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The Milton H. Erickson **Foundation**

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 - BOARD OF DIRECTORS -

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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

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Summer 1995

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Evolution of Psychotherapy Conference to Feature Innovations, New Faculty

Five years ago this December, the Milton H. Erickson Foundation sponsored the Evolution of Psychotherapy Conference in Anaheim, Calif. The first **Evolution of Psychotherapy Conference** was held in Phoenix, Ariz., in December 1985. Hailed "the Woodstock of Psychotherapy," the event attracted 7,200 professionals from around the world. A third Evolution Conference was held in Hamburg, Germany, in July 1994.

The conference will be held this year in Las Vegas. Set for December 13-17, 1995, at the Las Vegas Hilton and the Las Vegas Convention Center, the meeting brings together experts in the field of psychotherapy and features a core faculty of 24 and an additional group of nine presenters to address the 'State of the Art' of psychotherapy.

The faculty includes Aaron Beck, James F.T. Bugental, Albert Ellis, Eugene Gendlin, William Glasser, Mary Goulding, Jay Haley, James Hillman, Otto Kernberg, Arnold Lazarus, Alexander Lowen, Cloe Madanes, Judd Marmor, James Masterson, Donald Meichenbaum, Salvador Minuchin, Erving Polster, Miriam Polster, Ernest Rossi, Thomas Szasz, Paul Watzlawick, Irvin Yalom and Jeffrey K. Zeig.

The state of the art faculty includes Claudia Black, Stella Chess, Lynn Hoffman, Joseph LoPiccolo, Peggy Papp, Francine Shapiro, Olga Silverstein, Margaret Singer and Lenore Walker. These presenters will offer special lectures and workshops as well as serve as panelists with the core faculty.

The conference features Supervision Panels, Topical Panels, Invited Presentations, Debates, Workshops and Clinical Demonstrations.

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

Volunteer Positions Open for Evolution Conference

Volunteers are needed to assist with various aspects of the Evolution of Psychotherapy Conference in Las Vegas, Nevada.

Registration fees will be waived for full-time graduate students who are accepted as volunteers. Volunteer duties include helping with registration, monitoring meeting rooms, assisting faculty and staff and working with Continuing Education Validation.

For information, contact Volunteer Coordinator, Diane Deniger, The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500.

Call For Papers The Ericksonian Monographs

The Ericksonian Monographs will undergo some significant changes in the next year. Our commitment is to publish the highest quality papers which will add to the scientific discourse about the body of work called Ericksonian. It is the intention of associate editor, John Edgette, Psy.D. and me to broaden this discussion by including research studies investigating hypnosis, brief therapy, effectiveness of clinical interventions, etc. We also will be interested in theoretical papers which seek to explain various hypnotic and clinical phenomena. Clinical case material that illuminates a technique and/or demonstrates effectiveness with a particular problem is always of interest. Authors must adhere to the APA publication manual (4th ed.) and submit four copies of the manuscript to William J. Matthews, Ph.D., Editor, 22 Foxglove Ln., Amherst, MA 01002.

Interview with Daniel Araoz, Ed.D., A.B.P.P., A.B.P.H.

by Carol Kershaw, Ed.D.

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Background:

Born in Argentina, Daniel Araoz came to the United States as a student at the age of 21, partly because of political turmoil at home. He received his doctorate from Columbia University, New York, for the Marriage and Family Studies program. While studying for his doctorate, he also studied at the American Institute for Psychotherapy and Psychonalysis, from which he graduated in 1971.

A highly credentialed professional, Dr. Araoz is board certified in clinical hypnosis (ABPH) as well as in Counseling Psychology and Family Psychology (ABPP). He holds psychology licenses in Illinois and Pennsylvania, and is a Fellow of the American Psychological Association and the Pennsylvania Psychological Association. He also is an Approved Supervisor for the American Association for Marriage and Family Therapy and a Certified Sex Therapist for the American Association for Sex Education.

Dr. Araoz is well known for his innovative ideas reg arding hypnosis, many of which have been outlined in his books: Hypnosis and Sex Therapy (1992), The New Hypnosis (1995), and The New Hypnosis and Family Therapy (1988) (all published by Brunner Mazel, New York). Dr. Araoz also authored Self-Transformation Through the New Hypnosis (1984, BMA Publications, New York), Sexual Joy Through Self-Hypnosis (1982 & 1991, Arbor House, New York), Selbsthypnose (1993, Econ Verlag, Dusseldorf); co-authored Reengineering Yourself (with William Sutton, 1994, Bob Adams, Boston); and he edited Hypnosis Questions and Answers with B. Zilbergeld and G. Edelstein (1986, W.W. Norton, New York).

In addition to teaching at the Milton H. Erickson Institutes, Dr. Araoz is a tenured professor at Long Island University and chair in the Department of Counseling and Development. His private practice includes group

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COMMENTS FROM THE EDITORS



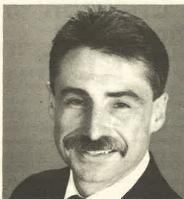
Carol Kershaw, Ed.D.

Both of us feel privileged to serve as Feature and Review Editors. We look forward to contributing to the Milton H. Erickson Foundation in this way. We feel prepared to serve in this capacity due to our combined experience including our work as a former professional newsletter editor, a university professor and as authors, as well as our ongoing private practice at the Milton H. Erickson Institute of Houston.

We have established several goals for the next three years. Exciting advances in hypnosis and psychotherapy are pushing toward paradigm shifts that may further healing in ways unimaginable today. With this issue we are pleased to introduce "Ethical Directions" with a thought provoking column by Steven Schoen, M.D. We hope the ideas expressed stimulate both self-reflection, and reader contributions to this column. A recent book by Dr. Schoen also is reviewed in this issue.

We also are pleased to present a critique of an audiotape of Milton H. Erickson, reviewed by Jorge Abia, M.D. Original, nonreviewed work of Erickson is becoming scarcer and scarcer. As the previous editors asked, we request readers' assistance in locating primary source materials which are important from both clinical and historical perspectives.

We encourage contributions from all over the world to let us know about new developments through research, writings, case reports, ethical considerations, and interesting interventions. Additionally, we hope to foster good relationships with other professional groups by requesting their contributions and by encouraging professional conversations. As Features Editor, I (C.K.) plan to begin a column, "Women of Note" which will highlight contributions of women from many professional areas.



J. William Wade, L.P.C., L.M.F.T.

We live in an evolving ecology and can share information which enhances the psychological components. The Milton H. Erickson Newsletter can be an exciting instrument of communication to assist us in working together toward the Ericksonian values of integrity, wellness, discipline, knowledge, creativity, and discovery. As editors, we look forward to helping facilitate the process.

Carol Kershaw, Ed.D. Bill Wade, L.P.C.,L.M.F.T.

Couples Conference Proves Popular

The topic of sexuality and intimacy proved to be a popular one at the first conference by that title, held in San Francisco, Calif., March 3-5, 1995.

Sponsored by the Milton H. Erickson Foundation, with organizational input by the Couples Institute in Menlo Park, Calif., the meeting attracted some 600 professionals. Ellyn Bader, Ph.D., a member of the faculty, was instrumental in organizing the conference.

Other faculty members were Peter Pearson, Ph.D., Lonnie Barbach, Ph.D., John Gottman, Ph.D., Harville Hendrix, Ph.D., Marty Klein, Ph.D., Ruth McClendon, M.S.W., and Les Kadis, M.D., David Schnarch, Ph.D., Pepper Schwartz, Ph.D., Michele Weiner-Davis, M.S.W., C.S.W., Bennet Wong, M.D., and Jock McKeen, M.D., Jeffrey K. Zeig, Ph.D., and Bernie Zilbergeld, Ph.D.

Plans for a second conference on sexuality and intimacy are under way. Scheduled for May 17-19, 1996, a venue has not been selected.

Obituary of Carl Whitaker, M.D.

I was robbed a few years ago, and what I most resented most was not the loss of my wallet, but the loss of a card listing inspiring incidents that Carl Whitaker engineered during the time I spent with him. It was my intent to weave these ideas into a narrative, perhaps comparing some of Whitaker's methods with those of Erickson.

I know this is a strange way to eulogize a senior colleague, teacher, and friend, but one often feels "robbed" when a loved one dies.

I knew Carl Whitaker for more than 20 years, first encountering him in the early 1970s when I was enrolled in my master's program at San Francisco State University. Whitaker came to Berkeley to conduct workshops for Robert and Judith Shaw. The Shaws allowed me and other students to operate the videocamera in lieu of paying a registration fee.

Our camera work was projected onto a large screen and also recorded for posterity. I marveled at Whitaker's art and wisdom. Toward the end of the workshop, in a surprising act of kindness and warm contact, Whitaker personally thanked me for my assistance. At the time, I thought of myself as a drone and was grateful for the mere opportunity to be there. I expected no thanks. Whitaker's unexpected recognition was etched in my mind. Armed with esteem for Whitaker, both personally and professionally, I was determined to learn more from him.

In 1980, I organized the First International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. I called Whitaker and asked if he could keynote the meeting. Whitaker dryly replied, "What?!?! Are you crazy?!?!" and agreed to an adddress entitled, "Hypnosis and Depth Therapy of the Family." I published it in the proceedings of the 1980 Congress. I have read and reread the chapter. I continue to learn from it to this day.

Whitaker spoke at a number of programs sponsored by The Milton Erickson Foundation, including the 1985 and 1990 Evolution of Psychotherapy Conferences. After both of the conferences, at his invitation, I visited Whitaker and his wife, Muriel, at their home in Wisconsin.

I also received personal supervision from Carl. During the last months before he died, I called him from my office to discuss cases. I also put my



clients on the speaker phone, so that Carl could, thus, conduct long-distance consultations from his home in Nashotah, Wisconsin. He interviewed incisively and helped me through a difficult transference with an enraged borderline patient. Perhaps he saved my life.

Carl Whitaker's contributions are numerous. He practiced psychotherapy for almost 60 years. For nine years, he was Professor and Chair for the Department of Psychiatry at Emory University College of Medicine. For almost 20 years, he was Professor of Psychiatry at the University of Wisconsin Medical School. One of the founding fathers of family therapy, Whitaker received the Distinguished Family Therapy Award from the American Association for Marriage and Family Therapy, He was a Life Fellow of the American Psychiatric Association and former President of the American Academy of Psychotherapy.

Whitaker was coauthor of three books and the editor of one. A number of books have been written about his approach. He had more than 140 papers and contributions to books, including Introductions, Forewords, and chapters.

Carl Whitaker was born February 20, 1912, and died April 22, 1995. He is survived by his wife, Muriel, and six children.

I talked with Muriel after Carl's death, and she philosophized, "Immortality is what you've meant to people."

I consider Whitaker, along with Milton Erickson and Bob and Mary Goulding, among the most important influences in my professional life. He has meant so much to so many people, and his contribution to the field of psychotherapy is immortal and unmatched.

The Board of Directors of The Milton H. Erickson Foundation joins me in sending condolences to Muriel and the Whitaker Family.

Jeffrey K. Zeig, Ph.D. Director

Ethical Directions Ethics in Psychotherapy: An Introduction

by Stephen Schoen, M.D. San Rafael, CA

A friend, happily married for more than 20 years, told me this incident from his psychotherapy as a young man.

"The woman I saw, attractive and older than me, said one time, 'I would like to go to bed with you.' Can you imagine?"

"Of course I can," I said. "We have laws against it just because it happens."

My friend continued. "I'd already seen her for a year, full of doubts about my own attractiveness, and she had been very good for me. After this declaration, I was frightened, proud, angry. I challenged her, the next time I saw her, about how she could talk to me like that. "Fantasy is free," she replied. 'I wouldn't do anything about it.' I believed her. I felt as though I'd been given a gift. And our work continued, successfully, for another year."

"It was luck for her that you hadn't said, "Thank you for the wonderful invitation and begun an affair."

