinator, Intensive Training

PLUS

Week I — FUNDAMENTAL PRINCIPLES

Week II — INTERMEDIATE/ADVANCED PRINCIPLES

Summer	Week I	June 8-13, 1992
	Week II	June 15-20, 1992
Featuring Lynn Johnson		
Fall	Week I	Oct. 19-24, 1992
	Week II	Oct. 26-31, 1992
Special Invited Faculty to be announced		

ELIGIBILITY:

Doctoral or Master's degree in health professions or full-time graduate students in accredited programs. Other training opportunities also available.

ONE WEEK

Early (5 weeks prior)	\$525
Regular	595
Full-time graduate student (Early)	450
Full-time graduate student (Regular)	520

BOTH WEEKS

Early (5 weeks prior)	\$975
Regular	1115
Full-time graduate student (Early)	825
Full-time graduate student (Regular)	965

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3606 N. 24th St.
Phoenix, AZ 85016 USA
(602) 956-6196; FAX (602) 956-0519

TRAINING TAPES

- ___ **The Process of Hypnotic Induction: A Training Videotape Featuring Inductions Conducted by Milton H. Erickson in 1964.** Jeffrey K. Zeig, Ph.D., discusses the process of hypnotic induction and describes the microdynamics of technique that Erickson used in his 1964 inductions. Beta or VHS 1/2" — \$150.00 (1 tape) U-Matic 3/4" — \$200.00 (2 tapes) LENGTH: 2 Hours
- ___ **Symbolic Hypnotherapy.** Jeffrey K. Zeig, Ph.D., presents information on using symbols in psychotherapy and hypnosis. Segments of hypnotherapy conducted by Milton H. Erickson with the same subject on two consecutive days in 1970 are shown. Zeig discusses the microdynamics of Erickson's symbolic technique. LENGTH: 2 Hours, 40 minutes Beta or VHS 1/2" — \$200.00 (1 tape) U-Matic 3/4" — \$275.00 (2 tapes)

FROM 1981 SEMINAR:

- ___ **Naturalistic Approaches to Hypnosis: Utilizing Hypnosis in Pain Treatment in Psychotherapy,** Joseph Barber, Ph.D.
- ___ **The Varieties of Ericksonian Hypnotic Suggestion,** Stephen Lankton, M.S.W.

FROM 1982 SEMINAR:

- ___ **Ericksonian Induction Methods,** Robert Pearson, M.D.
- ___ **A Fail Safe Double Bind Approach to Hypnotic Induction,** Ernest Rossi, Ph.D.

FROM 1983 CONGRESS:

- ___ **Hypnotic Alteration of Pain Perception,** Joseph Barber, Ph.D.
- ___ **A Fail Safe Double Bind Induction Procedure,** Ernest Rossi, Ph.D.

FROM 1984 SEMINAR:

- ___ **Use of Multiple Embedded Metaphor for Psychological Reassociation,** Stephen R. Lankton, M.S.W. & Carol H. Lankton, M.A.
- ___ **Using Metaphor and the Interspersal Technique,** Jeffrey K. Zeig, Ph.D.

FROM 1985 CONFERENCE:

LIVE DEMONSTRATIONS:

- ___ CP15 **The Blind Date Family Interview,** Carl Whitaker, M.D.
- ___ CP19 **The Use of Gestalt Technique,** Miriam Polster, M.D.

TOPICAL PANELS:

- ___ P12 **The Role of the Therapist/The Role of the Client,** (May, Rogers, Satir, Szasz)
- ___ P1 **Schizophrenia,** (Bettelheim, Laing, Szasz, Whitaker)

CONVERSATION HOURS:

- ___ CH3 **Ronald Laing,** M.D.
- ___ CH4 **Carl Whitaker,** M.D.

***THREE HOUR WORKSHOPS**

- ___ W5 **The Client-Centered Approach.** Carl Rogers, Ph.D., & Ruth Sanford, M.A. (includes a live demonstration)
- ___ W21 **The Practice of Rational-Emotive Therapy,** Albert Ellis, Ph.D. (includes a live demonstration)

FROM 1986 CONGRESS:

- ___ D2 **Rehearsing Positive Outcomes with Self-Image Thinking,** Carol H. Lankton, M.A.
- ___ D1 **Enhancing Therapeutic Responsiveness,** Jeffrey K. Zeig, Ph.D.

FROM 1988 CONGRESS:

- ___ D6 **Deep Naturalistic Hypnotherapy,** Ernest Rossi, Ph.D.
- ___ D5 **Short Approaches to Heavy Problems: Brief Therapy for Weight Reduction,** Carol Lankton, M.A.

FROM 1990 EVOLUTION:

LIVE DEMONSTRATIONS:

- ___ CPV **Gestalt Therapy: Humanization of Technique,** Erving Polster, Ph.D.
- ___ CPV17 **Eye Movement Desensitization of Post-Traumatic Syndrome,** Joseph Wolpe, M.D.

PRICES: 1/2" BETA or VHS — \$75.00 each 3/4" U-MATIC — \$80.00 each
 *THREE HOUR WORKSHOPS — 1/2" BETA or VHS — \$145.00 3/4" U-MATIC — \$230.00

ORDERING INSTRUCTIONS: After checking the box of the tape(s) desired, check the format required to play back on your equipment, send us this order form and your remittance to the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016, (602) 956-6196. Make checks payable to The Milton H. Erickson Foundation. You may also fax this information to (602) 956-0519.

PLEASE ADD \$5.00 PER ORDER FOR POSTAGE AND HANDLING. FOREIGN ORDERS ADD AN ADDITIONAL \$5.00 PER TAPE FOR POSTAGE. THESE PROGRAMS ARE ONLY AVAILABLE FOR SALE TO PROFESSIONALS.

TOTAL NUMBER OF VIDEOTAPES ORDERED: _____ TAPE COST: \$ _____
 1.2% SALES TAX: \$ _____
 (AZ residents only)
 FORMAT REQUIRED: _____ Beta 1/2" _____ VHS 1/2" _____ U-MATIC 3/4" SHIPPING & HANDLING: \$ _____
 PAL and Secam copies of these programs are available for an additional \$25.00 per tape. TOTAL COST: \$ _____

We honor: _____ MasterCard _____ VISA Account # _____ Expiration Date _____

NAME: _____ DEGREE/MAJOR: _____

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Commentary: Eye Movement Desensitization and Reprocessing Method

Editor's Note: At the 1990 Evolution of Psychotherapy Conference, Joseph Wolpe, M.D., conducted and videotaped a clinical demonstration of a new method called Eye Movement Desensitization and Reprocessing (EMDR) developed by Francine Shapiro, Ph.D. In an attempt to stimulate thought and dialogue about this innovative and controversial method, The Newsletter is publishing a review by Lynn Johnson, Ph.D., with counterpoints by Drs. Wolpe and Shapiro and a final rebuttal by Dr. Johnson.

