

The Milton H. Erickson Foundation NEWSLETTER

Editor-in-Chief: Betty Alice Erickson, M.S., L.P.C.
Features Editor: Carol Kershaw, Ed.D.
Reviews Editor: J. William Wade, M. Div., L.P.C., L.M.F.T.
3516 Euclid Avenue / Dallas, Texas 75205 / Telephone: (214) 371-1091

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The Milton H. Erickson Foundation, Inc.
3606 North 24th Street
Phoenix, Arizona, 85016-6500
U.S.A.
Telephone: (602) 956-6196
FAX: (602) 956-0519

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Spring 1995

Evolution of Psychotherapy Conference Plans Under Way

The Fourth Evolution of Psychotherapy Conference will be held December 13-17, 1995, in Las Vegas, Nevada.

Sponsored by the Milton H. Erickson Foundation, the meeting promises innovative ideas in the field of psychotherapy. Leaders in what have been disparate disciplines will offer their knowledge and insights into the changing world of mental health care.

A new feature of the program, "State

of the Art," is being developed. A special lecture and workshop track will be instituted, and attendees will have an opportunity to select special workshops, along with panels, clinical demonstrations, invited addresses dialogues and triologues.

For a brochure, call or write the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196; FAX (602) 956-0519.

Volunteers Needed for Evolution of Psychotherapy Conference

Openings for volunteers to assist with the December 13-17, 1995, Evolution of Psychotherapy Conference in Las Vegas, Nevada are available.

In exchange for a waiver of registration fees, a limited number of spaces have been set aside for full-time graduate students from accredited programs to serve as volunteers. Volunteers serve in a variety of areas including monitoring meeting rooms, assisting with registration and continu-

ing education and helping faculty and staff.

Selected volunteers will be asked to submit a \$50 deposit, which will be refunded after completing their participation in the meeting.

For additional information, please contact Diane Deniger, Volunteer Coordinator, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; telephone (602) 956-6196; FAX: (602) 956-0519.

Sexuality, Intimacy Topic of San Francisco Conference

Leading-edge theorists and practitioners will address the issues of sexuality and intimacy in treating couples at a San Francisco, California, conference sponsored by the Milton H. Erickson Foundation and the Couples' Institute of Menlo Park, California.

The conference, "Integrating Sexuality and Intimacy: The Challenge of Treating Couples in the '90s," will be held March 3-5, 1995, in the Cathedral Hill Hotel. Presenters are John Gottman, Ph.D., Harville Hendrix, Ph.D., Ellyn Bader, Ph.D., and Peter Pearson, Ph.D.; David Schnarch, Ph.D.;

Michele Weiner-Davis, M.S.W.; Marty Klein, Ph.D., Ruth McClendon, M.S.W., and Les Kadis, M.D.; Jock McKeen, M.D., and Bennet Wong, M.D.; Jeffrey K. Zeig, Ph.D.; and Bernie Zilbergeld, Ph.D.' Lonnie Barbach, Ph.D.; and Pepper Schwartz, Ph.D.

Continuing Education credits are available for most disciplines. For information or a brochure, call or write The Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; (602) 956-6196; FAX (602) 956-0519.

I N T E R V I E W

An Interview with Harold B. Crasilneck, Ph.D.

by: Betty Alice Erickson, M.S.

Harold Crasilneck, Ph.D., Clinical Professor of Psychiatry and Anesthesiology at the University of Texas Southwestern Medical Center at Dallas; has been actively involved in the study and clinical applications of hypnosis since the early 1950s. He is co-author, with James A. Hall, M.D., of *Clinical Hypnosis: Principles and Applications* (Allyn Bacon Publishers); winner of the 1976 "Best Book" award from the Society of Clinical and Experimental Hypnosis (SCEH) and the "Best Book" award by the American Society of Clinical Hypnosis (ASCH) in 1977. The second edition of *Clinical Hypnosis*, published in 1985 and now in its third printing won the ASCH "Best Book" award in 1986. Dr. Crasilneck has written more than 50 papers, as well as chapters in text books and is an advisory editor of the official journals of ASCH, SCEH and Dissociation, as well as an editorial consultant to the *Australian Journal of Clinical and Experimental Hypnosis*.



Dr. Crasilneck has received every professional award for which he is eligible and was the first person to be elected president of both ASCH (1986-87) and SCEH (1965-67). He continues to teach for both organizations.

His clinical work involves private practice as well as teaching at the University of Texas Southwestern Medical Center at Dallas, where he has been instrumental in developing one of

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COMMENTS FROM THE EDITORS



Betty Alice Erickson, M.S.

ian Hypnosis for practitioners in the Houston area. Bill also authored and produced several audio tapes for mental health professionals as well as a set of audio tapes, "Enchanting Children," which teach methods of creative discipline to parents. I have the privilege of remaining closely involved with the Newsletter as Editor-in-Chief. This newly-created position of oversight also gives me the opportunity to help both Carol and Bill and to relieve the Foundation staff of their duties of secondary editing.

The addition of two new editors continues the direction that Roxanna Erickson Klein and I initiated when we became co-editors in January, 1992. One of our goals then was to involve even more people in the development of the newsletter. The selection of Carol and Bill as Feature and Reviews Editors is another milestone in the evolution of our publication.

Obviously, none of this would matter without our readers. Your continued support and submissions make all of our efforts rewarding not only to us, the editors, but to everyone who reads the Milton H. Erickson Foundation Newsletter.

— Editor in Chief:
Betty Alice Erickson, M.S.

CORRECTIONS AND CLARIFICATIONS:

About 150 years ago it already had been recognized that once erroneous information is published it is next to impossible to remove it. The historical notes on the contributions of James Braid (The Milton H. Erickson Foundation Newsletter Fall 1994, page 12) contained a statement that it was James Braid who proposed calling the phenomena "hypnotic." All textbooks on history of hypnosis repeat this information. Braid did not coin the term hypnosis. The term was used, and it was already published in France in the year 1821, when Braid was 26 years old. Braid, himself, wrote in 1843, that he adopted the term. Adopting does not mean inventing.

Michael J. Rostafinski, M.D.
Petersburg, VA

Reference: M.A. Gravitz and M.J. Gerton: *Origins of the Term Hypnotism Prior to Braid*, *Am. J. Cl. Hypnosis* 27:107-110, 1984.

ERICKSONIAN UPDATE

Plans are underway for the December 13-17, 1995, Evolution of Psychotherapy Conference. For this extraordinary event, an exciting new format has been instituted, which will effect and more fully highlight contributions of the faculty. We have added a new component to the program entitled "State-of-the-Art" which renowned experts will offer workshops and lectures. More information about this special Track will follow in the next issue of the Newsletter.