He shook his head. "I never felt she would have. She was good for me."

"Not with her declaration!" I answered. "She made a terrible blunder."

He disagreed again. "I believe she took a well-calculated risk. She knew me well enough to know I could use what she said therapeutically, which I did. She knew herself well enough to draw a sound and comfortable boundary, which she did."

"We don't individualize our clients to that degree, or trust ourselves to that extent."

My friend shrugged. "Whose loss is that?"

His question led me to think again about principles of psychotherapeutic ethics.

Clearly ethics involve us in standards that are moral and personal (these belong to the individual) and standards which are professional and legal (these belong to the person's culture). It is this second group which codifies "do's" and "don'ts". "Respect confidentiality." "Don't make erotic advances to your clients." Like the superego, these rules are regulative and disciplinary. And as ethics involve conduct the rules themselves can claim priority. A therapist is required to stay within the cultural bounds in order to maintain licensure.

But cultural rules are also rooted in personal convictions. The Hippocratic oath, the famous professional pledge of good will, is full of the pronoun, "I" although turned, of course, toward the continued on next page

The Evolution of Psychotherapy: A Conference

December 13-17, 1995 Las Vegas, Nevada U.S.A.

Featuring:

Beck, Bugental, Ellis, Gendlin, Glasser, Goulding, Haley, Hillman, Kernberg, Lazarus, Lowen, Madanes, Marmor, Masterson, Meichenbaum, Minuchin, E. Polster, M. Polster, Rossi, Szasz, Watzlawick, Wolpe, Yalom, Zeig, and a special "state-of-the-art" track with Black, Chess, Hoffman, LoPiccolo, Papp, Shapiro, Silverstein, Singer, and Walker.

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time student status as of December 1995.

Directions continued

patient: "Whatever house I enter, there will I go for the benefit of the sick."

Professional and legal codes for psychotherapists are certainly meant to reflect a subjective concern for the client's well-being. It's just that we *cannot trust* our personal morality altogether we are swayed, as individuals, by mood and circumstance; we need the outer code. And yet the code itself is *fixed*. It doesn't allow for the exceptional moment, the open and flexible sense of things, which good psychotherapy so often requires. The laws are necessary; perhaps they are altogether reasonable. But reasonableness itself isn't a big enough problem solver.

So where do we find an ethical norm that is protective without oppression, well-meaning without shortsightedness, consistent without rigidity, nurturant without self-demand?

And strangely enough, with these most stringent conscious requirements, it may be necessary to look beyond the powers of the conscious mind—to consider Milton Erickson's approach-to the unconscious as the organismic source of creative expression and the best source for an individual psychotherapeutic ethic. This is neither to throw over the morality and professional standard embodied in the law, nor to be naive about the ability of every one of us to create self-serving perceptions. But good psychotherapy always takes risks, and it will be interesting to see how the therapists contributing to this new column on ethics face risks with their clients.

As to the indiscreet, personal risk my friend's therapist took, I told him, "At best, it was objectionable. She violated our professional standards. Violated our laws. And for you, psychologically, I should say her declaration was comparable to incest."

He smiled. "Really? Whenever I've thought of it, over the years, it's made me glad."

Well, I'm wondering now about these last words of his. Couldn't her "unethical" statement been, really, the creative unconscious at work? Hadn't she produced a quite ethical result, according to the Hipprocratic maxim "...for the benefit of the sick?" On the other hand, there are many acceptable ways to get excellent results. By everything that we uphold, wasn't she wrong?

The Milton H. Erickson Foundation, Inc.,

Newsletter is published three times a year in February, July and October. For information, write The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500

BOOKREVIEW

Presence of Mind: Literary and Philosophical Roots of a Wise Psychotherapy

by Stephen Schoen, M.D. Gestalt Journal Press, Inc., 1994

The book, Presense of Mind: Literary and Philosophical Roots of a Wise Psychotherapy, by Stephen Schoen, is a welcome addition to the library of anyone interested in providing excellent therapy with soul. That therapists of an Ericksonian orientation seem to need this work even more than those of other persuasions makes Schoen's contribution even more valuable to the readers of this Newsletter. In reviewing the ideas and productions of great philosophers, writers and spiritual leaders and showing how their contributions can enrich one's psychotherapy, Schoen provides an antidote to the seemingly incessant parade of "techniques" that seem to come our way, particularly our Ericksonian way. He reviews the offerings of such diverse figures as Blake, Rilke, Kafka, Buber, Lao-Tzu, Bateson and Krishnamurti, and highlights in particular those relevant to our field. Introductory remarks first orient us to the journey ahead, and the book concludes with two helpful chapters that provide some case material helping us to see potential applications of our newfound learnings. The book suggests a framework for the intergration of the material in a new paradigm.

Schoen studied with Erickson and seemed to have learned a great deal from him while, thankfully, not trying to be him. Thus, this book provides one roadmap that can cultivate wisdom and promotes "adopting a process," not buying into a static idea/answer. This process orientation is valuable because while Erickson above all embodied wisdom, his wisdom was that of the grandfatherly, country doctor-trickster and not that of the mystical Blake or the cerebral and abstract Buber. Everyone must find his or her own answer. In this book we have a set of roadmaps and, more importantly, methods of how to read roadmaps. It offers, too, the mental set needed to make maps should we prove ourselves capable of such during the span of our careers.

This book is not easy reading. In part that is due to the nature of the people written about (no — Buber isn't easier than when you read him last!!!) but unfortunately it is also in part due to the sometimes digressive and even rambling

style of the author. The book would have benefited from a tighter structure, and better organization and sequencing of ideas. There is no excuse, for example, to be 12 pages into a 20 page chapter on Lao-Tzu before discussing what clearly is his most essential concept, that of wu-wei or effortless nonaction.

This shortcoming pales in comparison, however, to the brillant contribution this book makes. It seems that only constructivists of European descent and MRI's renaissance man, Paul Watzlawick, have been citing artists, philosopers and the like in teaching therapy. In the ground it covers, *Presence of Mind* helps add heart and soul to our work.

Reviewed by: John H. Edgette, Ph.D. The Milton H. Erickson Institute of Philadelphia

4th Eastern Conference

The world of managed and limited care has produced a new world for clinicians. Administrators, who are not clinicians are mandating short-term therapy more frequently than ever.

Robert Schwarz, Psy.D., recognizing this new world, has structured the Fourth Eastern Conference on Ericksonian Hypnosis and Psychotherapy as a means of "designing short-term therapy for long-term changes." He also has created several tracks for different interests and for various skill levels. Participants may move from one track to another so each attendee can tailor his program.

The Conference features topics as relevant as brief strategic treatments for

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panic, OCD, and PTSD. Also included are uses of hypnosis for change and in memory work as well as strategies for dealing with sexual abuse, denial and addictions. The internationally known faculty includes Jeffery Zeig, Daniel Araoz, Joseph Barber, Yvonne Dolan, and Ernest Rossi.

Held in Washington, D.C., July 6 through 9, 1995, the Conference promises an exciting time filled with valuable knowledge and experiential work within the sessions. All registrants will receive a workbook filled with handouts from all workshops.

For futher information, call the Institute for Advanced Clinical Training, Inc., at (610) 525-4526.

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UPCOMING TRAINING

(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 1995	TITLE/LOCATION/LEADER CONTACT
6/29-7/2	Developments in Family Therapy; Faculty, Sao Paulo, Brazil
7/6-8	Eye Movement Desensitization and Reprocessing (EDMR); Level I Training, Trainers, Pittsburgh, PA
7/7-9	EMDR, Level I, Trainers, Chicago, IL 2
7/7-9	Fourth Eastern Conference on Ericksonian Hypnosis & Psychotherapy; Faculty, Washington, D.C
7/10-16	The Institute for Professional Training in Brief Therapy; John H. Edgette, Psy.D., faculty; Monterey, CA
7/14-15	Facilitating Recovery from Trauma and Clinical Supervision in Brief Psychotherapy; Brent Geary, Ph.D., Anchorage, AK
7/14-16	EMDR, Level I, Trainers, Atlanta, GA
7/20-22	EMDR, Level I, Trainers, Salt Lake City, UT2
7/21-22	Facilitating Recovery from Trauma and Clinical Supervision in Brief Psychotherapy; Geary, Fairbanks, AK
7/27,29	Facilitating Recovery from Trauma and Clinical Supervision in Brief Psychotherapy; Geary, Juneau, AK5
7/28-30	EMDR, Level I, Trainers, Austin, TX
7/28-30	EMDR, Level I, Trainers, Manchester Village, VT2

Contact Information

- Jose Carlos Vitor Gomes, Workshopsy Eventos and Editorial Psy Rua José Paulino, 1861 — Centro, 13.013.002 Campinas/SP, BRAZIL; Tel/FAX: 55/192/-31 9955 or 33 65 15, or contact The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500, U.S.A.; tel. (602) 956-6196; fax (602) 956-0519.
- EMDR Institute, Inc., P.O. Box 51010, Pacific Grove, CA 93950; (408) 372-3900; fax (408) 647-9881.
- Robert Schwarz, Psy.D., Institute for Advanced Clinical Training, P.O. Box 326, Villanova, PA 19085, tel. (215) 790-1414; fax (215) 649-3739.
- The Center for Applied Psychology, Inc., P.O. Box 61586, King of Prussia, PA 19406; 1-800-962-1141; fax (610) 277-4556
- Institute for Marriage and Family Therapy; 4141 B Street, Suite 308; Anchorage, AK 99503; tel. (907) 562-5522; fax (907) 561-2981.

- Hugo Hirsch, Lic., Centro Privado de Psicoterapia, S.R.L., Av. Del Libertador 6049 - 10 "A", 1428 Capital Fed. (Buenos Aires), Argentina, tel/fax: 54/1 782-9851; 781-4316 or 783-3352; 781-4366
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DATE	TITLE/LOCATION/LEADER CONTACT
7/28-30	EMDR, Level I, Trainers, Portland, OR
7/31-8/6	The Institute for Professional Training in Brief Therapy;
	Edgette, faculty; Cape Cod, MA4
8/10	Ericksonian Psychotherapy; Jeffrey K. Zeig;
	Mar del Plata, Argentina6
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8/14	Ericksonian Psychotherapy; Zeig; Santa Fe, Argentina6
8/16	Ericksonian Psychotherapy; Zeig; Mendoza, Argentina6
8/17-19	Fundamental Processes of Ericksonian Hypnosis; Geary;
	Tokyo, Japan
8/18	Ericksonian Psychotherapy; Zeig; Cordoba, Argentina6
8/18-20	EMDR, Level I, Trainers, Denver, CO
8/20	Ericksonian Psychotherapy; Zeig; Barriloche, Argentina6
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	Geary; Karuizawa, Japan7
9/8-10	Enhancing Therapeutic Effectiveness; Zeig; Santa Clara, CA8
9/11-15	Intensive Training in Ericksonian Approaches to Brief
	Hypnotic Psychotherapy—Advanced; Geary, Zeig; Phoenix, AZ
9/15-17	11th Annual Training Program: Fundamentals of Hypnosis;
	Harriet E. Hollander, Ph.D., Piscataway, NJ10
9/18-22	Ericksonian Principles of Hypnosis and Brief Therapy:
	Fundamental; Geary; Tenby, Wales11
9/25-29	Ericksonian Principles of Hypnosis and Brief Therapy;
	Intermediate, Geary; Tenby, Wales11

Gestalt Psychotherapy:

Concepts and Demonstrations in Stress, Relationships, Hypnosis, and Addiction

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By Richard E. Hardy, Ed.D, ABPP Fellow, APA, Virgina Commonwealth University

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Therapy demonstrations are offered on codependency, self-empowerment, recovery from abuse and controlling in relationships. Dr. Hardy demonstrates his style of often working intensely one-to-one and then integrating group interaction into the Gestalt therapy process. \$32.95 cloth; \$18.95 paper

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INTRODUCING THE INSTITUTES

Milton H. Erickson Institute of Vermont and Northern New England

by Henry T. Close, Th.M.
The Milton H. Erickson Institute
of Atlanta, GA.