VIDEOTAPE REVIEW

Eye Movement Desensitization of Post-Traumatic Stress Syndrome

by Joseph Wolpe
Available from

The Milton H. Erickson Foundation,
3606 North 24th Street, Phoenix, AZ 85016.
Telephone (602) 956-6196.

A therapist from Northern California, Francine Shapiro, Ph.D., has developed a promising approach to treatment of PTSD. She discovered that if one images a traumatic scene while moving the eyes rapidly from side to side (called "saccadic eye movements") the emotional impact of the trauma quickly diminishes. Wolpe demonstrates this technique with a former police officer who was involved in a shooting. The patient eventually had to quit police work entirely because of the degree to which flashbacks from the shooting disrupted his life. In a fifty minute demonstration, Wolpe manages to reduce significantly the impact of the trauma.

This tape is important because this is a technique which needs to be demonstrated as much as explained. The technique does have significant power and is important to learn about. Because Shapiro has been reluctant to let anyone but herself teach the technique, relatively few people are learning about it. This tape can help fill that gap.

However, I have mixed feelings about the execution. Wolpe does a long and mystifying mental status exam, including an inquiry into the patient's sex life that seems unnecessary. I don't understand why one would conduct an inquiry into an area in which the patient does not report a problem, especially when the interview is being taped for professional audiences to watch. He spends a great deal of time on what seems to me to be highly peripheral issues.

As a result of Wolpe's questionable time management, he does not achieve a complete remission of the trauma by the end of the demonstration. I have done similar cases many times with a complete resolution, but I spend more time in therapy and less time poking into areas which seem irrelevant. Wolpe is quite good and economical at constructing a hierarchy: this part is informative.

I have used the eye movement technique for several months now. I find good to excellent results, with very few complete failures (one or two). Shapiro has gone on record as saying that in the hands of untrained people, the technique can be dangerous. I don't see that to be the case. The worst thing that has happened to me is that nothing happens, and that is rare.

Although the demonstration is flawed in some ways, the tape is well worth watching, and I would encourage you to learn the skills.

— Reviewed by Lynn Johnson, Ph.D.
Salt Lake City, Utah

Response to Johnson's Review

I find the review by Lynn Johnson, Ph.D., to be singularly disturbing. I am sure Joseph Wolpe, Ph.D., had no intention that his demonstration be used as a training and for Dr. Johnson to suggest it, even with the best of intentions is quite inappropriate, since it can put clients at grave risk.

Eye Movement Desensitization and Reprocessing (EMDR) is a complex procedure and approach that appears deceptively simple because, very often, the eye movement alone has a profound therapeutic effect. I have gone on record with a cautionary note against its use by untrained clinicians because of reports that have filtered in from around the country of clients suffering ill effects, including:

a) Ocular problems caused by the clinician failing to establish an appropriate baseline by which to judge physical distress.

b) Hospitalization for near-psychotic breaks and suicidal reactions.

c) Re-traumatization of clients caused by lack of preparation for the kinds of material that were revealed, the inability of the therapist to accelerate processing through the material, and/or incomplete debriefing.

Dr. Wolpe demonstrates quite clearly on his tape that the eye movements

are so powerful that, by their use, a trauma can be rapidly desensitized. This uneventful reprocessing can be expected in approximately 50 percent of cases. The rest of the time, however, clients are severely at risk if the clinician is untrained in EMDR. My workshops deal with a variety of protocols, appropriate choice points, alternatives, and variations, and the briefing and debriefing necessary for client safety. EMDR does have "significant power," but its intricacies must be taught in closely supervised, experiential trainings. To date, more than 1,200 clinicians have been trained, and more than 20 workshops are scheduled throughout the U.S. in 1992.

EMDR is presently in a state of "experimental limbo." Until replication studies establish its efficacy, and it can be taught in universities as a treatment of choice, the training must remain "sole-source" to insure that what is investigated or taught conforms to what I have developed. I have been developing EMDR over the past five years, and I have been a teacher for the last 25 years. In the trainings I cover material and safeguards for the full spectrum of clinicians.

EMDR appears to signify a quantum leap in psychotherapy and must be handled judiciously. Only licensed (or supervised) clinicians are admitted to my trainings, and they are covered by ethical guidelines. This precaution prevents information from proliferating in a diluted form and in inappropriate circles; it is for the protection of both EMDR and the client.

In addition to outright harm to the patient, when EMDR is used improperly or ineffectually it starts a chain of reports among potential clients. We know of a number of sexual abuse victims who have refused EMDR treatment because of acquaintances who have had negative experiences, or no response, at the hands of an untrained clinician. While the clinician may be well-meaning, even "no results" can cause a negative "ripple" effect.

Although Dr. Wolpe is a master clinician, and well worth watching in any medium, this tape was not meant to be taken as more than a demonstration, with a simple, albeit pronounced case of PTSD. There is much more to EMDR than eliciting eye movements while concentrating on a traumatic image, which

Continued on next page

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EMDR *continued*

happened to be all that was necessary in the case depicted in his videotape. To assume that this represents the entire procedure does an injustice to all concerned.

— Francine Shapiro, Ph.D.
Mental Research Institute
Palo Alto, CA

Editor's Note: Dr. Shapiro is an invited member of the faculty for the December 1992 Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, at which time she will teach aspects of her EMDR method.

Commentary on Statements by Johnson and Shapiro

I agree with Lynn Johnson, Ph.D., and Francine Shapiro, Ph.D., on the impressive and lasting effects that eye-movement desensitization characteristically achieves in PTSD. Its precise efficacy needs to be evaluated in properly controlled studies, and its mechanism remains to be explained. A point that has emerged from discussions with neurophysiologists is that the movements involved are tracking movements in most instances, though saccadic movements can have the same effects.

Dr. Johnson criticizes me for doing "a long and mystifying mental status examination" in advance of the treatment. Perhaps he does not know that this is part of the behavior therapist's routine. Good behavior therapy mandates a broad view of the patient's background and all areas of functioning. He complains that my "questionable time management" precluded a complete remission of the trauma in that single session! The purpose of a demonstration is to show what is done and not to achieve maximum success at all costs.

All this was evident to Dr. Shapiro. I agree with her that a careful analysis is necessary in every case, and also that sometimes other procedures in addition to the eye-movement treatment are necessary, and it is then that the word "re-processing" is reasonably added. However, the distinctive therapeutic advance was her discovery of the desensitizing efficacy of the eye movements when combined with a disturbing image. Dr. Shapiro is certainly right to stress the need for adequate training, but although her workshops are an enlightening experience, a workshop alone cannot ensure therapeutic competence.

— Joseph Wolpe, M.D.
Los Angeles, Calif.