The faculty for the 1995 Conference include Aaron Beck, M.D.; James F.T. Bugenthal, Ph.D.; Albert Ellis, Ph.D.; Viktor Frankl, M.D., Ph.D. (provisional); Eugene Gendlin, Ph.D.; William Glasser, M.D.; Mary Goulding, M.S.W.; Jay Haley, M.A.; James Hillman, Ph.D.; Otto Kernberg, M.D.; Arnold Lazarus, Ph.D.; Alexander Lowen, M.D.; Cloé Madanes, Lic. Psychol.; Judd Marmor, M.D.; James Masterson, M.D.; Donald Meichenbaum, Ph.D.; Salvador Minuchin, M.D.; Erving Polster, Ph.D.; Miriam Polster, Ph.D.; Ernest Rossi, Ph.D.; Thomas Szasz, M.D.; Paul Watzlawick, Ph.D.; Joseph Wolpe, M.D.; Irvin Yalom, M.D.,

and Jeffrey Zeig, Ph.D.

The Evolution of Psychotherapy Conference is an opportunity for attendees to learn from some of history's greatest practitioners and theorists. Mark your calendar to join us for this extraordinary event!

The theme for the conference is "The Evolution of the Therapist." Faculty have been asked to present a one-hour Invited Address on this topic. Additionally in the program, there will be Clinical Presentations where faculty will demonstrate their methods. Further, each member of the faculty will present a three-hour Workshop to provide attendees with practical and clinically oriented information.

The Las Vegas Hilton has provided an extraordinary hotel rate of \$69 single/\$79 double. Las Vegas is a marvelous convention site. The conference hotel is immediately proximate to the new convention center. Additionally, Las Vegas provides an array of amusement opportunities for the entire family. We look forward to seeing you there.

Jeffrey K. Zeig, Ph.D.
Director

ENHANCING AND USING TRANCES:

Cornerstones of
Ericksonian Hypnosis
and Psychotherapy

PRESENTERS

Rick Pipkin, Ph.D.
Betty Alice Erickson, M.S.

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PAID ADVERTISEMENT

The Sixth International Congress on Ericksonian Approaches To Hypnosis and Psychotherapy

by Sandra Wooten, M.A.

The 15th anniversary celebration of the Milton H. Erickson Foundation was held in Los Angeles December 7-11, 1994.

The warm tone of The Sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy was set at the convocation by Mrs. Elizabeth Erickson. Mrs. Erickson spoke movingly of her late husband's work, his role in planning the Foundation and the current affiliation of more than 50 institutes around the world. She reflected Dr. Erickson's wishes that his work not be codified into a rigid style. Although the term "Ericksonian" is used to describe a general orientation and methodology, he did not want it to be considered to be a distinct, regulated or limited school of therapy. Mrs. Erickson went on to stress the importance of planning, preparation and grounding in scientific methodology.

Those central themes were reflected throughout the program in the three keynote addresses. Jay Haley, Philip Zimbardo and Bernie Seigel delivered midday addresses with humor and style, illustrating integration of topical contents with scientifically grounded foundations. Each of these presentations was exceptionally well-received.

A number of Foundation appointments were announced. Carol Kershaw, Ed.D., and J. William Wade, M.Div., were named Features Editor and Reviews Editor, respectively. Their work begins with this issue. William Mathews, Ph.D., was appointed new editor of the Monographs with John Edgette, Psy. D., as Associate Editor. Rodger Kessler, Ph.D., is serving as special editor for the upcoming Monograph on Mind/Body Issues.

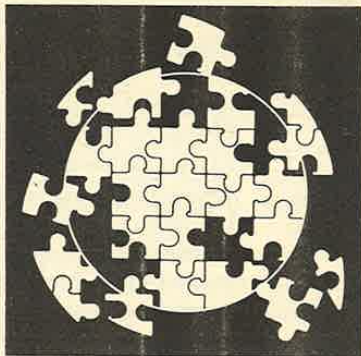
The two and a half day "track" approach, innovated for this Congress, proved popular with attenders responding enthusiastically to the opportunity of focused and participatory learning. The balance of new directions and continuity of program content facilitated a most constructive and productive educational program and meeting.

About 1,000 people attended The Congress from more than 20 countries.

The Evolution of Psychotherapy: A Conference

December 13-17, 1995

Las Vegas, Nevada U.S.A.



Featuring:

Beck, Bugental, Ellis, Frankl (provisional), Gendlin, Glasser, Goulding, Haley, Hillman, Kernberg, Lazarus, Lowen, Madanes, Marmor, Masterson, Meichenbaum, Minuchin, E. Polster, M. Polster, Rossi, Szasz, Watzlawick, Wolpe, Yalom, Zeig and others.

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Write or call for brochure.

NEWSLETTER READERS: REGISTER EARLY AND SAVE!

REGISTRATION FEES:

\$265 U.S. (\$165 for full-time graduate students*) for registrations postmarked on or before April 1, 1995

FEES WILL INCREASE!!

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*Students must provide a certifying letter from their school or department on letterhead stationery indicating proof of full-time student status as of December 1995.

U P C O M I N G T R A I N I N G

(Note: The Erickson Foundation lists workshops as a service to its *Newsletter* readers. We cannot attest to the quality of training provided in these workshops.) A \$10 fee is required for each workshop submission.

DATE	TITLE/LOCATION/LEADER	CONTACT
1995		
2/9-14	Fundamentals of Ericksonian Hypnotherapy; Penzberg, Germany; Jeffrey Zeig	1
2/13-17	Phoenix Intensive Training—Fundamental; Phoenix, AZ; Brent Geary	2
2/15-17	Therapist Development; Hanover, Germany; Jeffrey Zeig	3
2/19-20	Advanced Strategies for Beginners; Hamburg, Germany; Jeffrey Zeig	4
2/20-24	Phoenix Intensive Training—Intermediate; Phoenix, Arizona; Geary	2
2/24-25	Beyond Illness; The Myth of Mental Health; Reno, NV; Faculty	5
3/4-5	Integrating Sexuality and Intimacy: The Challenge of Treating Couples in the '90s'; San Francisco, CA; Invited Faculty	2
3/3-5	Interactive Guided Imagery; San Francisco, CA; David Bresler, Ph.D., and Martin Rossman, M.D.	6
3/9-10	Divorce Busting: Solution Oriented Brief Therapy with Couples; Arlington Heights, IL; Michele Weiner-Davis	7
3/10-12	Fundamentals of Ericksonian Hypnosis; Sherbrooke, Quebec; Jeffrey Zeig	8
3/17-18	Integrating Hypnosis into Brief Psychotherapy; Arlington, TX; Michael D. Yapko	9
3/27-31	Phoenix Intensive Training: Week III (Advanced/Supervision) Phoenix, AZ; Geary, Zeig	2