The Milton H. Erickson Institute of Vermont and Northern New England was established in 1987, by Rodger Kessler, Ph.D., Danit Fried, M.S., Phyllis Pierce, Ph.D., and Roger Pierce, Ph.D. The organization was named after Dr. Erickson because of the excitement generated by the Ericksonian training each of the founders in the Institute had received. They also had an interest in offering this type of training in hypnosis and strategic therapy to others in Vermont and Northern New England.

The original focus of the Institute was to sponsor workshops with outside faculty. The Institute also sponsored a conference on Systemic therapies. Training activities are currently in hiatus. Although the educational returns are rewarding, sponsorships of workshops and guest faculty take a lot of time, energy, and expense. The founders currently are following other lines of interest.

Phyllis Pierce has utilized her training in hypnosis to further her work with clients with dissociative disorders. In addition, she provides training to other clinicians. She has done two regional workshops on the diagnosis and treatment of MPD (multiple personality disorder) and spoke at the winter Vermont Psychological Association Conference, giving two workshops. In 1992, she initiated a monthly local professional study group.

Roger Pierce returned to graduate school for his doctorate in psychology and currently is working on his dissertation, "Secondary Trauma: Therapist Narrative Constructions of Their Experiences in Reducing the Impact from Working with Traumatized Vietnam Veterans." In his private practice, Roger has worked with more than 100 Vietnam veterans, as well as veterans of World War II, Korea, Beirut, Lebanon and Desert Storm. He serves as an expert witness on trauma and has been an invited guest lecturer on war trauma.

Danit Fried has been in a six-year process of taking care of infirmed and dying parents, and bring to a close her clinical practice in New York City. These journeys are completed now. Danit is embarking on explorations

of her life and career on the other side of these events. On a personal level, Danit is integrating her artistic talents, spirituality, feminist and social action commitments.

Rodger Kessler has engaged in training anesthesiologists and nurses and has taught in the last five years at the annual meeting of the Society for Clinical and Experimental Hypnosis (SCEH), and at the annual meetings of the American Society of Clinical Hypnosis for the last three years. Also, Rodger has taught numbers of workshops concerning hypnosis and suggestion in anesthesiology and surgery, and has served as Co-Chair of the Annual Workshop of the SCEH. He also has been named Director of Training of SCEH. This year, he will teach at the Brazilian Congress of Psycho-oncology as well as at the International Society of Hypnosis.

Rodger is writing a book on the applications of suggestion and hypnosis in anesthesiology and surgery and has authored or co-authored several chapters and articles.

Major changes are in process. New officers were named in January 1994. They can devote appropriate energy and interest to the ongoing work of the Institute. The new officers are Nicholas Seferlis, M.S., president; Marianne Trottier, M.S., vice president; Leslie Schiller, M.S., secretary; and Rick Lynch, M.A., is the new treasurer. Two directors have been named: JoAnn Miller, M.D., and Joe Drehmer, M.D.

Clearly this is a transitional time for the Milton H. Erickson Institute of Vermont and New England. It will be interesting to see the new directions this group will take.

The Milton H. Erickson Clinic of Mora, Sweden

The Milton H. Erickson Clinic of Mora, Sweden, operates as an 11-bed clinic in a former hotel in the center of the little Swedish town of Mora. Although it treats a variety of psychosomatic ailments, it is most recognized for its unique treatment of eating disorders and has become quite renowned with referrals from doctors throughout Sweden. Founded in 1990, the Institute is licensed by the Swedish Medical Board which has rigorous standards for the licensing of mental health facilities. The state usually pays for treatment in a licensed facility.

The clinic includes Goran Carlsson, psychotherapist, who is the founder, owner and director; Bengt Eriksson, Ph.D., supervisor; and Isobel Josefsson, psychotherapist. Other members of the clinic are Soren Kerslow, M.D.; Peter Engdahl, psychotherapist, and Goren Myrberg, occupational therapist. Greta Olsson is the clinic secretary.

The Institute is

The Institute is the only clinic in Sweden using a combination of intensive psychotherapy and practicial teaching to help patients take control of their eating behaviors. Ten years were spent developing and fine-tuning their comprehensive treatment. The six-month treatment involves periods of inpatient therapy combined with periods of integrating therapeutic learning in the patients' social environments. Clinicians keep in touch with the patients for evaluation and follow-up for two or more years. A book detailing their method is in final stages of publication.

With roots in Ericksonian and strategic psychotherapy, treatment employs such strategies as paradoxical interventions, hypnosis, homework tasks and cognitive therapy. The developers consider their pedagogical model of anatomy and physiology a key part of the treatment's success. The model is used strategically to teach patients how to eat and remain slender in a healthy way.

Carlsson has treated more than 120 patients. He and the clinic staff continue to validate their results scientifically. On follow-up, about 70 percent of the patients resolve their eating problems.

In addition to this therapeutic work, members of the Milton H. Erickson Clinic engage in a wide range of other activities. Members participate in four television programs about eating disorders and write newspaper articles about treating eating disorders and infertility with hypnosis. Clinic members also educate staff from other psychiatric treatment centers in weekly teaching programs.

One has to admire any professional who has earned the title of "Hypnotherapist" in Sweden. Only licensed medical and mental health professionals may use hypnosis; lay hypnotists are prohibited. Becoming a psychotherapist requires extensive post graduate work, supervision and training before licensing. A three-year comprehensive program in hypnosis, sponsored by the Swedish Association for Clinical and Experimental Hypnosis is three years, must then be completed, after licensing as either a medical professional or a psychotherapist.

The Milton H. Erickson Clinic of Sweden is an impressive organized to be admired and respected for the depth and quality of its therapeutic work and research. For further information, the Clinic may be contacted at Box 95, 79222 Mora, Sweden. The telephone is 46 250 13060.

Carol Sommer, M.S.

Milton H. Erickson Institute of Chicago

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BOOK REVIEW

The Long Island Institute of Ericksonian Hypnosis & The Milton H. Erickson Institute of New York

by Eric Greenleaf, Ph.D. The Milton H. Erickson Institute of the Bay Area

"Traditional hypnosis stresses hypersuggestibility; Ericksonian hypnosis emphasizes the attainment of goals by the subject." Daniel Araoz

In 1976, a group of professionals began a hypnotherapy study group on Long Island. By 1979, having decided to provide training, community and clinical services, they formed The Milton H. Erickson Institute of Hypnosis of New York, and, in 1992, The Long Island Institute, to serve the needs of that area.

The two Institutes share a Board of Directors, and provide clinical services and an impressive series of workshops. One set of workshops covers beginning to advanced trainings in Ericksonian hypnosis. The other set includes hypnosis and psychotherapy, pain management, hypnotherapy of children, sex therapy, Ericksonian family therapy and hypnotherapy of the medically ill. In addition, the Long Island Institute offers a year-long postgraduate program.

The postgraduate program is designed to train Master's level professionals from accredited academic institutions, in accord with the Erickson Foundation's requirements for training. Three component parts of the training are workshops, personal Ericksonian therapy by an Institute-approved therapist; 40 hours of clinical supervision in which the resident conducts at least four cases and presents a formal clinical case to the other residents. As a final requirement, residents write a theoretical or clinical paper on an Ericksonian topic.

Completing the program following presentation of a paper at an Institute meeting, residents are required to take 20 CEUs per year for the following two years. Then they are received as fellows of the Long Island Institute of Ericksonian Hypnosis, and will be invited to teach, supervise and conduct hypnotherapy for other residents and students.

Four of the Directors of the combined NY-L.I. Institutes formulated and guide the postgraduate program and have

developed their own coherent view of the "new hypnosis of Milton H. Erickson."

Daniel Araoz, Ed.D., is the Director of the L.I. Institute. He holds the Diplomate in Clinical Hypnosis, ABPH, and has been a Professor of Counseling at Long Island University since 1973. (Editor's note: Dr. Araoz' work and publications are covered within the interview of this issue.)

The dry tone of this article cannot reflect Dr. Araoz' ready wit and keen intelligence, but the Institute Directors decided to introduce themselves to the rest of us in a direct, professional manner, setting aside personal description and pleasing gossip in favor of a thorough presentation of their thoughtfully constructed postgraduate training program. This, and their workshops, must serve as their calling card and is plainly their most cherished professional accomplishment.

Jan Burte, Ph.D., is the Director of Special Programs of the Institute, and a licensed psychologist in private practice. He also is a Diplomate of the American Academy of Pain Mangement and a Certified Clinical Consultant of ASCH and Past President of the N.Y. Society of Clinical Hypnosis. Dr Burte also is Director of Psychological Services of Greater Metropolitan Medical Services, N.Y.

Marie Carrese, Ph.D., Deputy Director of the Institute, is an Associate Professor, student services, CUNY and on the editorial board of the NYS Journal for Counseling and Development. She conducts a private practice, combining the academic expertise and clinical experience which are hallmarks of the Directors and of the training programs created by the Institute.

The Institute's Regional Director, Dominik Zito, M.S.W., A.C.S.W., is a senior psychotherapist at the Alpha Achievement and Counseling Center and Board Certified in Clinical Social Work.

Perhaps the flavor and texture of the L.I. Institute approach to Ericksonian hypnotherapy is best revealed by Dr. Araoz' summation: "The clients activate their imagination during hypnosis in order to enrich their thinking and feeling. The whole process is naturalistic. Hypnosis always allows people to perceive reality differently, breaking free from the prison of old habits, unexamined beliefs and prejudices and discovering inner riches that they didn't realize they had accumulated during their lifetime."

Healing With Words by Robert McNeilly, M.D. and

by Robert McNeilly, M.D. and Jenny Brown Published by Hill of Content Publishing Co. Melbourne, Australia 117 pages

Healing with Words is recommended to any professional interested in learning how to form rewarding working relationships with clients or patients. McNeilly and Brown can be viewed as vanguards in their field of communicationpsychology.

McNeilly begins by explaining how his own feelings of "missing something" led him to seek new ways of healing. He explains that with his introduction to Milton Erickson's work, he was able to observe how conversations themselves can become forms of therapeutic healing.

The authors explain how the professional should examine what the patient needs rather than address what the clinician needs for the patient. McNeilly gives examples of how Erickson taught him to approach each patient as a unique individual and of how Erickson practiced this philosophy. It is well recognized that Erickson was profoundly skillful in identifying his patients' needs and is noted for his creative and innovative interventions. This reviewer, however, is very familiar with the work of Erickson and questions that even he would take healing to such extremes as throwing himself to the floor in front of the patient as McNeilly relates in one

The work of McNeilly and Brown stand unique in areas. One of the most

interesting connections they make is between language and emotions. A person's mood will influence the kinds of actions that each will take in the future. They call these inclinations or predilections "invisible moods." These moods become bars that imprison the person as well as that person's future. Accordingly, they suggest, awareness of a previously "invisible mood" can enable a person to shift that mood. "We maintain and replenish our personal constructism through continued thought." (p. 41).

When language and emotions interact, conversation is produced. "Language and emotions dance together in conversation," they write (p. 33). The various language, emotions and conversation can either prohibit actions or encourage actions. When a person begins to move toward different actions as a result of awareness, McNeilly and Brown assert, "... these actions will inevitably change the self who is performing these actions" (p. 54). The future of an individual is generated in language.

Healing with Words demonstrates an eloquent example of the power of ideas combined with an economy of words. To quote the postscript, "This is both the simplicity and the elegance offered in this book...This is the healing power of words..." It offers a successful invitation for readers to begin to explore the multitude of ways in which language affects individuals and their futures.

Reviewed by: Tina Jansen, M.S. Dallas, TX

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Mind/Body Qualitative Research Project of the Milton H. Erickson Institute of Houston

by Carol J. Kershaw, Ed.D.