Response by Dr. Johnson

I read with interest Dr. Shapiro's reaction to my review of Dr. Wolpe's tape. She reports being singularly disturbed by what I wrote (namely that the tape is a useful training opportunity) and repeats herself on the idea the EMDR could be dangerous if performed by those whom she has not personally trained. I respect anyone who originates a technique, therefore, I am hesitant to continue to disagree with her. I do disagree, nevertheless.

Abreactive techniques can be quite dangerous in the hands of inadequately trained therapists. Shapiro's caution about rapidly uncovering repressed material is a valid one. I have the advantage of not having been trained by Shapiro, so can speak to that. Possibly my technique is quite different [from hers]. I find EMDR to be safe, in the way I do it, and easy to learn. It is not anything like a complete treatment approach, but I repeat that I find no dangers in it. I am aware of a number of clinicians who use the technique and are not trained by Shapiro. They also report no harmful effects.

Shapiro says reports of harm to patients have "filtered in." This is a vague and rather unprofessional statement. I feel uneasy about her admission that she has not rigorously followed up and investigated personally the rumors of negative reaction. I now call on her to investigate and document these reports in the professional literature, complete with demographic data and details of what specific interventions were done, by whom, and what training the therapist had. In any case, rumors of negative reports cannot possibly justify her assertion she should remain the only source of training in EMDR.

Dr. Shapiro's workshops might not address the skill areas she says are necessary to assure no harm is done by EMDR techniques. I give two specific case reports of people I know well:

A therapist who has worked extensively with abuse victims attended Dr. Shapiro's workshop and was unhappy with the fact that Dr. Shapiro does not teach therapists how to deal with traumatic abreactions. She thought clinicians at that workshop would not have known how to deal with intense abreactions unless they already had those skills.

Another therapist took her workshop and felt confused and uncertain at the end of the two-day workshop about when and how to use the technique. We discussed his reservations, and I found that Shapiro failed to teach in her workshop specifically how to recognize and deal with the reactions of decompensa-

tion, such as the traumatic abreaction.

Finally, participants were outraged at having to sign a pledge not to teach or demonstrate this technique to others. I believe asking someone to sign such a pledge is questionable since it implies that the presenter has some unique knowledge which others cannot obtain. Teaching others is a valid and useful way to learn more about the subject.

I find EMDR is most useful in PTSD where there are intrusive conscious images. I find other techniques more useful in cases of repressed trauma, and I tend to avoid abreaction generally. I find EMDR quite useful for grief and phobias.

I challenge Dr. Shapiro to demonstrate that persons not trained by her personally are dangerous, or to drop that assertion. I also call on her to add to her workshop information about how to facilitate feelings of security and safety and how to avoid dangerous abreactions. I sincerely congratulate her on being so observant, thoughtful and creative as to originate a useful and helpful skill that therapists should understand and use.

— Lynn D. Johnson, Ph.D.
Salt Lake City, Utah

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Stephen Lankton, Carol Lankton, and William Matthews recently have contributed chapters to major professional publications. "Ericksonian Family Therapy" has been published in the distinguished reference volume *Handbook of Family Therapy Volume II*. This important achievement is complemented by the inclusion of "The Ericksonian Model of Hypnotherapy" in the soon-to-be published *Handbook of Clinical Hypnosis*, the equally prestigious sourcebook for hypnosis.

These two chapters further enhance the advancement of studies initiated and inspired by Milton H. Erickson, M.D. They build upon the foundation which has expanded Ericksonian approaches over the previous decades.

The Erickson family joins me and the professional community in applauding

Ericksonian Views Represented at U.S. Psychiatric and Mental Health Congress

The Fourth Annual U.S. Psychiatric and Mental Health Congress was held November 21-24, 1991, in New York City.

The Congress had a faculty of primarily physicians and psychiatrists from prestigious universities in the United States. About 2,000 registrants participated.

Betty Alice Erickson-Elliott, M.S., L.P.C., was invited to speak on Ericksonian approaches. She presented a paper, "Ericksonian Hypnosis in Psychotherapy: Formal and Naturalistic

these monumental accomplishments. We appreciate the magnitude of these preeminent contributions signaling the continuing growth of Ericksonian studies.

Lankton, S. R.; Lankton, C. H.; & Matthews, W. J. (1991) Ericksonian Family Therapy. In A. S. Gurman & D. Kniskern (Eds.) *Handbook of Family Therapy, Vol. II* (pp. 239-283). New York: Brunner/Mazel.

Matthews, W. J.; Lankton, S. R.; & Lankton, C. H.; (in press) An Ericksonian Model of Hypnotherapy. In J. Rhue, S. Lynn & I. Kirsch. *Handbook of Clinical Hypnosis* Washington, D.C.: American Psychological Association.

— by Betty Alice Erickson Elliott, M.S., L.P.C.

Trance States," which was well-received and highly rated. Ms. Erickson-Elliott has been invited to the Fifth Annual U.S. Psychiatric and Mental Health Congress to be held in November 1992 and will give two additional presentations.

We recognize her address as an important step in furthering the Foundation's work. Congratulations, Ms. Erickson-Elliott, for an outstanding representation.

— Roxanna Erickson Klein, M.A., M.S., R.N.

Obituary

Leon Chertok

Leon Chertok, Ph.D., psychiatrist and psychoanalyst, internationally recognized for his work in hypnosis, died July 6, 1991, after a long and distinguished career.

Dr. Chertok was born in Russia in 1911 and became a physician, practicing in Vienna and in Prague, where he lived before World War II. When the War broke out, he moved to Paris where he was active in the Resistance, saving Jewish children and transporting important documents.

After the War, he became a psychiatric resident at Mt. Sinai Hospital in New York. He became interested in psychosomatic medicine, and on his return to France in 1947, he took a training analysis under Dr. Jacques Lacan and be-

came a psychoanalyst. About this time, Dr. Chertok researched childbirth pain and first encountered hypnosis in 1949. This course of study eventually led to his first book in 1957, *Psychosomatic Methods of Painless Childbirth*, which was also published in English translation.

In spite of the opposition he encountered from the psychoanalysts to hypnosis, he continued to work with it and became the acknowledged French authority. He wrote a book called *L'Hypnose*. In Dr. Erickson's library is a copy of the Second Edition (1961), inscribed to him by Dr. Chertok. Enclosed in the book is a letter Dr. Chertok wrote indicating his book was the first to appear in French on the subject of hypnosis in 60 years. The Third Edition was translated into English, and *Hypnosis*, pub-

CHAPTER REVIEW

An Ericksonian Model of Hypnotherapy

by W. J. Matthews, S. R. Lankton & C. H. Lankton (in press)

In *Handbook of Clinical Hypnosis*
Edited by J. Rhue, S. Lynn & I. Kirsch
Washington, D. C.:
American Psychological Association

This chapter, in a soon-to-be published reference volume undertakes the complicated task of defining Ericksonian hypnotherapy. The authors have met this challenge, and it is fitting that Erickson's model of hypnosis finds a place in this benchmark resource.