DATE	TITLE/LOCATION/LEADER	CONTACT
3/29-4/2	Hypnotherapy: An Ericksonian Approach to Problem Solving; Pensacola Beach, FL; Carol Lankton and Stephen Lankton	10
3/31-4/1	Childhood Sexual Abuse and Memories: Current Controversies; Kansas City, KS; Faculty	11
3/31-4/2	Exploring New Paradigms of Psychotherapy; Houston, TX; Ernest Rossi	12
4/3-5	Hypnotherapy: An Ericksonian Approach to Problem Solving — Advanced; Pensacola Beach, FL; Lankton and Lankton	10
4/5-9	Residential Training in Clinical Hypnosis; Los Gatos, CA; Deborah Ross, Ph.D.	13
4/5-8	International Meetings of Researchers, Professionals and Students of Psychology; Puebla, Mexico; Faculty	14
4/8-9	Interactive Guided Imagery; San Francisco, CA; Bresler and Rossman	6
4/21-23	Ericksonian Hypnotherapy; Sao Paulo, Brazil; Jeffrey Zeig	15
4/22-23	Practical Applications of Hypnosis in Treatment and Therapy: The 32nd Annual Basic Workshop in Clinical Hypnosis; Berkeley, CA; Faculty	16
5/6-7		
4/28-30	Ericksonian Hypnotherapy; Belo Horizonte, Brazil; Jeffrey Zeig	15
5/6-7	Key Concepts in Ericksonian Psychotherapy; Santa Clara, CA; Jeffrey Zeig	17
5/18-21	Residential Advanced Supervision Training in Clinical Hypnosis; Los Gatos, CA; Ross	13
5/18-21	Ericksonian Therapy and Hypnosis I; UQAM, Montreal, Quebec, Canada; Michel Kerouac, Leo Dubord	8
5/20-21	Interactive Guided Imagery; Los Angeles, CA; Bresler and Rossman	6
5/27-28	Practical Models of Brief Therapy; London; Geary	18

Contact Information

- Dr. Med. Wolf Buntig; ZIST, Zist 3, D-82377, Penzberg, Germany; Tel. 49/8856/5192; fax: 49/8856/83180.
- The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; (602) 956-6196; fax (602) 956-0519.
- Margaret Grone, Niedersachsisches Institut für Systemische Therapy und Beratunf, Bodekerstr. 102, 30161, Hannover, Germany.
- Manfred Prior, Dipl. Psych., or Ortwin Meiss, Dipl. Psych., Erickson Institute Hamburg, Eppendorfer Landstr. 56, 20249 Hamburg, Germany; Tel. 49/40-480 3730; fax 49/40-480-3704.
- Bruce Tanenbaum, M.D., 628 Lake St., Reno, NV 89509; (702) 329-1717.
- Academy for Guided Imagery, P.O. Box 2070, Mill Valley, CA 94942; (415) 389-9324; 1-800-726-2070.
- Michele Weiner-Davis, M.S.W., P.O. Box 197, Woodstock, IL 60098; (815) 337-8000.
- Michel Kerouac, M.A., L'Institut Quebecois de Therapie et d'Hypnose Ericksoniennes, Inc., 33 Beaudette, North Hatly, Quebec, Canada JOB 2C0; (819) 842-4549.
- Family Counseling Clinic, 11797 S. Freeway, Ste. 326, Burlson, TX 76028; (817) 551-7304.
- Carol Lankton, P.O. Box 958, Gulf Breeze, FL 32562; (904) 932-6819.
- The University of Kansas Medical Center, Office of Continuing Education, 3901 Rainbow Blvd., Kansas City, KS 66160; (913) 588-4488.
- Beverly Boling, 2012 Bissonnet, Houston, TX 77005; (713) 529-4589.
- Deborah Ross, Ph.D., Los Gatos Institute, Medical Hypnosis Seminars; 19845 Skyline Blvd., Los Gatos, CA 95030; (408) 354-7738.

- Psic. Vicente Martinez Valdez, Depto de Psicologia, Benemerita Universidad Autonoma de Puebla, 3 Oriente 403, Centro Historico, Puebla, Pue., C.P. 72000, Mexico; Tel. 52(22) 42 33 37.
- Jose Carlos Vitor Gomes, Editorial Psy e Centro de Psicologia, Rua Barao Geraldo, de Rezende, 305, Bairro Guanabara, Caixa Postal 691, 103020.440 Campinas/SP, Brazil; Tel. 55/192-33 65 15.
- Jan Brooks, Executive Secretary, SFAH-ERF, 615 27th St., San Francisco, CA 94131; (415) 282-3399.
- Rita Wright, University of California at Santa Cruz, Santa Clara Extension, 740 Front St., Ste. 155, Santa Cruz, CA 95060; (408) 427-6610.
- Peter or Jean Scott Chinnery, Integrated Therapies & Trainings, 173 Southway, Guildford GU2 6DJ, England; Tel. or fax: 44 483 502787.

Faculty Notes

Janet Edgette, Psy.D., Co-director of the Milton H. Erickson Institute of Philadelphia, is pioneering the use of Ericksonian hypnosis and therapy in the (horse) equestrian sport industry. She recently was featured in a six-part series on equestrian sport psychology in *Practical Horseman Magazine*, a national publication and invited to follow up with a monthly column. She also was invited to write about the impact of competition stress on the family for *The Morgan Horse* and to speak on radio program, "Horse Sense," in October. Janet currently is writing a book on sports psychology for the equestrian community of riders and their families, trainers, and instructors.

Items Found at Congress

A hard cover book by Leo Tolstoy and a Christmas brooch were found at the Sixth International Congress in Los Angeles.

Contact Betty Alice Erickson, 3516 Euclid, Dallas, TX 75205, to claim the items.

Conference Announcements

Eurohypnosis '96 set for August 1996

Eurohypnosis '96 will be held in Budapest, Hungary, August 17-23, 1996.

The 7th European Congress of Hypnosis is open to psychologists, medical doctors, dentists and professionals in health related fields who are qualified for membership in or are members of the European Society of Hypnosis, the International Society of Hypnosis or other constituent societies.

For information about presenting, or about attending, write Eurohypnosis '96, 7th European Congress of Hypnosis, Congress Secretariat, Budapest 64. Pf. 4 Hungary H-1378; telephone (36-1)42-3130; FAX (36-1) 268-0831; E-mail: hipnozis@izabell.elte.hu

Canadian Societies of Clinical Hypnosis Schedule National Assembly in May

The Fourth National Assembly of the Federation of Canadian Societies of Clinical Hypnosis is scheduled May 4-9, 1995, in Banff, Alberta.

For information write or call Neill Malcolm, M.D., Medical Arts Clinic, 4721 - 47th Avenue, Leduc, Alberta, CANADA T9E 5Y1; telephone (403) 986-1400; (403) 986-9759.

Interview *continued*

the most outstanding hypnotherapy education programs in the country. Dr. Crasilneck pioneered the use of hypnosis with thermal injury patients at the Regional Burn Center in Dallas and his methodology is the standard measure of efficacy.

Betty Alice Erickson: (BAE) Dr. Crasilneck, you were involved in work using hypnosis during the days when the two major professional organizations in hypnosis, the ASCH and the SCEH were being formed. How did your work contribute to the teaching techniques used by these organizations?

Harold Crasilneck: (HC) I began using hypnosis in 1952, with a group of surgeons, anesthesiologists and psychiatrists in treating patients with thermal injuries.