This qualitative research described the experience of eight people suffering with serious chronic illness who participated in a support group that used hypnosis and therapeutic metaphor for 36 weeks. The group members utilized a daily self-report scale which evaluated stress-perceived behaviors as well as positive events. Trance phenomena were taught to group members to enhance suggestions of mind/body ability to influence greater health and well-being. Therapeutic metaphors evolved from the group process. Self-hypnotic techniques were offered to group members for additional work at home.

The subjects consisted of three adult men and four adult women. One adult male was HIV+ but was symptom free for 11 years, and had chosen to manage the disease with nontraditional methods including diet, exercise, and hypnotic methods such as future orientation in time with an image of himself as an active, vibrant, old man. A second adult male was four years past the chemotherapy treatment of malignant melanoma. He had selected a combination of traditional and nontraditional treatment. At the age of 58, he continued to participate in strenuous physical exercise such as triathalons as a way to enhance his confidence in physical ability. He also learned a variety of meditative and hypnotic methods. The third adult male was in chemotherapy treatment for a malignant tumor and came into the group somewhat skeptical of the benefits of hypnosis. He believed he would die in the next year.

Three of the four women were cancer patients. One woman was being treated with chemotherapy for metasticized breast cancer. She evidenced a profound "fighting spirit" and interest in mobilizing her inner mind to enhance immune functioning. A second woman was fighting uterine cancer and had recovered from a heart attack and brain aneurysm. She used both traditional and nontraditional methods for healing. Having little difficulty in asking for what she needed, she was described by the group as courageous and spirited. The third woman suffered with paralyzing arthritis and needed braces to walk. She was depressed but curious about what she

could learn in the mind/body group experience. A fourth woman was three years past her diagnosis of breast cancer and came into the group believing that her psychological makeup and past behavior had "caused" the cancer. She had steeped herself in what she called "New Age" thinking in which she believed she was completely responsible for her physical condition and therefore carried much pain and guilt.

Many themes evolved from the group experience: 1) How a person thinks of the future influences the perception of the present; developing an image of being old empowered members; representations of old wise men and women symbolized life on many dimensions; 2) the chronic illness served as a "wake up call" to reorient life priorities; 3) group members believed their group experience led to a greater quality of life; 4) members believed they were living out certain life stories and illness led

Ultradian Rhythms and the Common Everyday Trance: A Brief Report

by Carol Sommer, M.S.

Milton Erickson consistently emphasized the connection between hypnosis and everyday behavior in his approach to hypnosis (Erickson, & Rossi, 1981, Chaps. 2-3). His artistry in facilitating deep hypnosis and resolving psychosomatic problems may be related to his unwitting utilization of his patient's natural psychobiological ultradian rhythms (Rossi & Smith, 1990). Rossi has capsulized much of the ultradian rhythm research in a table of altered states and behavioral/psychociological alterations that occur autonomously in hypnosis (Erickson, 1967; Rossi, 1986) and Erickson's set of "trance indicators" (Erickson, Rossi & Rossi, 1976).

The purpose of this study was to replicate with relevant variations, Rossi's current research on his ultradian theory of therapeutic hypnosis. Rossi's theory predicts that subjects, when given permission to enter a trance state and awaken naturally on their own when they have "completed the inner work they set out to do," will remain in natural trance for the length of the rest-rejuvenation phase of the Basic Rest-Activity Cycle (BRAC) of the

them to question that; 5) a resource for each was the personal "fighting spirit;" 6) members dropped certain psychological defenses and placed personal honesty with others and themselves as a high priority; 7) members focused on psychological and spiritual development; 8) members discovered resilience within themselves; 9) illness acted as a stimulus for each to synthesize and resolve relationship conflicts and to focus on enhancing experiences with others; 10) members learned to be detached from attachments such as material wealth; 11) death could be talked about as a developmental stage and transition - it could be grieved and accepted; 12) members' self-reported general health improved; and 13) the ordinariness of life took on a special magic.

All group members reported a positive change in their perceived ability to influence their bodies toward health. With the exception of the adult female

ultradian rhythm, i.e. an average of 15-20 minutes. Furthermore, this will hold true regardless of how the subject has scored on a traditional hypnotic susceptibility scale (Rossi & Lippincott, 1992; Rossi, 1991a, 1992). This current study tests this hypothesis.

Thirty-two subjects from ages 18 to 70 from a variety of backgrounds, participated. The author scheduled two, two-hour sessions for each subject, allowing sufficient time for the subject to exhibit some trance readinness indicators (Erickson, Rossi & Rossi, 1976) as demonstrating the occurence of natural rest-rejuvenation phase. These indicators were the author's cue to begin the test procedures. Before the first session, each subject was administered a hypnotizability test. The first several minutes of the session were spent discussing a desired outcome. As soon as the subject exhibited two or more indications of natural trance readiness, the author began the test. In essence, the subject was allowed to enter trance naturally and told, "You can awaken naturally on your own when you feel you have completed the inner work you set out to do." When the subject's eyes opened, questions were posed to estimate the length of time spent as well as to gain information about the subjective experience. Subjective time distortion was used as a correlate of trance.

Each subject was tested a second time approximately one week later in exactly

with ovarian cancer, group members continued to have better medical reports than when they began the group hypnosis treatment. Each member experienced an increase in the perceived quality of life. Similar positive findings were reported by D. Speigel (1991) on a group of patients with metastatic breast cancer.

Qualitative research is a design that seeks to explore the phenomological world of a person or group of persons. It examines people's experience in depth, as well as how people construct and understand their life events. Chronic illness was perceived by this group as a marker event that stimulated great change in other areas of life.

Methods are being explored to add a quantitative component to this research. Immune response to hypnosis and therapeutic metaphor needs further examination to determine the efficacy of the approach in the adjunctive treatment of chronic illness.

the same way to establish a measure of the reliability of the natural trance time. Student's t-test was used to evaluate the differences between groups. The .05 level or better was used as indication of statistical significance.

Average time (mean) for all 32 subjects was 18.06 minutes. There was virtually no correlation (r=.20) between score on the hypnotizability scale used and natural time spent in trance. Using amount of subjective time distortion as an indication to trance depth, standard hypnotic susceptibility appears unrelated to trance depth as well (r=.15). No significant correlation between ages and time in trance were found (r=.30) Likewise, no significant differences emerged between the response of males and females or between those rated low or high in previous hypnotic experience.

The statistical data suppports the premise of the ultradian theory of therapeutic suggestion that subjects will remain in a natural trance for an average of 15-20 minutes regardless of hypnotizability scores, age, sex or previous hypnosis experience.

This study has added verification to the quantitative prediction of the Ultradian Theory of hypnosis, i.e. that a 15-20 minute natural ultradian trance does exist and can be accessed without formal trance induction. The results tend to support Rossi's conceptualization of "hypnotic suggestion" as a process of *entraining* the natural psychobiological variations

continued on next page

Conference Announcements

The Sixth Annual Conference of the American Academy of Pain Management, will be held September 14-17, 1995, in Dallas, Texas.

The American Academy of Pain Management is the world's largest multidisciplinary society of pain management professionals. Over 80 internationally renowned professionals will participate as Faculty in this conference. CME/CEU credits are available.

Contact: The American Academy of Pain Management, 3600 Sisk Road, Suite 2-D, Modesto, CA 95356; (209) 545-0754 Fax # (209) 545-2920

The First Africa Congress in Clinical Hypnosis and Psychosomatic Medicine is scheduled for Oct. 15-19, 1995, in Sun City, South Africa.

Hosted by the South African Society of Clinical Hypnosis, the event features keynote addresses by Dr. Walter Bongartz, Dr. Jeffrey K. Zeig and Dr. Daniel Zelling.

For information, call or write
The First Africa Congress in
Clinical Hypnosis and
Psychosomatic Medicine
c/o Conference Planners
(attn. Ammie Wissing)
P.O. Box 36782
Menlo Park, 0102 South Africa
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The Seventh World Family Therapy Conference will be held in Guadalajara, Mexico, Oct. 25-29, 1995.

For information, call or write
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Jalisco 8
col. Tizapan,
San Angel, 01080, Mexico, D.F.
tel. +52 (5) 550 05 46;

fax + 52 (5) 550 47 57.

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 tel: (36-1) 142-3130; fax: (36-1) 268-0831 e-mail: hipnozis&izabell.lete.hu

* * * * *

The 46th Annual Workshops and Scientific Symposia of the Society for Clinical and Experimental Hypnosis is scheduled for Nov. 7-11, 1995, in San Antonio, Texas.

For a program and registration information, write SCEH, 3905 Vincennes Rd., Suite 304, Indianapolis, IN 46268.

Second European Conference of Ericksonian Hypnosis and Psychotherapy set Oct 3-7 in Munich

More than 200 faculty from more than 20 countries will teach at the Second European Erickson Conference Oct. 3-7, 1995, in Munich, Germany.

Some of the most renowned experts in the field of Ericksonian hypnosis and psychotherapy will present including Jeffrey K. Zeig, Stephen Gilligan, Stephen Lankton, Carol Lankton, Michael Yapko, Betty Alice Erickson and Jane Parsons-Fein. Faculty from the German Erickson Society include Bernhard Trenkle, Burkhard Peter, Dirk Revenstorf and Gunther Schmidt.

There will be presentations, workshops, clinical demonstrations, group inductions and panels. Special precongress workshops will be held Oct. 2.

Registration fees are DM590, (\$425 US) and DM450, (\$325 US for full-time graduate students). As a special courtesy, Erickson Foundation Newsletter subscribers can deduct \$65 US if they register before Aug. 31.

Hotel prices range from \$100 to \$150 for a double room; single room prices start at \$75.

Munich has a new International Airport with direct flights from the United States. A sightseeing program is being arranged to nearby castles and the Zugspitze (the highest mountain in Germany). The famous Oktoberfest in Munich ends Oct 1.

The Congress promises to be the largest meeting ever held outside the United States on the topic of hypnosis. More than 1000 registrations had been received as of June 30.

For information and registration, write MEG, Konradstr, 16, 80801 Munich, Germany, fax/phone 089/336256. Brochures also are available through the Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016-6500 USA; tel. (602) 956-6196; fax (602)956-0519.

Ultradian continued

we all experience during the restrejuvenation phase of our ultradian rhythms.

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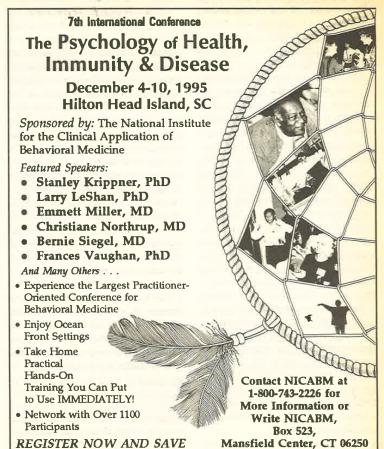
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Editors Note: For a full list of references, please contact the editor. A full write up of this study appeared in *Hypnos*.



Ericksonian Methods: The Essence of the Story

Edited by Jeffrey K. Zeig, Ph.D. New York: Brunner/Mazel, 1994, 536 pages

This new volume, edited by Jeffrey Zeig, contains the proceedings of the Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

Overall, in keeping with the theme of the Congress, the book tries to illustrate and describe what is the essence of Milton Erickson's work and the methods that have come to be associated with him. One of the most delightful, interesting, and intriguing aspects of this book is that this essence can be so many different things. Like a projective psychological procedure, each chapter's

author sees something different in understanding this essence.

The volume starts with a fairly eclectic section consisting of the three keynote addresses from Jay Haley, Cloe Madanes, and Ernest Rossi. Jay Haley's "Typically Erickson," discusses Haley's own impressions of what epitomizes Erickson's work, including Haley's ideas about Erickson's mentors, his perspective on change, his use of "auxiliary personnel" and work with family systems, and his views on insight and influence. Cloe Madanes then takes off in a somewhat different

direction with "Money and the Family." Madanes discusses some of the interesting ways money can be used therapeutically. In "Ericksonian Psychotherapy - Then and Now," Ernest Rossi discusses his ideas regarding biological rhythms and their relationship to hypnotherapy and psychotherapy.