Matthews, Lankton and Lankton have a strong background in the Ericksonian arena. They have extrapolated and clearly present Erickson's views of the conscious, the unconscious and the processes of hypnosis. For example, they accurately note that, "The essence of the Ericksonian approach is creating the context that will allow hypnosis to occur."

The chapter eloquently summarizes the fundamentals of Ericksonian hypnotherapy and emphasizes interpersonal relationships and their influence on the development and resolution of problems. While symptomatic behavior may have developed in the past, the Ericksonian view focuses on the present of the problem and utilizes the patient's own strengths in problem resolution.

The authors provide an extensive description of research projects on Ericksonian approaches and indicate the need for better controls in empirical research.

However, when dealing with individualistic responses, the controls needed for empirical research limit full understanding. A great deal can be learned by using a qualitative research design. At least one such study is presently under way dealing with Ericksonian indirect suggestions. There is a paucity of research and the authors regretfully overlooked the opportunity to appeal to readers of this eminent publication to conduct more research on Ericksonian methods.

The weaknesses of this chapter are few. I disagree with the limiting comment that hypnotic suggestion is a "creation of new meanings, attitudes or beliefs..." Erickson viewed hypnotic suggestions as a more expansive process. The authors fail to utilize Erickson's own work for the case history example. Also, in the clinical application of Ericksonian hypnotherapy they rely too heavily on Lankton and Lankton and do not duly recognize other authorities.

Overall, this chapter provides an excellent explanation of Ericksonian hypnosis including its applications and limitations. The authors' precise writing style make the chapter comprehensible and enjoyable reading.

— Reviewed by Roxanna Erickson Klein, M.S., M.A., R.N.
Dallas, Texas

You start patients in a train of association, but they drift along on their own currents of thought and frequently leave the therapist stranded far behind.

(Erickson, Rossi & Rossi, 1976, P. 93)

lished by Pergamon Press in 1966, is considered a classic in the field.

Dr. Chertok authored many books and professional papers in French, a number of which also have appeared in English. Throughout his career, he worked to promote hypnosis as a valid and valuable technique for psychoanalysts. For more than 20 years, he united physicians, psychologists, psychoanalysts and philosophers in a multidisciplinary perspective.

Dr. Chertok and Dr. Erickson became acquainted in 1955. Dr. Chertok visited Dr. Erickson for a week or two in 1956, and from then on, they corresponded frequently and met at scientific conferences several times.

Some of the Erickson family members had the pleasure of meeting with Dr. Chertok, both in France and in the

United States.

At the first three French language conferences organized by the Milton H. Erickson Institut de Paris, the fourth of which took place in March 1992, Dr. Chertok honored the gathering by his presence and interest.

He will be greatly missed by his many friends and colleagues. From the Resistance Movement during World War II to the rehabilitation of hypnosis in clinical practice — his life was built on challenge and lived with open-mindedness, generosity and dedication to ideals.

Contributing to the article were Dr. Pierre Barbey, M.D., of the Milton H. Erickson Institut de Paris and Mrs. Elizabeth M. Erickson.

Ericksonian Family Therapy

by S. R. Lankton, C. H. Lankton & W. J. Matthews (1991)

In *Handbook of Family Therapy, Vol. II*
 Edited by A. S. Gurman & D. P. Kniskern
 New York: Brunner/Mazel, pp. 239-283

The inclusion of "Ericksonian Family Therapy" in this authoritative volume on Family Therapy is gratifying to all who adhere to standards of excellence within the Ericksonian framework. Moreover, the purpose of the chapter is "to provide an understanding of Erickson's influence on the practice of family therapy and to examine relevant aspects of current methods of Ericksonian family therapy" (p. 240). This goal was well achieved. The inclusion of this chapter in the Handbook fills a void in the basic literature of family therapy.

The Lanktons have been pioneers in compiling Erickson's ideas and formulating them into a cohesive model. Stephen Lankton studied directly with Erickson for a number of years and Erickson had high regard for him as a professional and as an individual. Erickson also knew Carol Lankton, who is a well-received presenter of Ericksonian therapy. William Matthews is renowned for his research and scientific writing. This was an excellent team to assemble an overview of Ericksonian Family Therapy.

The authors are to be commended for their work in distilling guidelines for

family therapy from the complexities and uniqueness of Erickson's approaches. They did a remarkable job of outlining Ericksonian family therapy considering that Erickson did not contribute directly to this work. Furthermore, Erickson did not develop a family therapy model nor theories upon which such therapy could be based.

There are some deficiencies in the chapter. Because Erickson avoided theoretical constructs, it is not surprising this lack would have an impact on any written work addressing Ericksonian Family Therapy. Erickson, for example, never placed his work in an epistemological or ontological framework. If such a framework has been developed, as is implied, it would be useful for therapists to have a clear explanation of the philosophical theories underlying Ericksonian Family Therapy.

Additionally, several references are made to developmental stages without delineating these stages. It also would have been useful if the authors would have described Ericksonian concepts of the basic elements of family relationships within the well-functioning unit.

A clear distinction is not always made between the precepts of Erickson and those of the authors. Also, several comments intended to provide insight into Erickson's work seem to limit applicability. For example, the authors state "rather than detracting from communication, ambiguity enhances it" (p. 241). Erickson sometimes deliberately enhanced communication with directness so that no ambiguity would occur.

The diligence with which this work was done is exemplary. There is a minor lapse: citing the preface to S. Lankton & C. Lankton (1983), *The Answer Within: A Clinical Framework of Ericksonian Hypnotherapy* New York: Brunner/Mazel,

"Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual's needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behavior."

— Milton H. Erickson, M.D.

the authors credit Erickson with 30,000 clients (p. 240). In the cited statement, Erickson had "hypnotized over 30,000 people" (p. xiii).

I highly recommend this authoritative chapter to therapists interested in Ericksonian Family Therapy. The authors are to be commended for having written a landmark contribution in the field of Family Therapy.

— Reviewed by
 Shirley Bliss, Ph.D., L.P.C., F.M.T.
 Denton, Texas

JOURNAL ARTICLE REVIEW

The Interface Between Multiple Personality, Spirit Mediumship and Hypnosis

by M. M. Richeport (1991)
The American Journal of Clinical Hypnosis
 pp. 168-176

This paper was published in the January 1992 issue of *The American Journal of Clinical Hypnosis*, a journal founded in July, 1957, by Milton H. Erickson, M.D., and edited by him for its first ten years of publication. Madeleine M. Richeport, Ph.D., is an anthropologist who has studied extensively in the areas of ritual trances and in so-called spirit possession. She did fieldwork over many years in the Caribbean, in Brazil and with Hispanic cultural groups in the United States. She consulted extensively during these years with Dr. Erickson, Hilton L. Lopez, M.D., of Puerto Rico, and David Akstein, M.D., of Brazil. Dr. Richeport was encouraged by them to study the parallels between spiritualist manifestations and those of hypnotic phenomena.