I was the person in charge of that particular investigation. We were interested in four aspects of treatment of these patients. First, there was the constant, acute and chronic pain associated with these injuries. Second was the frequent anesthetics required. The patients had a weakened physiology and yet that physiology had to be weakened still more with frequent anesthetics. Third, we were interested in the nutritional aspects of care. Many patients just

simply would not eat or could not eat. Then, fourth, was the exercise-ambulation problem. Because it hurt so much many of these patients refused to exercise.

I would invite members of the burn center staff to some of the workshops of the ASCH and the SCEH as both attendees and lecturers. We also used audio- and videotapes of the work we were doing. I suggested the grand rounds approach to be used at the meeting of the SCEH and ASCH, where people would actually allow us to work with their patients for the management of pain problems. Obviously, we didn't work with burn patients at the meetings, but we could work with any other sort of pain problem. There was a good deal of learning that took place with that approach. Other writers reported our findings in the literature. I know about 25 papers that have presented in the literature based on our original contributions. This makes me very proud.

I also encouraged a mentoring approach. One of the teaching members, principally in SCEH, would choose a very bright student in the class and ask him or her to be a student assistant to help with the next year's class. That way it was clear that what we were teaching could be learned quickly. It

would give the student who was assisting a lot of confidence and I think it would serve as an inspiration to new students. (*Editors Note: This is similar to the way the ASCH worked with neophyte learners. See the interview with Kay Thompson, D.D.S., Vol. 14, No. 1.*)

Then, of course, many people came to study with me in Dallas, including Milton Erickson. That was one of the greatest honors of my life. Some years ago, the Chief of Psychiatry here at Southwestern, Don Morrison, M.D., had studied with Dr. Erickson at Wayne State University. One day Dr. Morrison called me and told me one of his mentors had written him to say he would be in Dallas and was very interested in observing how I worked with burn patients. So Milton came and observed our procedures used with burn patients. That was the first time I met him. We lectured together many times after that, including the International Society of Hypnosis (ISH) meeting in Mexico City.

BAE: Your educational program at Southwestern Medical school teaching medical students about the value and applications of hypnosis is the longest standing program of its type in the country. What are some of the reasons for its success?

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Eye Movement Desensitization and Reprocessing 1995 Level I Training Schedule

EMDR: "This has all the indications of being a major new resource in behavior therapy."
Joseph Wolpe, MD, Originator of Systematic Desensitization.

"EMDR is a powerful tool that rapidly and effectively reduces the emotional impact of traumatic or anxiety evoking situations. Consistent with Dr. Shapiro's current research, I have found the results of using EMDR to be stable over time."
Roger Solomon, Ph.D., Former Department Psychologist, Washington State Patrol. Clinical Director, On Site Academy, Gardner, Massachusetts. Consultant to the Critical Incident Program, Bureau of Alcohol, Tobacco, and Firearms.

"EMDR is by far the most effective and efficient treatment we have ever used with dissociative episodes, intrusive memories, and nightmares with Vietnam combat veterans"

Howard Lipke, Ph.D., Former director, Stress Disorder Treatment Unit, North Chicago Veterans Administration Medical Center.

"EMDR is a powerful new tool for relieving human suffering. Its study opens new doors to our understanding of the mind."
Steven Lazrove, MD Yale Psychiatric Institute

St. Louis, MO - April 1/2
Philadelphia, PA - April 8/9

Seattle, WA - April 8/9
Sacramento, CA - April 22/23

Syracuse, NY - April 22/23
Boston, MA - April 29/30

St. Paul, MN - April 29/30
Milwaukee, WI - May 19/20

Philadelphia, PA - April 8/9 will be conducted by Francine Shapiro, Ph.D. All other seminars will be presented by EMDR Senior Trainers.

Francine Shapiro, Ph.D., originator of EMDR, is a Senior Research Fellow at the Mental Research Institute, Palo Alto, CA, and the recipient of the 1994 *Distinguished Scientific Achievement in Psychology Award* presented by the California Psychological Association. She has trained over 9,000 clinicians internationally. She was an invited speaker at the 1992 American Psychological Society Presidential Symposium on PTSD, the 1989 International Conference on Stress in Tel-Aviv, and at annual conferences of the Anxiety Disorder Association of America, the Association for the Advancement of Behavior Therapy, Biofeedback and Applied Psychophysiology, Family Therapy Network, Ericksonian Foundation, California Association of Marriage and Family Therapists, World Congress of Behavior Therapy, and the International Society for Traumatic Stress Studies. She has written numerous articles and book chapters on EMDR, and her book, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures*, will be published by Guilford Publications, Inc., in 1995.

EMDR, a specialized approach, accelerates the treatment of anxiety-based complaints and self-esteem issues related to both upsetting past events and present life conditions. It requires supervised training for full therapeutic effectiveness and client safety. The training will consist of lecture, live and videotaped demonstrations, and supervised practicum.

Please call the EMDR office for registration form and further information on additional EMDR trainings.

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VIDEOTAPES

DEMONSTRATIONS

- MG264-V1** \$59.00 **D-1: An Ericksonian Approach To Smoking Cessation**, Jeffrey K. Zeig, Ph.D.
- MG264-V2** \$59.00 **D-2: Solution-Focused Brief Therapy: How to Interview for a Change**, Scott Miller, Ph.D.
- MG264-V3** \$59.00 **D-3: Refining Treatment Contracts from Feedback Before and During Trance Session** Stephen Lankton, M.S.W.
- MG264-V4** \$59.00 **D-4: Enhancing Sports Performance** Lars-Eric Unestahl, Ph.D.
- MG264-V5** \$59.00 **D-5: Hypnotically Accessing and Contextualizing Resources** Michael Yapko, Ph.D.
- MG264-V6** \$59.00 **D-6: Family Hypnotic Induction** Camillo Loredano, M.D.
- MG264-V7** \$59.00 **D-7: Enhancing Trances** Betty Alice Erickson, M.S., L.P.C.
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- MG264-V9** \$59.00 **D-9: Self-Relations Psychology** Stephen Gilligan, Ph.D.
- MG264-V10** \$59.00 **D-10: Ideomotor Method of Searching Birth Memories**, David Cheek, M.D.

- MG264-V11** \$59.00 **D-11: Transforming Anxiety** Carol Lankton, M.A.
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- MG264-V13** \$59.00 **D-13: Breaking the Bruxing Habit** Kay Thompson, D.D.S.
- MG264-V14** \$59.00 **D-14: Narrative Therapy: Using Questions and Reflections**, Gene Combs, M.D., Jill Freedman, M.S.W.
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Case Report

Reported by Edward Selekman, M.S.
Landsdowne, PA

Discussion by: John H. Edgette, Psy.D.
The Milton H. Erickson Institute of
Philadelphia

Mr. E. is a 34-year-old male seeking therapy for job stress and feelings of dissatisfaction with personal relationships with women. He is in a supervisory position and uncomfortable "managing" and having authority over others; he prefers being a peer. His current position feels "unnatural" to him. He has requested transfers from both the position and the city. His job has taken him through many living transitions including moving 24 times in the last year.