The next section, "Reflections: The Ericksonian Approach," is aptly named. It consists of chapters by four wellknow Ericksonians who reflect on things they learned from Milton Erickson and includes healthy doses of their own ideas beyond those of Erickson. In the "The Fight Against Fundamentalism" Stephen Gilligan discusses the aesthetic practice of therapy. Next, Stephen Lankton, in "Everything is Problem Solving" outlines his thesis that "all human conduct...is problem solving behavior" (p. 99). This is followed by Carol Lankton's chapter, "Have you Done Anything Ericksonian Today? Co-Creating Positive Self-Fulfilling Prophecy." In this chapter, she

discusses methods for creating, as the title suggests, positive self-fulfilling prophecies. This is followed by one of the most technique-filled chapters in this book: "Whose Story is This, Anyway?" In this chapter, Kay Thompson discusses and outlines a series of hypnotic approaches related to various client responses, especially those that might be termed "resistant."

In the next section, "Overviews," several authors provide introductions to their views of "the essence." One of the things that makes this section interesting is the blend of descriptions of "the essence" that run the gamut from Betty Alice Erickson's clearly stated report on what she believes the essence of her father's approach was, to a couple of chapters revealing strong narrative influences, to Richard Fisch's statement that "the essence" is "Up for Grabs" (p. 207). The section starts with Betty Alice Erickson's chapter "Ericksonian Therapy Demystified: A StraightForward Approach." In this chapter, she

continued on next page

IDEOTAP E REVIE

The Inner Advisor **Techniques**

by Martin Rossman, M.D.

This video, with its companion audio cassette tapes, was presented to the 1993 Brief Therapy Conference as the "Inner Adviser Technique" by Martin Rossman, M.D. Together they led us through a demonstration and discussion of what Rossman calls "Interactive Guided Imagery."

The video has a brief discussion and demonstration of the techniques by Rossman with a volunteer. The volunteer is asked to contemplate what to ask a kind, wise, compassionate figure. She is guided into relaxation, asked to visualize a beautiful, calm, peaceful place, told that when she speaks, her own voice will have a soothing, calming effect on her. She is then instructed to allow an image to form. Rossman's style is gentle, respectful and effective. After the exercise is complete, the experience is processed. At the end of the video he explains that the discussion will continue on the audio tapes of the workshop.

The audio tapes continue with a very loosely organized talk about his method providing the information needed to fully understand his earlier demonstration. Rossman then leads the audience through a group experience and follows this up by answering questions from the audience. The tapes provide outstanding information, but the presentation is somewhat disorganized.

Wisdom and compassion are the two essential qualities of an inner advisor.

There are two inner advisor imposters who may appear: "The Inner Critic" and "The Trickster." The inner critic is a critical super-ego figure who is demeaning and demanding. This figure can be managed at a later time, but since it is not an ally or supportive, it is sent away to call up a figure who is wise and loving. The second imposter is a "trickster," who may talk in riddles, reveal little, pulls back, and may change into someone else. This figure may be a teaser or tormentor, not a wise, loving advisor. Rossman asks the trickster to demonstrate it is there to be helpful.

Rossman warns us the inner advisor technique is contraindicated with delusional or psychotic individuals or in any situation where exploratory, potentially disorganizing methods might cause decompensation. It also is to be used with care and only by well-trained people in cases of disssociative disorders.

Rossman demonstrates skill in using this technique gently and interactively with his patients. It would have been nice to hear more of the history of this technique, which Rossman attributes to his teacher, Irving Oyle, M.D.

The "Inner Advisor Technique" is a must for those who want to use brief therapy in a more creative, patientoriented way. A lot of useful therapy can be done in a brief time while empowering the individual with a tool that will be useful in the future.

Reviewed by Francine J. Daner, Ph.D. Richardson, Texas

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.

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provided a way for me to handle the Oklahoma City bombing, which had revived The provided a way for me to nandie the Oktanoma City bomoing, which had revived all of those debilitating feelings as a child of World War II in California. I am more myself than I have been since December 7, 1941. That was a miraculous piece of work for me. He put me back into my self. Thank you, Brian."

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explicitly sets out to remain "true to (her) father's philosophy" (p. 147), and then provides overviews of Ericksonian ideas regarding communication, observation, hypnosis, reality, metaphors, and trust. Next is Catherine Walters and Ronald Havens' chapter, "Good News for a Change: Optimism, Altruism, and Hardiness as the Basis for Erickson's Approach," the title for which accurately describes its contents. The next chapter is "The Transitional Gap in Metaphor and Therapy," by Jean Godin and Jean-Michael Oughourlian. These authors center their discussion around the basic narrative idea of "the story," and how that can emerge and function within the frameworks of hypnosis and psychotherapy. This is followed by Carol Kershaw's chapter, "Restorying the Mind: Using Therapeutic Narratives in Psychotherapy." In this, Kershaw discusses personal and family narratives (stories), and outlines a four stage process of "restorying." In the title of the next chapter, "The Essence of Ericksonian Methods: Up for Grabs," Richard Fisch tells us how much he struggles with the question of what is the essence of Milton Erickson's work.

In the shortest (four pages) chapter in the book, Fisch says he believes what was "unique to Erickson and most compelling and intriguing in his work was that he didn't seem to deal with people as if they were sick" (p. 209). Philip Barker closes out this section with, "Reframing: The Essence of Psychotherapy?" This title is also superbly descriptive of the chapter's contents, though it also includes paragraphs outlining "The Constructionist Perspective" and "Why is Brief Therapy Brief?"

The next section, "Conceptual Issues," is aptly named, but is also quite an eclectic collection of ideas. It starts with Andre' Weitzenhoffer's chapter "Ericksonian Myths." The central thesis of Weitzenhoffer's chapter is that several distinctions made between Ericksonian and other varieties of hypnosis are not valid. In the next chapter, "Essential, Non-Essential: Vive la Différence," Steve de Shazer takes us through some of his own early work, including his Studies of Milton Erickson's approached. de Shazer ends up suggesting that it was Erickson's use of the unique, exceptional, or nonessential that really epitomized his work. In the last chapter of this section, "The Locksmith Model," Joseph Barber discusses the locksmith metaphor for understanding of hypnotic

and psychotherapeutic processes.

The next section, "About Milton Erickson," as one might expect, takes on the flavor of biography as three authors explore various historical and ideological aspects of Milton Erickson and his work. In the first chapter of this section, "Milton Erickson: Early Postmodermist," Gene Combs and Jill Freedman discuss postmodern concepts, and why they feel Erickson might be considered a pioneer in this approach to therapy. Sandra Sylvester, in her chapter, "Milton H. Erickson, M.D.: The Wounded Physician as Healer," primarily discusses Erickson's recovery from polio, and its possible influences on his work. Next is John Weakland's chapter, "Erickson's Essence: A Personal View." Weakland starts out by urging a shift away from reviewing Ericksonian methods, to studying Erickson's approach. Then, he argues that the one "dogmatic principle" of Erickson's approach, revealed in the varying approaches of his student and followers, might be to "examine things more widely and deeply, then decide for themselves." (pp. 289-290).

The next section, "Therapy Techniques," delivers as promised. It starts out with two works with very descriptive titles, Jeffrey Zeig's "Advanced Techniques of Utilization: An Intervention Metamodel and The Use of Sequences, Symptom Words and Figures of Speech, " and Brent Geary's "Seeding Responsiveness to Hypnotic Processes." This is followed by Sidney Rosen's, "One Thousand Induction Techniques and Their Application to Therapy and Thinking." This includes discussions of the nature of hypnotic trance, early learning set induction, imagination and imagery, trance in psychotherapy, and thinking. Finishing out the section are four more self-described chapters: "How to Deal with Resistance to Induction by Refusing to Identify It," by Robert Pearson, "Ericksonian Applications in the Use of Art in Therapy" by Shirley Bliss, "Using Paradox in Hypnosis and Family Therapy" by Camillo Loriedo and Gaspare Vella, and "Writing Assignments in the Treatment of Grief and Traumas from the Past" by Alfred Lange.

The next section, "Specific Populations," discusses Ericksonian approaches to treatment of sexual abuse, multiple personality disorder, addictions, and rehabilitation of paralyzed patients. The first chapter in this section is Yvonne Dolan's "An Ericksonian Perspective on the Treatment of Sexual Abuse." This chapter outlines her approach to treatment of this population, using a combination of

Ericksonian and solution-focused methods. Next is "Erickson's Approach to Multiple Personality: A Cross-Cultural Perspective," by Madeleine Richeport. In this chapter, Richeport describes Erickson's own work with patients with multiple personality disorder, and draws interesting parallels between this population and treatment of mediums in the spiritist system. This is followed by John Lovern's chapter, "Multiple Addictions, Multiple Personalities: An Erickson-Inspired View." This is, in the opinion of this reviewer, the one chapter that seems out of place. Lovern makes some references to therapeutic approaches he considers to be inspired by Erickson. However, these references occur in a chapter that otherwise can be described as a very conventional, perhaps even sterotypical view of the relationships between trauma, addiction, dissociation and their treatments. Completing this section, is another accurately described by its title: "The Ericksonian Utilization Approach for the Rehabilitation of Paralyzed Patients," by Bernhard Trenkle.

The final section is entitled "Special Issues." It starts with a truly intriguing piece by Michele Klevens Ritterman, entitled "A Five-Part Poetic Induction in Favor of Human Decency." In this chapter, Ritterman discusses some of Erickson's own social interests, hypnotic aspects of "hate movements" and delivers her poetic induction for human decency. Concluding the section and the volume is Michael Yapko's chapter: "Memories of the Future: Regression and Suggestions of Abuse." Here, Yapko discusses the relationships between hypnosis, suggestion, and memory, and suggests a few guidelines for therapists who would like to avoid or minimize confabulation of memories.

Overall, this volume takes on a daunting task and does it well. Milton Erickson's work has been so multi-faceted, it is not easily summarized or distilled. The "essence" is not easy to describe. In addition, students and followers of Erickson have added to and expanded the basic definitions of what it means to be "Ericksonian." Reading this work, it is fascinating to observe each author's own view on the "essence." Their varied descriptions are predictably different, as each views Erickson's story through his or her unique lens. It was a pleasant surprise, and perhaps another tribute to Milton Erickson to note, however, that despite the views through all these different lenses, there is no real sense of these authors being in conflict or at real variance. They're looking through different facets of the gem that is Erickson's life and work.

As one might imagine looking through the various facets into the essence of a gem, there's a sense that no one has really got it. One does get the sense that the essence is in there somehow. As a reader, you can almost *feel* it. But it's never really captured.

Jeffrey Zeig does a good job as editor. Edited volumes sometimes seem disorganized. Not so this one. There's a surpringly good quality of "flow" to this book, despite the multiple authors. As mentioned previously, the keynotes are eclectic as a group, but serve to set the stage for reading about the "essence" of Erickson through multiple lenses. The next two sections. "Reflections" and "Overviews" comprise the "essence" of the book. Together, these two sections give us no fewer than ten different lenses on Erickson's story! Some divergent points of view are added with "Conceptual Issues." We then see a little more of Erickson the man in "About Milton Erickson." After presenting Erickson's story painted primarily in broad strokes for nearly 300 pages, Zeig makes sure that those who want "how to's" will not be disappointed. The next two sections, "Therapy Techniques," and "Specific Populations," are primarily technical in nature, and provide the reader with a diverse and solid overview of some of the uses of Erickson's story. The book ends as eclectically as it began, with the two chapters that comprise the final section, "Special Issues." I might like to quibble with Zeig on a minor point, however. Ritterman's chapter, "A Five-Part Poetic Induction in Favor of Human Decency," would have made a fantastic conclusion to the book.