The present study equates the behaviors of spirit possession with behaviors of many instances of Multiple Personality Disorder. Dr. Richeport discusses Dr. Erickson's views of potential uses of subordinate personalities as resources rather than as pathologies. This is similar to the spiritualist view that possession is a useful tool.

Dr. Richeport includes a well-researched historical review of the concepts and understandings involved in her discussion of this viewpoint. It is gratifying to realize that the perspectives developed in the area of hypnosis are leading to new understandings in other disciplines such as anthropology.

— Reviewed by
 Elizabeth Erickson, Director,
 The Milton H. Erickson Foundation
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Congress continued

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Applications are being made to provide continuing education credits for other mental health professionals.

U.S. registration fees for the Congress are \$285 U.S. (\$185 U.S. for full-time graduate students) for registrations post-marked by May 31, 1992. Foreign fees are \$250 U.S. (\$150 U.S. for full-time graduate students) until September 30, 1992.

Fees for U.S. registrants after May 31, 1992, are \$335 (\$235 for full-time graduate students) until September 30, 1992.

The Congress is open 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., A.M.A., A.P.A., A.D.A.). The Congress also is open to professionals with mental health-related graduate degrees (e.g., M.S.W., M.A., M.S., M.S.N.) from accredited institutions. Applications will be accepted from full-time graduate students in accredited programs in the above fields who supply a letter from their department certifying their full-time student status as of December 1992.

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Upcoming Training

DATE 1992	TITLE/LOCATION/LEADER	CONTACT
5/15-16	Hypnosis and Depression; San Diego, CA; Michael Yapko.....	1
5/15-17	Ericksonian Psychotherapy and Hypnosis; Houston, TX; Jeffrey K. Zeig, Ph.D., and Betty Alice Erickson-Elliott, M.S., L.P.C.....	2
5/23, 6/21, 7/18, 9/26	FUNDamentals of Ericksonian Hypnosis and Supervision; Pittsburgh, PA; John Edgette, Psy.D., and Janet Sasson Edgette, Psy.D.....	3
6/8-13	Phoenix Intensive Training Program (Basic); Phoenix, AZ; Zeig, Brent B. Geary, Ph.D.....	4
6/12-13	Brief Therapy of Depression; Portland, OR; Yapko.....	5
5/15-20	Phoenix Intensive Training Program (Intermediate/Advanced); Phoenix, AZ; Zeig; Geary; Lynn Johnson, Ph.D.....	4
6/18-21	First International Congress on Integrative and Eclectic Psychotherapy; Mazatlan, Mexico; invited faculty.....	6
6/26-28	Ericksonian Psychotherapy; Santa Clara, CA; Zeig.....	7
7/16-19	International Conference on the Utilization of Stories, Fairy Tales, Folk Wisdoms, etc.; Budapest, HUNGARY; invited faculty.....	8
7/20-28	Two Week MRI Summer Symposium on Brief Strategic Therapy; Palo Alto, CA; invited faculty.....	9
7/22-24	Joint Conference on Ericksonian Hypnosis and Psychotherapy; Jerusalem, ISRAEL; invited faculty.....	10
7/26-30	12th International Congress of Hypnosis; Jerusalem, ISRAEL; invited faculty.....	11
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8/14-18	1992 Convention of The American Psychological Association; Washington, DC; invited faculty.....	13
9/17-19	Trancework; Seattle, WA; Yapko.....	14
9/23-24	Personal Growth and Development of the (Ericksonian) Therapist; Amersfoort, THE NETHERLANDS; Zeig.....	15
9/25-27	Ericksonian Psychotherapy; Gothenberg, SWEDEN; Zeig.....	16

Interview *continued*

four. The specific background information I think is the most relevant to my interests and practice of hypnosis and psychology is that I was brought up primarily by my mother. She was the wise sage of a large extended family, the philosopher, a person of understanding whom others would seek out. Consequently, I was encouraged to develop nurturance, sensitivity and understanding. I definitely had my warrior side, too — and fortunately for me — the balance was encouraged. The messages I remember about well-being, self-respect and life could be described as “Ericksonian.” I was taught, “To look up to your fellow person is to understand them.”

Y—When did you develop an interest in hypnosis?

A—In addition to being taught about the power of the mind and being hypnotized by nature many times, my earliest experience with hypnosis was at my sister's 13th birthday party, when I was nine. My parents had a friend there who

was a hypnotist. I watched this man make one of the guests (his daughter) stiff and rigid while he stood on top of her. It aroused my curiosity and concern. I started discussing hypnosis with my mother and that continued through the years. My education eventually became much more realistic; I read about it so I could understand more than the showmanship. Interest in hypnosis stayed with me. As I grew into adolescence, I was curious about it but lacked the deeper understanding I really wanted.

Y—Something happened to you that made hypnosis much more personal an interest than intellectual curiosity. Describe it.

A—I received my undergraduate degree in Boston at Suffolk University. I majored in psychology and sociology. While studying, I worked at a practicum — in a field work job — in a teen counseling center. It involved a variety of recreational and therapeutic interventions working with teenagers. I was only

20 at the time, so I was just barely older than my clients. It was a great opportunity. Something significant happened during that experience, though. I was playing basketball one day, and I fell down and was unable to get back up. Historically, I had a lot of back problems which were misdiagnosed; doctors said they were just “growing pains,” and suggested I not be concerned by them. So, I played on the soccer team in high school and was a pretty good player. But, every once in a while, I couldn't get in there to play because my back hurt so much. During the time I was working at this school placement job, it was diagnosed that I was missing part of my vertebrae, L4 and part of L5 of the lumbar region. I was told I probably wouldn't be about to walk right again, and that I would likely have the pain for the rest of my life. The only treatment they could recommend was a body cast for a year, then a laminectomy surgery, and then a body cast for another year. All that with no guarantees that it would

even get rid of the pain! I left school for a while, and I left the job. I wasn't able to be active, and I was horizontal quite a bit. I was even in a wheelchair for awhile. Then, someone suggested hypnosis. So, hypnosis came back into my life at that point, and it *did* make a difference. At first I really didn't know how or why, but it was the *only* thing that offered *some* improvement but still only about a 20 percent improvement. That encouraged me to go on to learn as much as I could about it.

Y—You tell this story in some detail at the outset of your book, *Self Hypnosis*. Is that when you decided to master self-hypnosis as an important life skill?