He was born in England to parents whom he loves but who brought him up with limited and restricted ranges of emotional expression, and rigid, critical rules of behavior and conduct. His mother in particular, was very critical of him during his early adolescent years.

He finds himself feeling badly about himself at work, does not like having others angry with him and is upset over other peoples' reactions to necessary changes. He initially presented with reactive depression, as well low self-esteem and loss of self-confidence. He intellectually recognizes that the present job situation is contributory but emotionally he continues to feel badly. He feels most of the stress and bad feelings will be alleviated with a job and location change.

He reports problems in sustaining long term relationships. I suspect that he does not know how to move the relationship to a deeper level of intimacy, thus feeling frustrated and eventually leaving the person. He is impatient, frustration being a constant internal state. He has limited interpersonal contacts in the area and views his therapeutic relationship and sessions as primary. He wants to relieve stress and begin to address deeper issues and feelings.

I have seen him for approximately three months — twice a week. I have included hypnosis at least once a week for about a half hour. The client finds this useful and is learning to use it on his own before bedtime, with some success, having reported that nights and mornings are difficult. He is discovering other feelings coming up but does not yet have a label for them.

Hypnosis definitely is deepening his internal experience and reducing his

stress. At present I feel stuck in taking the hypnotic work deeper and adding "texture" to the the trance experience. Using direct and posthypnotic suggestion as major techniques, I have worked with him to open up and "go through" the frustration and tension he feels. The therapeutic goal is to use hypnosis to help client relax and reduce stress, discover deeper feelings and regain self-confidence.

Discussion:

Because I know you to be a novice hypnoterapist, I can compliment you on how well you have begun integrating hypnosis into your ongoing work with this client. A major challenge at your stage of development as a hypnoterapist is taking what you have learned and implementing it in an ongoing fashion rather than sporadically, as a one-shop intervention. Many professionals new to hypnosis either leave their learnings in the seminar room or sporadically haul out hypnosis like a cannon to be fired once. Your use of hypnosis in a process-oriented fashion is commendable.

Like most novice hypnoterapists though, you are wrestling with a major "developmental" challenge of figuring out what to do once your client is in trance. I very much like your idea of using neutral trance (hypnosis without intervention, per se). Learning to go inside more often and to deeper levels teaches one to become more comfortable with one's internal world and hence, to differentiate and become richer inside. The "turning inward" required by hypnosis will plow psychological roads that will be available for travel outside the hypnosis session. This a grossly under-utilized intervention.

I am less enthusiastic about your other use of hypnosis—that of an antidote to stress. I prefer to help people use hypnosis to deal with stress more effectively through changes in action or cognition such that stress is ameliorated. You describe stress on the job to assuming a role of "authority," then you mention what you seem to consider a different issue—that of developing intimacy in relationships. I deem these to be closely related problems emanating from the same developmental impasse. You say he was brought up with loving parents with a "restrictive range of emotional expression, and rigid and critical rules of behavior and conduct. His mother in particular was critical of him during his early and

adolescent years." I think these sentences provide the key to this case. To assume the role of authority, one must successfully negotiate the murky and treacherous waters of conflict of the generations that is part and parcel of the adolescent struggle for separation and individuation. In short, it seems as if this man never learned to stand up to his parents' authority. Teenagers need to learn to fight a good fight, to win some, to lose some, and ultimately to declare a truce with a handshake as they leave home. I believe your patient has trouble in the role of authority because he never adequately dealt with the role of being submissive. It may not be impossible for him to imagine a dialog between an authority figure and those under authority. Can he see this process as being flexible, ongoing, negotiated and most of all, "do-able?"

Further, successfully separating an individuating as an adolescent is the gateway through which one exits childhood and embraces adulthood. This adulthood allows one to then engage in mature and intimate interpersonal relationships. It is as if successful separation and individuation permits and then potentiates the sweetness of adult closeness. To use the strategies of the Ericksonian approach to the end goal of enhancing interpersonal intimacy is what I have come to call existential Ericksonian therapy.

To accomplish the above you need to resolve the developmental impasse. One way to do this would be to use trance and metaphors having to do with the

variety of ways in which teenagers successfully separate and individuate. Mr. E.'s subconscious mind is still living in the reality of that impasse. Successful transmission of ideas contained in the symbols of metaphors will "unstick" him. You can generate these metaphors in ways that you have learned or you can refer to the fine book by Steve and Carol Lankton entitled Tales of Enchantment (Brunner/Mazel: NY, 1989) which delineates the idea of targeting metaphors to developmental issues. One theme that comes to mind for a series of metaphors is "dealing effectively with authority."

Another way of accomplishing the goal is to use therapeutic strategies to help this man have a different view of his past. That experience could be healing and one upon which he could learn to base current actions. See Vol. IV of The Collected Papers of Milton Erickson (N.Y.; Irvington, 1980) for further details on this strategy. The avanced practitioner may consider therapeutic age regression and personal history reconstruction. Erickson's use of this approach is described in The February Man (Erickson & Rossi, Brunner/Mazel: NY, 1989).

I believe if you successfully accomplish the above in therapy, both of this man's issues will be resolved. If they aren't, I would recommend considering inter-generational family therapy so these issues could be addressed with the actual players, assuming they are still alive.

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B O O K R E V I E W

Book Review: *Existential Hypnotherapy*

by Mark E. King, Ph.D. and
Charles Citrenbaum, Ph.D.

The Guilford Press, New York, 1993
169 pages \$25

As the Ericksonian field matures it naturally encounters its ancestors. In this book, Drs. King and Citrenbaum bring the philosophic assumptions of existentialism to the arena of hypnotherapy. What merges is a therapy that challenges long-held assumptions while celebrating and deepening the power of personal choice.

The author's view is that therapy replicates the way people form their self-concept. As self-concept emerges from the internal ground of being, so hypnotherapy comes from the interaction between the rich and evocative language of the therapist and the client's inner world of meaning. And as "the sound of an ideal self-concept is silence," so therapy is a continuous process never fully defined.

The mission of therapy thus becomes a dialogue that challenges inappropriate self-definition, while expanding an individual's sense of choice and personal power. The authors take strong issue with therapeutic empathy that undermines client's autonomy and empower-

ment. "The patient must learn to accept the existential truth that while there were influences in her life that helped shape her, . . . she herself was the most influential shaper."

From this vantage point they explore numerous therapeutic methods from Ericksonian practice as well as NLP and Gestalt therapy. They bring their existential vantage point to such clinical areas as anxiety, powerlessness, and the personal meaning of symptoms. They pay particular attention to treating addiction treatment, challenge the mind set in 12-step program involvement which they require results in long-term powerlessness. It seems to us that the ultimate recovery program is one that leads to the discovery of empowerment.

The book both suffers and benefits from a rambling, conversational writing style. While the personalities and skill of the authors come through, their writing is sometimes hard to follow. However, those willing to join the authors on a quest that ranges from Nietzsche to Siddartha, and from Willie Nelson to Milton Erickson, can come away philosophically enriched and therapeutically inspired.