Edited volumes commonly seem very current and timely, but often then suffer by being out of date quickly. This volume, however, should have some staying power. It provides an excellent overview of Milton Erickson, his work, and the work of his students and followers. Someone looking for an introduction to Ericksonian methods will find that this book does that well. Readers just discovering Erickson will delight in the variety of ideas and methods Erickson's story provides. Those well versed in Erickson's story will find Ericksonian Methods: The Essence of the Story inspiring and re-invigorating. Recommended highly.

Reviewed by Leonard M. Bohanon, Ph.D. Houston, Texas

The New Hypnosis

by Daniel Araoz Brunner/Mazel, New York 215 pages \$31.95

The New Hypnosis, Araoz's wellknown book, has four main parts, "Validation," "Characteristics," "New Directions" and "Applications," each with two or three chapters. Araoz's experiential description of hypnosis is a "letting oneself go into a goal-directed daydream to the extent that one dissociates oneself from one's surrounding reality and becomes engrossed in one's inner reality" (p. 29). Therapy is rooted in experiencing oneself differently and not in discussion or intellectual insight or reason. So how is this new approach different from traditional methods?

First, the notion of hypnotizability is disregarded since *The New Hypnosis* assumes that hypnosis is a natural mental function, a skill that can be learned by any normal motivated person. Second, the process of induction into hypnosis is not ritualized but "naturalistic," starting with the reality of the client's inner experience of the moment. Additionally, the depth of the hypnotic trance is of much less concern than it is in traditional approaches. Further, the basic stand is one of non-interpretation of symptoms or problems.

Obviously, "New Hypnosis" owes much to Milton Erickson. "New Hypnosis" embraces many elements of traditional hypnosis, existential and humanistic psychotherapy and cognitive and behavioral therapy. It goes beyond Erickson's approach with study into the areas of imagination, brain bilaterality and human change.

The two main characteristics of "New Hypnosis" are client-centeredness and personal experience. The basic premise of "New Hypnosis" is: Observe the language, style, significant statements and somatics, lead and discuss and the confirm means reverting to the current experience once the client has accepted new information intellectually.

After teasing out these main ideas, Araoz provides practical examples of this elegant paradigm at work. It seems to be a flexible approach that can be effectively utilized by clinicians regardless of their theoretical orientation and applied across many diverse domains including family therapy and behavioral medicine.

There are good name and subject indexes and an excellent list of major references for those wishing to investigate further. I found the book enjoyable and easy to understand. Most importantly, by reminding me to get back to Erickson's fundamental premise of being more present in the client's experience—so receiving the book enhanced the effectiveness of my therapeutic interactions.

In the final paragraph, Araoz states that "although there is nothing new under the sun," the new built upon the old has the power to enrich." (p. 195). I agree wholeheartedly. We can continue to build.

The New Hypnosis is as relevant and enriching as it was when first published ten years ago.

Reviewed by Peter W. Thorneycroft, M.A., Ps.S.
Melbourne, Australia

Clinical Hypnosis and Therapeutic Suggestions in Patient Care

edited by Rothlyn P. Zahourek, MS, RN Brunner/Mazel, New York 261 pages \$29.95

Clinical Hypnosis and Therapeutic Suggestions in Patient Care was written for the health care professional who is at their beginning and intermediate level in using hypnotherapeutic techniques in health promotion.

The first section of the book provides an overview of historical and conceptual aspects of hypnosis. The advanced practitioner will gain more from the case reports included later in the book. Readers will find most chapters clinically written, providing considerable information in a way that warrants a second reading. The basic message of the book is that hypnosis can enhance and speed the process of treatment. Each contribution supports the utility of hypnosis as an adjunct to treatment.

Readers are provided with background information about the nature of hypnosis, tests for hypnotic receptivity and specific information about basic techniques and inductions methods for adults and children. Further examples of induction techniques are provided in the appendix. Some of the topics included in the book are treatment of acute or chronic pain, hypertension, obesity and the fears and anxieties related to hospitalization, surgery and the dying process. Treatment of stress and some obstetrical processes also are covered.

The book is useful both as a theoretical and a clinical guide for the integration of hypnotic techniques into practice. The contributions provide an interesting combination of varying styles. Some chapters include an integration of literature presenting background information about specific problems and related therapeutic models. Others present specific problems and offer a more "cookbook" type approach. The authors of most chapters draw extensively from the literature, and the orientation is primarily Ericksonian.

Ten of the 14 contributions are authored by RNs, but the focus goes beyond a nursing perspective. It also provides useful information for a broad range of professionals in inpatient settings, in outpatient or community situations as well as for professionals in educational settings. Overall, this book will be an invaluable asset to health practitioners across disciplining who wish to use hypnosis in daily work in non-psychiatric settings.

Each contribution has a summary and conclusions. References are listed by chapter, and there is an index. First published in 1985, *Clinical Hypnosis and Therapeutic Suggestions in Patient Care*, has been republished with minor revisions. It is easy to read, well organized, informative and well documented.

Reviewed by Helen Erickson Ph.D., RN University of Texas, Austin

Dr. Milton H. Erickson Discusses:

The Therapeutic Perspective Multiple Personality

Teaching Tape E-1 with Edited Transcript Southern California Society for Erickson Psychotherapy and Hypnosis (714) 495-0323

"The Therapeutic Perspective: Multiple Personality" contains an edited transcript to accompany the audiotape of Milton H. Erickson teaching his perspective on multiple personality. Published by The Southern California Society for Ericksonian Psychotherapy and Hypnosis and taped from a seminar conducted in late 1978, it first presents Erickson discussing the basic assumptions he made regarding his patients as well as some of the main elements of this therapeutic perspective. The second part of the tape is a discussion of Erickson's work with a multiple personality.

The transcript of the audiotape with Erickson's answers to questions posed by the professionals attending the seminar enables the listener/reader to understand fully and study Erickson's responses. For this reviewer, there were at least five levels of benefit. The first was of listening to the mastery of Erickson utilizing his voice tone, the inflections of various words and the pauses he used in responding to the questions. There was obviously an intellectual level of conscious learning presented. Second was the elicitation of a hypnotic state to induce unconscious learning in the participants. There was a third level of ambiguity which tailored very general and useful therapeutic suggestions for the people attending. This created a fourth level of this in this listener as well as the fifth level of putting it all together and re-analyzing it, intellectually, with the aid of the transcript.

From the first page, it is evident that Erickson oriented the audience toward an inner reality, while at the same time dissociating conscious attention. He used confusion teachniques and regression to deepen the trance of the participants even more while evoking old learnings. That was done even while discussing some of the basic elements of Ericksonian psychotherapy such as utilization, unconscious learning and process, surprise, enhancement of alternatives.

The second part of the tape and transcript focuses on an interesting area of multiple personality. Erickson reviewed some of his experience with multiple personality disorder. He then described how he observed patterns to realize which personality was being displayed and how he obtained information from the social, work and religious network of the patient. Erickson then showed how all that information could be utilized therapeutically to stabilize the client's multiplicity. Erickson used the various personalities as a means of stengthening the whole person instead of attempting to integrate the various alters. (Editor's Note: See Audiotape Review "Milton H. Erickson, M.D.: In His Own Voice" Milton H. Erickson Foundation Newsletter, Summer, 1994. for a further discussion of Erickson's method of treating multiple personality.)

It was a great pleasure learning from "Dr. Erickson Discusses: The Therapeutic Perspective; Multiple Personality."

Reviewed by Jorge Abia, M.D., Co-Director, Instituto Milton H. Erickson de la Ciudad de Mexico

AUDIOTAPE REVIEW

The Hypnoanalysis of an Anxiety Hysteria

by Fredericka F. Freytag, M.D.
Forewords by
Milton H. Erickson, M.D. & Gordon Boyd,
M. Div. Access Books, Ann Arbor, 1993
(Written and copyrighted in 1959.)

This book provides us with a rare verbatim account of 78 sessions, constituting 95 hours of therapy, with a patient who demonstrates all the features of a dictionary definition of an anxiety hysteria. Today he might be described as an obsessive, intellectualizing young physician, suffering from several phobias and panic reactions.

The language of both patient and therapist often is formal and stiff. Other times it is quite beautiful and flowing. For example, around the middle of treatment, Freytag talks with the patient who is in trance and imagining he is driving a car. In this trance, he fears a rock slide could crush him. Freytag reminds him that he had experienced a similar fear during childhood, when he sensed his mother and aunt and uncles were bigger and more powerful than he was. She reminds him he can also feel the strength he has gained. "You have intelligence. You have five senses through which you could perceive real danger. The mountain does not have this. Your childhood fears and feelings of helplessness occurred in relation to people, in relation to authoritative figures of your childhood-the mountain is inanimate— it does not have feeling it does not punish. Is there a need to fear the mountain?"

While the patient's verbosity and obsessive introspectiveness may bore some readers it will engage and fascinate others. Erickson, in his foreword, indicated that he found the account to be "a fascinating (my italics) documentation of the patient's continuous progress from one therapeutic session to the next..." I suspect that, like me, he was most fascinated by the author's careful devotion to detail and her documentation of the sometimes exquisite, creative responsiveness of the therapist and patient to one another. We know that this type of responsiveness, on all levels, is generally heightened when hypnosis is employed.

In addition to the usual analytic techniques, such as interpretation and clarification, and other psychotherapeutic approaches, such as guidance, reassurance and re-education, the author utilizes may hypnotic interven-

tions, some of them which she learned directly from Erickson. Two examples are amnesia suggested by the therapist's repeating casually, "In this room you will remember everything that has taken place during this session." (p. 33). Subsequently, at the end of the selected session, the patient would respond with amnesia for the work done in that session. but would remember it on returning to the therapy room. And, second, differentitation between the patient's mother and other women is helped by a hallucinating experience. "But someone could come into this room. (Pause.) It could be a woman whom you felt to be Miss X or any woman to whom you feel attracted, or it could seem to be two women in one body. (Pause). A woman has come into this room and she is sitting on the couch opposite you. You can see her sitting there." (p. 37)

The author attributes the success of the treatment and its relatively short duration to the approaches which she used. She has a clear idea, consistent with Freudian psychoanalytic concepts, of the differences between superficial and deep material and directs the therapy towards increasing "depth," with the presumption that focusing on the deeper material in the later sessions, leads to more secure improvement and to real personality change. She does an impressively painstaking and thorough job. It is apparent, though, that factors other than insight and corrective experiences contributed to the treatment. Not the least important was the very good therapist-patient relationship and the agreement between them on the understanding and interpretation of material. Additionally, the therapist's attitude of calm authority must have been very assuring.

Dr. Freytag presents us with a wealth of material, which can stimulate creative questioning and thinking in more experienced therapist and inform beginners about some hypnotic approaches which can be a powerful aid in any therapy, analytic or otherwise. I agree with Erickson, who wrote, in his foreword, that this volume is "a significant contribution to the scientific literature on both psychotherapy and hypnosis. The Hypnoanalysis of an Anxiety Hysteria is well worth reading and studying.

Sidney Rosen, M.D. New York Milton H. Erickson Society for Psychotherapy and Hypnosis.

Partswork

by Richard Landis, Ph.D. Southern California Society for Ericksonian Psychotherapy and Hypnosis (714) 495-0323 \$79.00

"Partswork" is a seven audiotape album recorded live at a Landis workshop. The program includes basic procedures for clients who have developed maladaptive protections resulting in dissociative disorders. Emphasis is placed on helping clients with amnesia for traumatic events, those with difficulty formulating internal images or recognizing sensory variables tied to their experiences.

Landis, who employs an enthusiastic, yet one-down and easy-to-listen to style, admits that his method is speculative. Nevertheless, he claims "parts work" can be effective in working with dissociative disorders.