A—It was. That was the beginning of my strong interest in self-hypnosis. Another avenue for involvement in self-hypnosis was established when I moved to Southern California to go to CSPP (California School of Professional Psychology). There I ran into Joseph Barber, Ph.D.,

Continued on next page

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4. The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; (602) 956-6196; fax: (602) 956-0519.
5. Oregon Psychological Association, 1750 SW Skyline Blvd., Suite 224, Portland, OR 97221; (503) 292-4914.
6. Emmanuel O. Olukotun, FIAEP; Apartado Postal 51-042, 45080 Guadalajara, Jalisco, Mexico; 011-52-36-31-63-61.
7. Colleen O'Driscoll; University of California-Santa Cruz, 740 Front St., Ste. 155, Santa Cruz, CA 95060; (408) 427-6610.
8. Janos Furedi, M.D., President; Budapest 114, Post Box 330, H-1536 Hungary; (361) 1558-498.
9. MRI, 555 Middlefield Rd., Palo Alto, CA 94301; (415) 321-3055.
10. Burkhard Peter, Dipl. Psych., M.E.G.; Konradstr. 16, D-8000 Munich 40, Germany; or (49) (89) 33 62 56.
11. Moris Kleinhauz, M.D., Organizing Committee; P.O. Box 50006, Tel Aviv 61500, Israel; (972) (3) 654-571.
12. Mid-Atlantic Educational Institute, 309 North Franklin Street, West Chester, PA 19380-2765; (215) 692-6886.
13. American Psychological Association, 750 1st St., N.E., Washington, DC 20002-4242; (202) 336-5500.
14. Family Psychotherapy Practice of Seattle, 2722 Eastlake Avenue East, Suite 300, Seattle, WA 98102; (206) 329-9101.
15. Klaus Schmitt, Zon en Schild, Utrechseweg 266, Postbus 3051, 3800 DB Amersfoort, The Netherlands; 31-33-609-762.
16. Susanna Carolusson, Leg. psykolog., Erik Dahlbergsgatan 9, 411 26 Gothenberg, Sweden; (46) (31) 11 82 90.

Conference Announcements

July 12-15, 1992 — Chicago, IL. Current Conflicts of Adolescence, sponsored by The International Society for Adolescent Psychiatry. Contact ISAP, c/o Premier Meeting by Covia, 2101 S. Arlington Heights Rd., Ste. 150, Arlington Heights, IL 60005, USA.

* * *

July 16-19, 1992 — Budapest, Hungary. The Hungarian Psychiatric Association's First International Conference on Story Telling. For information, write Congress Bureau Motesz, P.O. Box 145, Budapest H-1443 Hungary; fax (36-1) 1837-918.

* * *

July 20-28, 1992 — Palo Alto, Ca. The MRI Summer Symposium: "Brief Strategic Therapy." Contact MRI, 555 Middlefield Road, Palo Alto, Ca. 94301. (415) 321-3055.

* * *

July 22-24, 1992 — Jerusalem, Israel. The Joint Conference on Ericksonian Hypnosis and Psychotherapy; 12th International Congress of Hypnosis: Reducing Stress and Its Consequences. Contact: 12th International Congress of Hypnosis, P.O. Box 50006, Tel-Aviv 61500, Israel. Tel. 972 3 5174571; Fax 972 3 655674.

* * *

October 8-11, 1992 — Pittsburgh, PA. "Women in Hypnosis: The Heart of Erickson." Contact Jill Puskavich,

UPMC Department of Conference Management. Phone: (412) 647-8218. Facsimile: (412) 647-8222.

* * *

October 8-11, 1992 — Albuquerque, NM. American Academy of Pain Management's Annual Conference. Contact AAPM at (209) 545-0754.

* * *

October 15-18, 1992 — Miami Beach, FL. The 50th Annual American Association of Marriage, Family Therapists: "Family Therapy: The Next 50 Years." Contact: AAMFT Conference Dept., 1100 17th Street, N.W., 10th Floor, Washington, D.C. 20036. (202) 452-0109.

* * *

December 2-6, 1992 — Phoenix, AZ. The 5th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy: "Ericksonian Methods: The Essence of the Story." Contact: The Milton H. Erickson Foundation, 3606 North 24th Street, Phoenix, AZ 85016 (602) 956-6196; fax (602) 956-0519.

* * *

August 22-27, 1993 — Paris, France. The Seventh World Congress on Pain. Contact: International Association for the Study of Pain; 909 NE 43rd St., Suite 306, Seattle, WA 98105 USA; Telephone, (206) 547-6409; Fax, (206) 547-1703.

Interview *continued*

who was teaching a class on hypnosis. I took that class as well as another he taught on psychophysiology. I learned a great deal and was intrigued and respected Joe's work very much. He strongly recommended I go and visit Milton Erickson, because my interest in hypnosis was so strong, and Joe believed it was an opportunity that shouldn't be missed.

Y—When did you go see Milton Erickson?

A—In 1976 I went on a weekend trip to visit Dr. Erickson. I had written a letter to him and told him about my back pain. I explained my interest in hypnosis. I told him about the class I was taking with Joe Barber, and he invited me to come and visit him over a weekend. So, I went on a Friday. I had a chance to tell him about my interests and what I was doing. He was receptive and encouraging of my studies. I met again with him on Saturday. He allowed me to observe some work he was doing with

a client that day. That was the beginning of our relationship. That day played a very big part in my life as far as my interest in hypnosis went. Here I was learning from a master in the field! In addition, he was a very benevolent, caring male figure for me at a sensitive time in my life. Unfortunately, I also was focused on my mother's bout with Amyotrophic Lateral Sclerosis (A.L.S.) and I was preoccupied with her well-being. I had a strong interest in spending time there whenever possible and learning from him, both because I was in awe of him and his hypnosis skills, and because I found his guidance as a man and as a professional reassuring. I continued periodic visits for three years, sometimes bringing a client with me to co-treat with Dr. Erickson. I also had opportunities to sit in on sessions he was conducting with his clients. Occasionally, I'd stay overnight or spend a week. He emphasized a lot of extra reading as

Continued on next page

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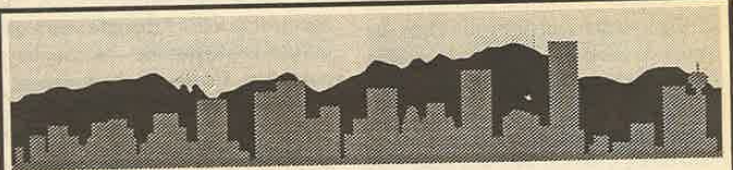
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Interview *continued*

background so I would understand the basis of the interventions. A lot of times what I experienced with him would evolve over the days following. New understandings would just seem to develop. Much of the time I learned as much after the meetings were over as I did during the sessions.