Hillel Zeitlin, LCSW-C
*The Maryland Institute for
Ericksonian Hypnosis &
Psychotherapy*

This book will not *change* how you do therapy.

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Joan S. Ingalls

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VIDEO TAPE REVIEW

"Erickson-Based Integrative Therapy for Weight Control"

Distributed by
The Milton H. Erickson Foundation,
F280-V10 — \$75.00

This video is a teaching gem. It features Jeffrey K. Zeig, Ph.D. who presents confident, and caring rapport. He joins an attractive, overweight young woman in searching for a solution to her inability to lose weight.

The technical quality of this 60 minute, color VHS videotape is excellent. This tape was one of 17 clinical demonstrations at The Brief Therapy Conference, December 8-12, 1993 in Orlando, Florida.

Zeig engages the audience with his opening comment, "Motivation counts for a lot." Together, he and the young woman discover two distinct patterns associated with overeating. To better define her self-induction, Zeig asks her to fill in a self efficacy sentence stem, "I know I can do this because . . ." and makes use of a gestalt two-chair technique. This prompts her awareness of an unresolved conflict with herself. Zeig, ingeniously, has the audience parrot a "big induction;" she catches on and is empowered by opposing it. Trancework follows. Zeig beautifully utilizes the two previous patterns as the cues of permission to feel comfort and self-worth. He generalizes and anchors these new patterns by memory, age progression, confusion, indirect suggestion, emphasizing "can," metaphor, and stories of protection.

The strength of his video is the powerful impact of single-session problem analysis and resolution by an elegant and logical use of words. The weakness of the video is the lack of teaching commentary and subtitles labelling techniques in action.

This work emulates Milton Erickson by demonstrating that rapid change is possible and that what works already promotes change. A heartfelt relationship of good rapport, sensitivity, and respect for the individual keeps the therapy moving. The patient's struggle for betterment counts for a lot.

I found viewing "Erickson-Based Integrative Therapy for Weight Control" worthwhile and learned a lot about integrating hypnosis and psychotherapy.

Reviewed by Lawrence F. Berley, M.D.
Hingham, MA 02043-3386

ASKING QUESTIONS AS THERAPY

Olga Silverstein, M.S.W.

Videotape No. F280-V2, available from The Milton H. Erickson Foundation. Demonstration given at The Brief Therapy Conference, December 1993.

Olga Silverstein begins this videotape by pointing out that, in psychotherapy, "Every question is a therapeutic move!" With this as a context, and the caveat that all this hinges on what "Olga says," a fast-paced, lively demonstration of the use of questions in psychotherapy follows.

Four volunteers from the audience help Ms. Silverstein demonstrate her style of psychotherapy. Barbara, Debbie and Dennis present personal issues, while Marsha, concerned with the ecological validity of "circumscribed" problems, role-plays an "overwhelming life problem" more characteristic of clinical practice. The "size" of the problem matters little as the unflappable Ms. Silverstein reels off question after question with each volunteer, thus demonstrating her confidence in what she is doing and where she is going.

In contrast, the questions posed by the audience reveal perplexity about this process. As usual, it is easier for an experienced therapist to demonstrate *what* they do than to explain *how* or *why* they do it. Ms. Silverstein's answers emphasize the use of questions to focus the patient upon the problem, letting the problem guide the questioning, and getting the patient to *think* about the problem. While these are excellent guidelines, the viewer also becomes aware of what is not made explicit as Ms. Silverstein "jumps over" many issues in the interviews. She does this due to her "clinical experience," but this answer communicates little to the audience.

This videotape is of excellent quality and is useful in teaching, particularly to demonstrate differences in therapist style. Comments from the volunteers attest to therapeutic impact. Ms. Silverstein's authoritarian style and her tendency to make huge assumptions are of great heuristic value.

Beyond this, the video demonstrates several Ericksonian values. Ms. Silverstein uses questions to structure a therapeutic climate within which the patient does the work. She does this through a problem-oriented approach and uses creativity and flexibility to follow the patient. She then designs her questions to access resources, getting

the patient to think about the problem. All of this makes this video, asking questions as therapy, valuable and well worth viewing.

Reviewed by Richard E. Diamond, Ph.D., Springfield, Illinois

Editor's Note: This was the most highly rated Clinical Presentation at the Orlando Brief Therapy Conference.

To order audio- or videotapes, call or write the Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016; (602) 956-6196; FAX (602) 956-0519.

Media of Note

Nouvelle Hypnose by Jean Becchio and Charles Jousselin has been published. It is available through epi la meridienne, Desclee de Brouwer, 76 bis, rue des Saints-Peres, 75007 Paris, FRANCE. A copy of the publication has been placed in the Erickson Archives in Phoenix.

* * *

Betty Alice Erickson, M.S., L.P.C., Editor-in-Chief of the *Erickson Foundation Newsletter* has an article on trance in the June 1994 (Vol. V, No. 23) issue of *Phoenix* (French). For information, write 24 rue des Ecoles, 75005 Paris, FRANCE.



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A U D I O T A P E R E V I E W

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Audiotape by Robert B. McNeilly, MD, and Peter Thorneycroft, MA, PsS
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Robert McNeilly, an Australian physician has collaborated with an associate, Peter Thorneycroft to produce a series of audiotapes on relaxation, pain management, sports improvement, smoking cessation and relaxation for bruxism and TMJ. The tape reviewed here is “Relaxation for Stress Management.” Side A is entitled “Accessing Resources.” Side B, “Utilizing and Building Resources.”

This tape uses naturalistic, hypnotic-like techniques and is well grounded in indirect patterns of communication. The two-voice method is an effective and infrequent approach to relaxation. This tape has been sold in Australia and the authors have received positive feedback for its efficacy.

McNeilly has a wealth of background from which to draw. He studied with Erickson in Phoenix and coordinates one of the premier training programs for Ericksonian related methods in Australia. Peter

Thorneycroft’s expertise in offering suggestions parallels McNeilly’s.

This tape would be excellent for those seeking to build relaxation skills as well as for those experienced with hypnosis. The tape contains neither a formal induction nor clear termination instructions. Any clinician recommending this tape to patients for hypnotic purposes should also recommend a technique for reorientation. Those using the tape for relaxation or insomnia may prefer to drift and allow the learning to settle, and wake in their own time.

There are a number of enjoyable aspects to the tape: The voices are clearly recorded and there is no background music which sometimes makes productions seem overly “slick.” McNeilly and Thorneycroft work well together. Obviously they enjoyed making the tape. I recommend “Relaxation for Stress Management” to clinicians and believe that other tapes in their series probably are most worthwhile.