The method involves light trance, Chevreul's pendulum for ideomotor signals, and step-wise recognition of "parts" or perceived personality fragments. An important aspect is contacting one's interface, a symbol through which clients can communicate with their unconscious. Interestingly, Landis' own interface is a wise old man named Milt.

The workshop is highly interactive as Landis fields questions and illustrates his method through demonstration subjects. As a therapist, he is gentle and adroit in pacing and leading much in the style of Ernest Rossi. He is especially articulate in his imaginative use of metaphor and reframing.

A limitation of this audiotape series is that Landis spends an inordinate amount of time on accessing clients' parts and interfaces, but little time on subsequent therapy. Nevertheless, ''PartsWork'' is innovative and imaginative and could be useful for clinicians who work with dissociative disorders.

Reviewed by: George Gafner, CISW V.A. Medical Center, Tucson, Arizona

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The famous Oktoberfest of Münich will finish October 1!

Case Report:

Accessing Natural Resources Through Metaphor

by Judith Crew, Ph.D. University of Calgary, Alberta, Canada

Don experienced a great deal of sadness and was fixated on "missed opportunities" when his partner began dating another. He even used sick leave to pursue her. "No stone was left unturned," he joked. Returning to work was his immediate goal; Don also wanted to learn to change his "clinical and distant ways" of relating and communicating. We had two sessions.

Don's previous experience with trance included countryside walks and star watching; nature was a sacred place of solitude since chldhood. In a hypnotic trance, I asked him to thank his conscious mind for its ability to think and analyze and to become curious about learning from the part that absorbed and communicated on a different level.

I spoke about walking along the ocean floor during low tide, seeing intricate sand patterns left by the departing water, noticing tiny creatures racing about the sand. In turning over stones, what will be found? Some shells might even be brought home as keepsakes. Some things, though, are better left in their right place—on the ocean floor where they belong. Life below the ocean's surface always resumes once

the water returns at high tide. Life continues *above* and *below*, the surface of the water.

Nature provides a sense of mystery, and her timetables for the sun, the moon, the stars and the earth are to be honored. One poet wrote, "The stars awaken a certain reverence because though always present, they are inaccessible."

Tears began to stream down Don's face. "There has been an eclipse. She decided to make it black," he said. He seemed immersed with his sense of loss.

I suggested both were responsible for communicating. He replied, "She kept me in the dark." Perhaps his inner mind was telling him he was remaining in the dark by pursuing her singlemindedly, I said. Perhaps, in due time, he would be enlightened about the possibilities of hope and new discoveries. Solitude was

an opportunity to experience greater depth for a change of perspective, a change of heart, a change of mind, a change in behavior.

Ending the trance, I validated Don's ability to use his conscious and unconscious resources and his openness to learn and discover. He was encouraged to experiment with his "clinical and distant" side while setting aside feelings of loss while at work.

As he woke from trance, Don said the eclipse image was powerful. He realized his partner also had responsibility for the relationship.

Weeks later, Don informed me work was going well. His sense of loss had diminished considerably. Under a display of stars, he had written a farewell letter to his girlfriend. With renewed hope, Don began to embrace life again.

COMMENTARY

Accessing "Natural" Resources Through Metaphor, Highlights

by Harris Pikus, M.S., LPC, LMFT Houston, Texas

Too often people are locked in a particular thought process which can result in an endless loop of analysis, pain, and unfortunately, no allowance for change. Dr. Chew recognized this pattern and was able to utilize the client's resources to help him both leave the loop and

think in different directions. (Zeig, 1985). Either step by itself would probably not make much of a difference, but together, powerful outcomes were achieved. Chew met the client at his level of understanding, and masterfully allowed him to exercise his untapped areas of thinking.

The use of nature as a metaphor is commonly used in trancework. The skill comes in knowing not only how to get the client to respond to the imagery, but how to check for signs to see it has meaning to the client. The client's tears provided one such signal. Chew recognized the opportunity and pursued a viable avenue to help him make a connection between what his conscious mind

wanted (''...pursuing her single-mindedly'') and his unconscious mind wanted (''...remaining in the dark''). This connection provided a balance and enabled Don to accept responsibility for only his part in the failed relationship, and then to say good-bye to it.

One instruction that has tremendous impact on people is to "do something." (Lankton, 1985). Chew asked her client to do what he had always done — to seek solitude. As an added bonus, she used his desire for solitude as a bridge to enter trance.

Heaven and Hell, Yin and Yang, water and sand, light and dark, all have the same thing in common: Each element in each pair needs to exert its

presence on its counterpart in order to establish a meaningful relationship. That was a powerful concept for the client to recognize. In recognizing the concept, the client was able to shift his pattern of thinking and use his clinical and distant way of relating. Chew allowed the client to attain his goals by recognizing and utilizing what was natural.

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B O O K R E V I E W

Hypnosis in the Relief of Pain

by E.R. Hilgard and J.R. Hilgard Brunner/Mazel 1994

Ernest and Josephine Hilgard's seminal book, Hypnosis in the Relief of Pain is an excellent contribution for the therapeutic application of hypnosis in the treatment of pain stemming from cancer, surgery, dentistry and from obstetrics. Hilgard and Hilgard have investigated the uses of hypnosis in the medical setting for more than 30 years. In this book, they refer to their extensive original research testing hypnotic interventions for pain management.

One of the experiments they detail

involved "cold pressor pain." The volunteer's hand was placed in icy water, subsequent pain and relief were measured. The second of the primary experiments discussed involved "ischemic pain" caused by tying a tourniquet around the arm and measuring the pain occurring when the blood flow to an exercising muscle was restricted. The authors distinguish between physical pain and more subjective aspects of suffering—questions asked by the person suffering the pain such as "Why am I suffering?"

Hypnotizability testing is integral in the Hilgard's approach to the use of hypnosis for pain management. The Stanford Hypnotic Clinical Scale is reproduced for readers to test their patients. Empirical conclusions indicate that pain relief is available for patients who are "highly hypnotizable." They assert that some relief is available for others who have lower hypnotizability but conclude relief is due more to relaxation techniques than to hypnosis. However, the general benefits of using hypnosis before surgical procedures for relaxation and relief from anticipatory stress and dread are emphasized.

An interesting observation made about pain relief was the role of the "hidden observer" in the hypnotic process. While in a trance, subjects were asked to do "automatic writing" or "automatic talking" about felt pain. Most admitted feeling pain. However, in the waking state, the subjects could not recall either the feelings experienced by the "hidden observer"

or even an awareness of pain during the trance. The Hilgards suggested further research into this type of "awareness." Subsequently they did extensive studies on the phenomena of "the hidden observer."

Traditional approaches for inductions are used in the text. Although the actual induction scripts are not included, they are available for interested clinicians. The book concludes with an extensive bibliography of more than 600 references on hypnosis and pain management.

Hypnosis in Pain Relief, originally published in 1975, is an historical and intellectual landmark in the field of hypnosis.

Reviewed by Dennis L. Doke, M.S., L.P.C. Dallas, Texas

The Fundamentals of Ericksonian Therapy

(F280-19AB) - \$21.00

The Growth and Development of the Therapist

(F280-26AB) - \$21.00 by Jeffrey K. Zeig, Ph.D. Milton H. Erickson Foundation, Phoenix, AZ

These separately sold, two-tape audio sets were recorded at the Brief Therapy Conference held in Orlando, Florida, in 1993. These tapes, as well as the Conference itself, were metalogs in the full Batesonian tradition, living the concepts in the process of teaching them. In the same way that the interactions and communications within the Conference were examples of the evolving process of brief therapy, the tapes are graphic demonstrations and metalogs of Dr. Zeig's own evolution. Originally Zeig was identified as a torch-bearer of the Ericksonian movement through his excellent organization of international conferences and identification of Dr. Erickson's techniques. With these tapes, it becomes evident that he is evolving as a primary source for the essence of the humanity of the Ericksonian experience.

The tape sets are excellent for both beginning and experienced therapists. For the experienced therapist who has proficiency in Ericksonian techniques, these tapes can open the door to a possibility of evolving abilities into a reflexive internal orientation. The beginning therapist can be oriented toward a mind set which facilitates integration and confidence in the use of Ericksonian techniques that are later learned.

I would recommend starting with "The Fundamentals of Ericksonian Therapy." In this set, Zeig spends more time introducing his Meta-Model of Intervention in which he presents his five elements of intervention strategies:

- —What is the position of the therapist (Orientation and Passion);
- -The goal;
- "Gift Wrapping" or presentation;
- -Individualization or tailoring of the

goal; and

-The processing of the intervention.

This method is not limited to any particular clinical model. Zeig provides concrete examples of various clinical populations, with excellent metaphors and a variety of communication styles. While experiential exercises often lose meaning on audio tape, the introduction and formulation of the exercises, as well as the discussion and explanantion after the exercise are informative, interesting and worth the brief time spent on them.

"The Growth and Development of the Therapist" may contain less content than "The Fundamentals...," but, for me, it was the more important and valuable of the two sets. This tape is made almost exclusively of what Zeig calls warm-up and "Psychoaerobic" exercises. These exercises are designed to move both the beginning and the seasoned therapist from a position of techniques and competency to the level of being and observing. Both Zeig and I experienced Dr. Erickson's tremendous spirit of play and curiosity. Erickson's almost legendary observational skills

came from his genuine curiosity about people and his sense of play allowed him to express that curiosity. The primary message I received in "The Growth and Development..." tape set was the development of curiosity and a sense of play can enhance the developmental observational skills and competency.

While the exercises presented in "The Growth and Development..." tapes give sufficient structure for the listener to reproduce and practice them, Zeig's description and processing them acts as an unified and extended induction of awareness and internal premission for the listener. To that end, I have recommended these tapes to both my students and my seasoned colleagues who want to be Ericksonian rather than just do Ericksonian techiques.

Reviewed by Richard E. Landis, Ph.D. Southern California Society for Ericksonian Psychotherapy and Hypnosis Laguna Niguel, California

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.



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A Critique of Psychoanalytic Reason: Hypnosis as a Scientific Problem from Lavoisier to Lacan.

(Martha Noel Evans, Trans.) Stanford, California: Stanford University Press. ISBN 0-8047-1950-0

In A Critique of Psychoanalytic Reason the late Leon Chertok, Parisian psychoanalyst and hypnotherapist, and Isabelle Stengers, professor of the philosophy of science at the University of Brussels, examine scientific paradigms. They begin with those of the Royal French Commission (1784) as it examined Mesmer's works, and move into scholarly scrutiny of paradigms within the field of psychoanalysis. They investigate the basis of the scientific thinking that has led many within this historical chain to dismiss hypnosis as a valid therapeutic modality and to sup-

press authentic considerations of the values of hynotic therapy.

The reason for this, they conclude, is that the discovery of hypnosis has inflicted a "narcissistic blow" to humankind from which healthy recovery has failed to occur. The severity of this blow, which contains the seeds of challenge to scientific reasoning itself, explains the strenuous resistance hypnosis has encountered within the psychoanalytic establishment.

A Critique of Scientific Reason is a penetrating historical and philosophical enterprise which will be of special interest to hypnotherapists with roots in philosophy. Like those in many contemporary gallic philosphical works, the sentences are extremely long and complex, even in translation; this makes their reading a formidable task, at times. Nonetheless, this is a challenging book to be read slowly, to be reflected upon, to be treasured.