Y—Can you describe your impressions of Dr. Erickson?

A—He was quite open to all the excitement I had about hypnosis and my efforts at understanding the unconscious mind. He was supportive of my interests and encouraged me to learn as much as I could digest about hypnosis and psychology. He was feeding me a lot of the intellectual nutrients that I hungered for. I found that exciting, yet all the reading was a formidable task to keep balance with my graduate school work and my family concerns. Professionally, I observed him to be incredibly astute, able to observe and listen as I had never seen anyone do before in *any* situation. The way he would pick up cues in me and in the people I saw him work with was fascinating.

I have to mention that when I would go to see him, he was in quite a bit of pain. In the morning, when I would first arrive, he was usually kind of "closed up," in some physical discomfort and up," in some physical discomfort and talking little. It seemed then like most of what he did was difficult. Then, he would go back into his room (I assume to practice his own self-hypnosis) before he would gear up to see clients. After he would come out of his room, I would experience a person who was more verbal, and whose eyes were more open and really alert on many different levels. After his personal hypnosis time, he seemed to have a detached, yet quite alert, state of mind. That was a fascinating metamorphosis to observe. My impressions about Dr. Erickson involved quite a few levels: Personally, I felt fortunate about being there; professionally, I looked up to him as I never looked up to anyone before and I was learning so much on each visit both consciously and unconsciously. I could see his transformation from how he felt when he first got up in the morning, to his way of working with his clients throughout the rest of the day. I wondered if I could master my own back pain similarly.

Y—Not long after your studies with Dr. Erickson, you began teaching self-hypnosis.

A—In my upbringing, I often was taught to look at what I could do for myself. Self-reliance and inner worthiness were a big part of my early lessons as a boy. The saying in my house that I would

often hear was, "If you need a helping hand, look at the end of your wrist." Self-treatment was seen as resourceful and normal for me in my upbringing. Nature was often seen as a source of healing, too. Because of my back pain, I learned to use self-hypnosis everyday to calm the pain, to give the pain a voice and have a dialogue with it. I practice self-hypnosis about an hour every morning. I was strongly encouraged by Dr. Erickson to believe that if you are going to learn to use hypnosis with other people, it also is important to know how to benefit from it yourself. The emphasis on self-hypnosis is similar: It's teaching people to help themselves. My belief is that everyone who hypnotizes others is actually teaching people to develop the capacity to self-hypnotize.

Teaching self-hypnosis, I became fascinated by how much people can benefit from tapping their own unconscious potentials. I watched people evolve out of a history of negative conditioning. I watched people become healthier as they developed their own individual natures and resources. The opportunity to help facilitate the profound state of self-hypnosis is wonderful. Then, the opportunity to release old, unwanted conflicts and make room for new, healthy developments is very satisfying.

Y—Your *Self Hypnosis* book covers everything from pain and habit management to what I thought was a quite unique contribution — a chapter on parenting. I'd like you to comment on two levels. On the personal level, you are in an unusual position as the single father of three young children, all of whom are in your physical custody. On the professional level, discuss why you would include a chapter on parenting in a self-hypnosis book.

A—As the single father of three, I'm often trying to teach my children self-hypnosis for building self-reliance for physical healing, positive mental attitude, and emotional balance. I even have them rehearse situations in their self-hypnosis like going to the dentist, taking tests, dealing with friendships, and even dealing with sensitive issues like their not having a mother in the picture. So, we use self-hypnosis as a tool. The benefits of employing it personally have encouraged me to teach other parents how to use those skills as well. In my private practice, I help people resolve issues from their upbringing so they can positively parent themselves. I also teach self-hypnosis classes for children. If I can teach parents of young children how to be more respectful of the child's inner resources, and provide them with these specific parenting skills, then par-

Continued on next page

Book Review

Self-Hypnosis: The Complete Manual for Health and Self-Change

by Brian M. Alman, Ph.D.
and Peter Lambrou, Ph.D.

Published by Brunner/Mazel. \$22.95.

Two talented and seasoned clinicians, Brian Alman and Peter Lambrou, have crafted this engrossing revision of their popular and comprehensive manual on the many uses of self-hypnosis for personal empowerment. *Self-Hypnosis* is a disarmingly uncomplicated text, written in a refreshingly professional, straightforward, and motivating style. The reader becomes an active participant, involved with the questions posed as well as the case studies and exercises.

The book is divided into two sections: Section I provides the basics, acquainting the reader with the essential steps of achieving a trance state. It addresses even the most practical initial considerations, including selecting a place to do self-hypnosis, how much time to allow, the importance of being comfortable, developing positive expectations of change, and how to give oneself post-hypnotic suggestions that will make subsequent trances more meaningful. Chapter Eight is particularly useful in

its suggestions for what one might do about distractions, such as outside sounds, pain, and worry, describing how these can be transformed into posthypnotic cues.

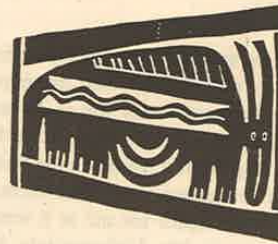
In the last part of the first section, Alman and Lambrou offer scripted hypnosis inductions that were chosen most often by their students and clients. Each can be read or taped as offered, or they can serve as basic suggestions to be expanded, blended and modified in any way that makes them more comfortable and relevant. Flexibility, experimentation and creativity are consistently encouraged throughout the book.

Section II is designed to help the reader reach specific goals. Strategies abound for situations such as pain control, stress management, solving sleep or allergy problems, reducing anxiety, parenting positively, and increasing self-confidence. Numerous techniques are clearly described with clarity, and many possibilities are presented.

I highly recommend this new edition of *Self-Hypnosis* both as a guidebook for patients and a reference manual for professionals.

— Reviewed by
Doris B. Murphy, M.A.
San Diego, California

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Interview *continued*

ents can be more comfortable working with their child on deeper levels. Clearly, helping children of this generation be more self-reliant, have better understandings, and be more open to developing their unconscious resources, would be quite a gift to both the parents and the children, and maybe even society as a whole.

Y—Lately your attention has shifted to a whole different area. You are working on a new book that has to do with self-hypnosis strategies for the treatment of addiction. Hypnosis has historically not been considered the most efficacious of treatment approaches to the treatment of addictions.