*Reviewed by Jeffrey K. Zeig, Ph.D.
Director, The Milton H. Erickson Foundation
Phoenix, Arizona*

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Interview *continued*

HC: Most physicians had heard lectures at one time or another on hypnosis during their training. I believe they were ready to learn to use it in their specialties. The faculty was young, they were dynamic, and they were not resistant to the use of hypnosis. Thermal injury is a very difficult problem to treat and work with. There really hadn't been much change in the treatment of thermal injuries up until the 1950s, even though surgeons and anesthesiologists had been intrigued with this problem over the years. Physicians were soon able to see the intrinsic value of hypnosis for treatment and realized hypnosis could act as a catalytic agent in thermal injuries. If this type of patient could respond with the many problems that they manifested, why couldn't other types of patient problems respond equally well?

We discovered a very interesting factor in this treatment. The sicker the subject the better the response. The more pain the patient manifested, the better the response. We found that people with thermal injuries were so sick and in so much pain that they were tremendously motivated. It really moved treatment along and reduced the use of narcotics tremendously. It also helped control the

nutritional effects.

Those were some of the responses that proved our program a success. These patients were anything but sadomasochistic. They wanted to escape from their pain. They were told that hypnosis could help them bring the pain under control, so they worked very, very hard with us. We also found we could control a great deal of the depression and the anxiety which was present in most patients.

The hospital administrators were pleased and fascinated. We were able to cut down the cost of hospitalization and the length of stay. I think that our cost effectiveness contributed to the success of the program.

Our program has spawned a number of other studies here in the United States and in Europe, Australia, Canada, Russia — throughout the world. But here at Southwestern is where it all started.

BAE: *You seem to have integrated the medical field and psychology in a very effective way.*

HC: Lewis Wolberg, M.D., who was also one of Erickson's students, was my mentor. I really respected this man. It was his advice and counsel to me when he found out I was coming to Parkland Hospital for my internship for me not to work with just psychiatry, but

to work with surgery, with internal medicine, with pediatric — to work with all these departments. Hypnosis has a place with all of them, not just with psychiatry. That was some of the best advice he could have given me.

Virtually every medical school in the country is now teaching hypnosis. Of course some are much more active than others. At Southwestern, I now teach to the entire junior class of medical students. I also have a senior elective class which lasts for a month. They watch films; they work in a pain clinic under supervision with all sorts of pain problems. The students work in the operating room where they use either formal trances or hypnotic techniques with people who are going to have anesthetics. They spend a day on the sleep clinic and they have a series of lectures from obstetricians and neurologists and then I give them a number of lectures mostly in the evenings. It is one of the more popular electives at the school. We have a lot of people from other schools wanting to take the elective, but we are limited in capacity.

I also teach the third year residents in psychiatry and the second year residents in anesthesiology. I supervise the residents who request additional training.

BAE: *Do you think it is easier to integrate this type of teaching into medical education than it was years ago when you first began the ground work?*

HC: People like Drs. Erickson, Wolberg, Schneck, Marmor, Kroger, Raginsky, Hershman and Sector are only a few persons who were in the forefront in teaching hypnosis. With people of that high caliber, any hostility lasted only a short time. There were a few individuals who expressed some negativity, and they were primarily psychiatrists. Perhaps they thought we were going to destroy needed symptoms. That was the furthestmost thought from our minds. No one was there to destroy symptoms.

Then when it was clear we were actually saving lives, as we were doing with the burn patients, and when people could read the reports in the literature where hypnosis really turned the tide with chronic and acute illnesses and, quite literally, did save lives, the medical community began to accept using hypnosis.

I also have been fortunate to have worked with some of the top specialists in the country who were interested in the use of hypnosis. Most of these people were presidents of the board of their respective specialities. These people

continued on next page

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Interview *continued*

were outstanding scientists to begin with and they saw a place for hypnosis. I was lucky enough to be there at the same time in the same institutions or else I have been fortunate enough to meet them as I lectured and taught across the country. They saw applications for hypnosis in their specialties and they would ask me to lecture at their universities and hospitals in their various specialties.

Hypnosis is now considered the method of choice for many problems. Just a few weeks ago, there was a young physician who had been hiccuping for a week. He had a history of coronary disease and the hiccups could not be controlled. Heavy sedation would wear off and the hiccups would start again. His physicians asked me to see him as a patient to see if hypnotherapy could be effective in controlling his problem. I had lectured to him when he was in medical school and he was an excellent subject. In medical hypnosis, the sicker the subject, the better response to the hypnosis. His hiccups stopped following the first session of hypnotherapy. This is the power of mind over body, the psyche over the soma.

BAE: Both ASCH and SCEH have as a goal the furthering of ethical and professional uses of hypnosis. As a former president of both ASCH and SCEH, can you provide us with some insight about the current difficulties in uniting these two organizations?

HC: I attended my first SCEH meeting in 1952, which was during the early phase of the organization. I was aware that a schism had already started. One of the most powerful members of SCEH demanded difficult standards of their members. For example, it was a requirement that a certain number of publications be written as a prerequisite for full membership. This was an impossible task for some. Other members had no interest in writing papers as they were interested in the clinical application of hypnosis.

The ASCH grew out of the Seminars on Hypnosis which Erickson and some of his colleagues had founded. ASCH did not require publication of papers for membership and so that was very attractive to clinicians. (*Editors Note: The founding of ASCH is discussed in more detail in Vol. 14, No. 1, in the interview with Kay Thompson, D.D.S.*)

When I was president of SCEH, in the early 1960s, I was called on by key members of the ASCH proposing a conference between the two organizations. At that time, an influential member of SCEH called me and emphatically

stated that such a meeting was not going to happen and not to pursue it. The conference never occurred although I saw nothing wrong with it.

In the past few years the hostility has virtually ceased between most members of both groups. Today about 80 percent of the members belong to both groups. It seems to me that most members have heard the arguments about amalgamation; the members of both organizations are very bright and sophisticated persons who are capable of making their own decisions about what organizations they want to join and how they want to spend their money.

Frankly, I don't think a formal union of the two groups is ever going to occur. There are just a few individuals who continue to advocate for the two separate societies. I may be wrong. Only time will tell. But it has not occurred yet. Everyone has been saying, "Well, someday, when the youngsters have taken over..." Well, the youngsters are now middle-aged and amalgamation has not occurred.

Scientifically the two groups have always gotten along well. Although I have been more politically active in ASCH in the last few years, I will never give up my membership in either group.

One last comment — in the 1950s, as
continued on next page

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Interview *continued*

a strong advocate and a member of SCEH, I vehemently stated, "We will never affiliate with the ASCH. We never will." Two years ago I was appointed the ASCH representative to ASCH/SCEH liaison in the hopes that amalgamation could occur. It did not and ironically the same rhetoric that I heard 25 years ago was repeated — same arguments, no real changes.

Certainly we are not the first organizations that cannot agree and communicate concerning basic goals. This is nothing unique. It is interesting, however, that a few individuals still strive for this union.