A—My book is called *The New Addiction-Less 90s: An End to Self Abuse*. It will be available this summer. The use of self-hypnosis for addictions comes as a result of helping people with their addictions during the last 16 years. Self-hypnosis is a process people can use as a positive trigger at the moment they need it most — when they're alone, in conflict, or headed for a relapse. For people who have addictions, it's reinforcing to have a self-management skill they can tap into anytime. Also, one can use self-hypnosis to get back to the root problem of the addiction. For example, one can use hypnosis as a regression tool to go back to a critical event, perhaps a conflict in upbringing, and give the person new skills with which to address those emotional issues. Going back to the roots of the specific addiction and with specific self-hypnosis skills are procedures that are outlined in my new addiction book. The next part of this, beyond identifying the roots of the addiction, is to teach people to establish new triggers. People must learn who and what triggers them toward their addictions. I then help them learn to develop new responses and new choices to the old triggers. With the new feelings and behaviors they learn to develop in their self-hypnosis practice, they are able to move into a healthy lifestyle with better life choices, developing a real mastery over their addiction.

Y—You're not using phrases like "codependence," "higher power," and "12-steps." Have you decided that these are not necessarily the most useful ways for treating addiction?

A—It seems that people can go from addiction of a substance or a relationship to an addiction of a therapy, like a codependence treatment process or even a 12-step program. They trade in one addiction for another. I think many of the recovery programs are actually quite addictive. Almost all of the treatments

available to people who have addictions reinforce the "fact" that they are sick and diseased. So, the client is deemed powerless and needy and is then more likely to become addicted to the program. Once a therapist has developed ways to empower the client, the client then is better able to get in touch with what he or she desires in life. In the past, the biggest desire may have been alcohol, a relationship, gambling, or cigarettes, and that's what they're still rooted in and all their triggers support. With the specific skills I teach to develop inner worthiness and self-reliance, people are better able to make healthy choices about what their desire really is. It can be amazing how resourceful people can be when they discover a deeply meaningful skill, such as self-hypnosis. Clearly, it is not the only component for developing out of an addiction, but it's a necessary ingredient that does take people past their old limitations, perceptions of themselves, their addiction and their walls.

Y—You frequently have presented at national and international meetings such as The American Society of Clinical Hypnosis, the International Society of Hypnosis, and at the Erickson Foundation Congresses. As you present your ideas in these various environments, how do you read the responses you get from group to group?

A—They are positive, and each for different reasons. I have found that every individual/client carves his or her own path into health, wellness, and self-esteem. Some professionals have a strong focus on helping people carve their own unique paths, encouraging and supporting individual evolution. Others want to learn trance induction in order to give suggestions for specific medical or psychological complaints. They tend to focus on learning hypnotic skills and seek a formula of sorts for helping people reach the trance state and make changes within that trance state. So, I see more of a difference between individual professionals than I do among the groups as a whole. My sense is that there is still a lot to learn and share with each other.

Y—Can you discuss some of your current trainings and the direction in which your teaching emphasis is going?

A—Currently, I am teaching classes in hypnosis for professionals that develop specific skills and interventions for the addictions, pain control, self-hypnosis, age regression, inner worthiness and optimal health. I also offer a variety of classes in the many uses of self-hypnosis.

I teach classes to people who range

from quite young to quite old. For example, I teach self-hypnosis classes for elementary school children from kindergarten through sixth grade. I teach them a variety of skills including integrated breathing and the use of creative imagery to build healthy skills and self-confidence. I enjoy the opportunity to work with young children, to teach them self-hypnosis techniques, and I have some delightful results from that work which helped me write the hypnosis for parenting chapter in the *Self-Hypnosis* book. In my self-hypnosis workshops I get quite a variety of people. Recently, at a workshop I gave on self-hypnosis, there was a couple who were in their "young" eighties who were coming in to refresh their self-hypnosis skills which help them on their hiking trips that they take all over the world.

Y—Is there anyone for whom self-hypnosis is contraindicated?

A—I'm not aware of anyone who cannot benefit from learning how to develop the capacity to tap into their own inner nature, unconscious potential, and how to master the self-hypnosis state in order to then utilize that skill for whatever applications are relevant for them. So, no, I have not ever met anyone or seen a situation or problem where someone couldn't benefit from utilizing his or her own inner resources.

Y—Can self-hypnosis ever have any hazardous side-effects, or create any additional issues to be sensitive to?

A—Practitioners must be qualified and knowledgeable in the areas of intervention. Some should begin with the basics and proceed naturally at the client's pace. I have never seen people fail to benefit from learning how to take better care of themselves. There are so many possible directions to go, depending on what an individual needs. The only concern is that the techniques must respect the individual. For example, some people might benefit most from using self-hypnosis while active, like while hiking or walking. Other people may benefit more by being in a relaxed, imagery or metaphoric experience. Some people might want to use self-hypnosis for an hour in the morning, which is how I use it. Others might want to use it for only a minute or two, five or ten times a day. Technique and strategy are modified to fit the individual. But I've never met anyone who wouldn't benefit from utilizing his/her own natural skills for self-help.

Y—You stated earlier that you are aligned with the idea that, in essence, all hypnosis is self-hypnosis. Would you agree with the statement that self-hypnosis can be used to generate dys-

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Interview *continued*

functional realities as readily as functional ones?

A—One of the lessons I learned from Milton Erickson is there is the potential for the unconscious mind to protect the conscious mind. In self-hypnosis, the individual has his or her own best intentions in mind. If you're asking if people who are utilizing self-hypnosis would choose to work against themselves, I'd say not.

Y—What about the notion of symptomatic trances?

A—A lot of times what appears to be dysfunctional behavior or what appears to be a regression, *is* purposeful and *does* have unconscious meaning. With the use of self-hypnosis and with unconditional support for that particular symptomatic part of the person there can be a voicing and a releasing that can bring the person out of what looked like a dysfunctional place into a more realized and awakened place.

Y—You seem to share Dr. Erickson's optimistic appraisal of the unconscious.

A—That is true. I do. For me, the unconscious is like a rose trying to blossom. There are thorns of protection and

often times the bushes have been picked over, but utilizing self-hypnosis encourages that rose to blossom. I believe that the purpose of the unconscious is to discover its own potential, and that self-hypnosis is one of the best skills for doing so. Truly, we can only do that for ourselves — nobody can do that for us. **Y—Well, that certainly is right in line with your theme of self-reliance. What do you do for play?**

A—I love nature. I find I am most free and alive when I am outside whether it's walking or body-surfing at the ocean or taking hikes in the mountains. I always feel at peace when I'm in the woods. I share a lot of that pleasure time with my children. I also have a very wonderful relationship with a woman named Shelley in which there's a lot of mutual support. From my childhood, I still play the piano so I have a lot of music in my life. From my teens, I still enjoy my weekend motorcycle rides. I also enjoy less active kinds of enjoyment like just being, sitting, reading, laughing, observing things around me, or simply relaxing (as in self-hypnosis).

Y—I think on that optimistic note, we're done. Thanks for the interview, Brian.

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The Milton H. Erickson Foundation has received \$675 in cash donations since the last issue of *The Newsletter*.

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(Erickson & Rossi, 1979, p. 389)

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