BAE: *What caused the change in your perception?*

HC: Originally I had the feeling that people in ASCH were hostile individuals who were primary clinicians who had little or no interest in research or theory and who were prone to the removal of symptoms that had meaning to the patients without getting into the basic causes. Then after a while, I realized I was completely and totally wrong and that these people were excellent clinicians with fine training. They weren't trying to hurt anybody and they weren't trying to destroy symptoms. They were trained scientifically and taught at some of the finest universities in the county. I had been told that ASCH was bound and determined to destroy SCEH and that they would hold weekend workshops as close to a national meeting of SCEH as possible. That just wasn't true. It might have happened accidentally a time or two but it wasn't part of a grand plan to destroy SCEH.

Then I would go to international meetings like the one in Mexico City with Drs. Erickson, Kroger, Wolberg and others. There would be some of the finest and best trained scientists in the world lecturing on hypnosis. There we were, all talking, communicating and getting along just fine. We had the same goals; there were no hostilities. We were just working together and teaching together, saying the same things, teaching mutually related theories and clinical methods.

BAE: *Your work in and teaching of hypnosis is done with an authoritarian approach. Would you comment on that?*

HC: Yes, I teach an authoritarian approach and I personally advocate this approach. I am more comfortable with this particular method. I am well versed in nondirected methodology. I actually studied one summer with Carl Rogers and I've seen Erickson, on many occa-

sions, use a nondirective approach. I am personally more comfortable and clinically quite successful in using what is called an authoritarian methodology.

I think one reason I use an authoritarian method is due to the kinds of patients I see in my practice. I see many smokers, many obesity patients, and many psychogenic impotencies. I think being more directive with these type problems makes for best results. Certainly it does for me and it obviously works best for my patients since they do show an 80 percent success ratio with a four year follow-up. This includes the smokers, obesity patients and psychogenic impotencies. Sherry Knopf, my wife & colleague has kept very careful records, and these are the statistics we have found over the years.

BAE: *I know you're aware that Erickson also used a very directive approach at times. Ericksonian Hypnosis includes both directive and non-directive work.*

HC: I know that. I have heard Erickson used a very direct approach. I believe the current emphasis by some of us advocating a more structured and formal technique will produce a greater use of a directive approach. Right now there is a tremendous amount of interest in brief therapy. Incidentally insurance companies frequently associate hypnosis with brief productive therapy rather than long time extended treatment. I believe the authoritarian approach is more productive in such instances.

BAE: *What is your perspective about the future of hypnosis?*

HC: I think it is bright, exceedingly bright. Many high-powered scientists are trained in the use of hypnosis and these folks are attaining chairs at universities. They are attaining positions of pro-

continued on next page

The Mission Statement of The Milton H. Erickson Foundation is as follows:

The mission of The Milton H. Erickson Foundation, Inc., is to provide educational programs designed for professionals in the health sciences. It is to further the worldwide understanding and practice of medical and clinical hypnosis and hypnotherapy by promoting in every ethical way the con-

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by

Dennis K. Chong and Jennifer K. Chong

We unconsciously spin the web of our personal verities and the fabric of our subjective reality. If there is an ontological manifold for this, is there a way to influence its operations? Can it be done in a consistent manner? Can it be replicated? This work has implications and applications well beyond what these authors did.

From the INTRODUCTION

Dennis and Jennifer Chong have broken new ground. We find their discussion of language and reality to be a fascinating contribution, and a cornerstone of this work.

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This book offers encouragement to practitioners who would like to see a greater use of hypnosis in surgery, healing and all of medicine.

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I admire the breath of clinical research that has obviously been undertaken and know that the reader will feel as rewarded as I have when the following pages have been assimilated.

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Interview *continued*

minence in their fields. Hospital boards and medical schools have seen the value of hypnosis. I think it is a tremendously fine tracking tool and a tremendously fine experimental tool. It is a method of choice in many problems. As it is being used successfully, more and more people are seeing its value. Recently, one of my patients gave the University of Texas Southwestern Medical School \$1 million to establish a chair in my honor. Al Gilman, M.D., Ph.D., Chair of the Department of Neuropharmacology, now holds that chair and is the recipient of the Nobel Prize in Medicine in 1994. I believe this sort of thing will happen more and more. I think other people will receive awards like this as time goes on. It's not out of the realm of possibility that someone someday will win a Nobel prize for work with hypnosis—perhaps when they discover the basic cause of hypnosis or why it works. We're getting closer to those answers.

BAE: *You have walls full of honors, awards, citations, and accolades. What do you consider your most important contribution?*

HC: (without hesitation) The thermal injury study. The use of hypnosis in the treatment of the patients who were so sick and recovered through hypnotherapy was by far the most important clinical contribution I have made. The fact that so many others have become intrigued and published various aspects of this procedure is most gratifying. I have taught thousands of medical students and hun-

dreds of residents in psychiatry and in various fields of medicine. I have a teaching career and a publishing career and I have received most professional honors and awards that either the ASCH or the SCEH presents. But the burn study was by far my best.

BAE: *You have mentioned your wife, Sherry Knopf, in your conversation. I'd like to recognize some of her contributions to your work.*

HC: Sherry Knopf, my wife, my research associate and my partner and closest friend has always been my motivating source and my inspiration. Sherry edited my last 24 research papers and on the two editions of *Clinical Hypnosis: Principles and Applications* (with co-author James Hall). Also, she has edited works by other medical authors. Sherry and I work as a team and as a professional unit in my practice. She is, indeed, a fantastic and wonderful individual. She is a very brilliant person who challenges one's thinking and thus making an excellent source of motivation.

In 1988, she was given the ASCH Award for Notable Service for "her guidance, advice and expertise to enhance the growth and the development of ASCH." Then in 1991, she was elected to Honorary Fellowship of ASCH.

BAE: *Thank you for this most interesting interview.*

HC: Thank you for the opportunity.

SCEH Meeting Held

by Ardyth A. Norem, Ph.D., L.P.
Minnetonka, MN

The Society for Clinical and Experimental Hypnosis met for its 45th Annual Workshops and Scientific Meeting in San Francisco October 4-8, 1994. A variety of hypnosis workshops were held for the first two and one-half days, followed by a special symposium on "Boundary Problems and the Use of Hypnosis." Papers and energetic discussions of scientific issues regarding the use and function of hypnosis, especially with respect to retrieved memories also were presented.

Donations

The Milton H. Erickson Foundation has had \$915 in donations since the last issue of *The Newsletter*.

We would like to especially thank Ken Cates, M.N.S., Henry T. Close, Th.M., Samuel E. Hodges, M.S., LPC, Don Mansfield, M.A., Susan Mirow, Ph.D., M.D., and Annellen Simpkins, Ph.D., and Alex Simpkins, Ph.D..

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There was a great deal of discussion on the plausibility of true dissociative identity phenomena and amnesia for actual experience, and on the accuracy of memory and recollection. Carefully documented arguments for several perspectives were presented by a number of experts including Kenneth S. Bowers, Ph.D., Fred H. Frankel, MBChB, DPM, Michael R. Nash, Ph.D., and David Spiegel, M.D.

The 46th Annual Meeting of the Society is scheduled for November 7-11, 1995, in San Antonio, Texas. For information contact The Society for Clinical and Experimental Hypnosis, (703) 556-9222.

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