Reviewed by Claire Frederick, M.D. Tahoe City, California

James Esdaile's Use of Mesmerism For Surgery and Medicine

It was not until 1846 that surgeons began using general anesthesia, either ether or nitrous oxide, for their patients. Before then, surgical patients were strapped to the operating table and carved as they struggled and screamed. So, not surprisingly, many chose death in place of surgery. In 1821, Recamier performed the first surgeries on patients anesthetized by "magnetism." In 1829, Cloquet reported to the French Academy of Medicine his use of such anesthesia. John Elliotson, Professor of Medicine at University College, London, wrote a book, Numerous Cases of Surgical Operations without Pain in the Mesmeric State, published in 1843. During this time period, James Braid, a Scottish physician in London, adopted the term hypnosis (from hpynos, the Greek word for sleep) and developed different approaches to inducing hypnotic trance. He concluded that the trance was due, not to magnetism, or the passes of mesmerism, but to suggestion. For years, Braid not only used hypnotic anesthesia for his operations, but he wrote extensively about it (Lecron & Bordeaux, 1949, pp. 22-23)

In 1845, James Esdaile, a Scottish physician in Bengal, India, began using "mesmerism" to prepare patients for

surgery. He had never seen "mesmerism" but had read about it in newspaper articles. "Mesmerism" no longer was performed by magnets, as Mesmer had originally done. It was done in 1845, by passes of the hand over the subject. Esdaile describes his first use of it with a man in Bengal in great pain from a double hydrocele: "I placed his knees between mine, and began to pass my hands slowly over the patient's face, at the distance of an inch, and carried them down to the pit of his stomach" (Esdaile, 1846, p. 43). After an hour and 45 minutes of passes, the patient showed no signs of pain. So in the presence of respected witnesses, Esdaile performed tests to prove "total insensibility of all the senses" (ibid., p.46).

Esdaile began using mesmerism on many patients, not only for anesthesia, but also for other medical purposes. As the time required for the mesmeric passes often was more than an hour, he trained native assistants to induce the trance. He described the experiments of the first eight months of this work in his book Mesmerism in India, and Its Practical Application in Surgery and Medicine. (1846). The surgeries included extractions of teeth, tumorectomies, and amputations of limbs and

Brief Therapy: Myths, Methods and Metaphors

by Jeffrey K. Zeig and Stephen G. Gilligan

In 1988, more than 2,200 people attended the Fourth International Congress on Approaches to Hypnosis and Psychotherapy. Had you been in attendance, you would have been able to observe only a fraction of the keynote speeches and invited addresses that are contained in this nearly 500-page volume. In Zeig's and Gilligan's Brief Therapy: Myths, Methods and Metaphors, the essence of that Congress is available to you.

As if this work were a towering mural, the editors completed their work with thick brush strokes that cover a variety of clinical and theoretical issues in brief therapy. The book highlights the wisdom, perspectives and special techniques of a galaxy of noted practitioners such as Haley, Watzlawick, Papp, Weakland and the Lanktons.

Nine of the 34 chapters discuss hypnosis, per se. This might be a minor shortcoming to those wanting an extensive view of uses of hypnosis. However, Jeffrey Zeig has a titillating discussion of Erickson's innovative approach to seeding which has received little attention in the literature. Another chapter gives an overview of Erickson's techniques of pain management. Others include an intriguing mix of various therapeutic interventions and the use of hypnosis. Betty Alice Erickson discusses methods

for treating family-of-origin and related issues. Sidney Rosen works with the manipulation of symptoms by making them both concrete and symbolic. Still others focus on specific interventions helpful in breif therapy. Many chapters provide numerous clinical vignettes which illustrate the authors' methods.

There is an inviting mixture of authors and points of view in this book. Richard Fisch wrote thoughtfully about some of the ethical issues which are basic to strategic therapy. Cloe Madanes "Strategies and Metaphors of Brief Therapy," with its organized structure and ways of changing interactional metaphors will be valuable to readers working with their own clients.

Models of brief therapy, strategic therapy principles and practical methods are woven throughout the nine sections, including an examination of the time factor in therapy. In this section, Nicholas Cummings looks at principles of brief, intermittent and highly focused psychotherapy. Herbert Lustig's contribution, wonders "How Long Should Brief Therapy Be" while Simon Budman considers termination issues. Discussions such as these are propitious and welcome in this era of diminished resources and managed care.

This work is well organized and focused. It provokes thinking and is readable. Therapists or teachers will see Brief Therapy: Myths, Methods and Metaphors as a friend and ally whom they will visit often.

Reviewed by George Gafner, CLSW VA Medical Center, Tucson, AZ

breasts. His list of "Medical Cases Cured by Mesmerism" includes (in the terminology of his time) nervous headache, tic doloureux, lameness from rheumatism, spasmodic colic, acute inflammation of the eye, acute inflammation of testes, convulsions, lumbago, sciatica, and palsy (*ibid*, p. xxiii).

Enthusiastic over the results, Esdaile persuaded the British government to open a hospital in Calcutta for hypnotic surgery and healing. During his six years (1845-1851) of practicing medicine in India, he performed thousands of surgeries on patients anesthetized by mesmerism only. More than 300 of these were major operations. In a time when 40% of patients died from surgery, Esdaile's mortality rate was less than 5%. This may be due to the dramatic decrease in shock from pain (*ibid.*, pg. 23; Kroger, 1977, p.212).

Naturally, patients preferred to come

to him for surgery. His competitors complained about his unorthodox methods. One physician stated that Esdaile's patients only pretended not to feel the pain! Eventually, the hospital was closed, and Esdaile returned to England in disgrace. Professional attacks on him continued, and, as a result, he was barred from practice by the British Medical Society. He died in relative obscurity—just as Mesmer had done (Lecron & Bordeaux, 1949, p. 24).

The development of chemical anesthesia seemed to render obsolete the work of Esdaile and his predecessors. But even now, there are situations where hypnoanesthesia is the preferred procedure—for example, when the patient is known to have severe allergic reactions to the chemical anesthesia. Furthermore, even when inhalation anesthesia is used, hypnosis

continued on next page

Esdaile continued

can bring remarkable benefits both before and after surgery. James Esdaile made an important contribution to the development of hypnosis as an adjunct to surgery.

The following sources were consulted in writing this article:

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Interview continued

dynamics and also consultation with The American Management Association.

Carol Kershaw (CK): How did you become interested in hypnosis?

Daniel Araoz (DA): While I was finishing at Columbia University, I was exposed to a lot of wonderful people. One person who influenced me in many ways was Howard Greenwald, Ph.D., a leading psychoanalyst who introduced me to hypnosis. Greenwald was doing strange things like "LSD trips without LSD."

I started reading the classic books on hypnosis and started taking courses.

I went to Erickson in 1958 or 1959 after seeing an article about him in a news magazine. Later, in professional meetings he would gravitate toward me because he was always interested in different cultures, and ask me things like, "What do Latin men think about this?"

Once I was working on automatic writing and nothing came up, so I asked Erickson and his response was very laconic; "What hand do you use?" I answered, "Right, I'm right-handed." He said, "Why not both?" and moved away. Another question he asked me was "How long do you take doing this?" I answered, "Oh, about 15 minutes." Erickson said, "An hour or two" and then he moved on. So it was helpful.

Also, on another problem where I was stuck doing some self-work with hypnosis, Erickson asked, "What language are you using?" I said, "English." He reminded me I spoke Spanish as a child, and he walked away.

It made a tremendous change for me. I lapsed into Spanish with this work and a cascade of things came up. That is how my relationship with him was, I never studied formally with him.

Then I thought of starting an institute of nontraditional hypnosis, which I called "new hypnosis." I asked Erickson's permission to use his name. He sent a very lovely letter saying he was "flattered and honored" that I would name my Institute for him. I started the Institute in 1979 before the Foundation existed (Ed. note: The Erickson Foundation was started in late 1979.) After several years of reading and studying I realized that I had something to say. That's when I wrote the book Hypnosis and Sex Therapy which was well-received. Its first chapter is "The New Hypnosis" out of which came my second book with the same title.

CK: What makes the "new hypnosis" different from other approaches?

DA: As I had become disenchanted with psychoanalysis, I also became disenchanted with traditional hypnosis. The new hypnosis avoids artificial inductions and utilizes ordinary conversation to produce trance. It remains totally client-centered throughout the hypnotic experience, recognizes that the client hypnotizes him-or herself, the clinician is merely a guide.

CK: Tell us about your Ericksonian Institute.

DA: When Erickson gave me permission to start an institute with his name, I started in Manhattan. The Milton H. Erickson Institute of Hypnosis of New York is still running, but after a number of years we decided to have a branch in Long Island. The two institutes work closely together, as well as with the New York Society of Ericksonian Hypnosis and Psychotherapy. (Editors note: for more information on these institutes see the articles in this issue of the Newsletter. The NYSEPH was featured in Vol. 13, No. 3).

Our students attend a series of training steps with us which we call Advanced Training in Ericksonian Hypnosis. They take a number of courses. We call it "Learning Erickson." Then students have so many hours of Ericksonian Hypnosis which we call "Experiencing Erickson." Then we supervise their handling of cases in Ericksonian methods and we call that "Practicing Erickson." So it's "Learning Erickson," "Experiencing Erickson," and "Practicing Erickson."

CK: And this is "new hypnosis" I assume?

DA: Milton H. Erickson is the pioneer of new hypnosis: Many others continue to expand and enlarge what he started. They all practice new hypnosis because they go beyond Erickson in the direction that he pointed, not reverting to traditional hypnosis which, as I indicated, was more rule-bound than the new hypnosis. CK: Let me ask you about family therapy. What do you think of Carl Whitaker's idea that families send out scapegoats to recreate the family system?

DA: Whitaker is a poet, one who perceives beyond what the senses reach. You can make sense of th scapegoat idea if you see it as a myth. Creation is always a new beginning, a resurrection. The recreating of the family stystem is similar to "the second chance family." Parents want their offspring to create the "right" family. I don't know about scapegoating per se because it infers blaming, but I do like the idea of understanding the sort of mysterious program that we have.

I think that if we understand that, not in terms of consciousness, then it makes a lot of sense. I am about to become a grandfather, and I think about all the unconscious things that are happening to me. When I first found out, I wasn't that excited. But then as the weeks went by, there were little developments: My son called to say that he had heard the heartbeat of the child. I was getting more involved even though I was not making a conscious effort to get more involved! I want that child, boy or girl, to be an extension of me. You know, the hell with the other set of grandparents! Intellectually, the whole thing is crazy, but...that's how I feel.

Family of origin dynamics are fascinating in the sense that they never end. I am reliving messages that my family gave me, even though my parents have been dead for more than 30 years. It's as though I can't help it. At times I think the behaviors or messages are genetic and at other times I think they are learned. Certain behaviors that I find in me are behaviors of my father. I saw him and learned from him since I was very small.

CK: How has being Argentinian influenced you?

DA: I find it has broadened my way of viewing reality. I speak four languages, Spanish, German, French, and English. Argentina's at the end of the world, so everyone learns another language. To understand that the same thing can be expressed in so many different ways, or that the cultural metaphors are so different to try to explain the same mystery of human existence, does broaden your outlook.

There was so much political conflict at home that I left to pursue my education in the United States. I still visit Argentina. We're five siblings and we are all alive, so that gives me excuses to go back. I try to go back every two years. That in itself is a strange thing; being part of a family without having too much contact with the family. Because I am the oldest, I still get calls before important decisions or when there is a family problem.

I am the first one in my family that left Argentina. And now I have a daughter who is following in my foosteps. She moved to the Czech Republic. She moved there to teach English, and now she is saying she would like to stay.

CK: What do you think about the unconscious mind? Is it a resouce as Erickson said, or do you think about it differently?

DA: I am very much in agreement with the Ericksonian concept. To me, the whole new hypnosis and the whole idea of Erickson stems from experiential reality. Erickson believed, according to my understanding, that people are going through unique experiences and that hypnosis is a tool to help them be in touch with those experiences and utilize those experiences to the fullest.

I encourage Ericksonians to become familiar with the work of Seymour Epstein, Ph.D., from Boston, who is a researcher. Epstein developed what is called the Conscious Experiential Personality Theory. (American Psychologist, Aug. 1994). Epstein presents scientific justification for Erickson's concept of the unconscious. It is tremendously interesting to see that what Erickson believed is supported scientifically. Often, when we talk about the benign unconscious, in terms of Erickson, people who are analytically oriented want some kind of proof. Therapists are so used to the negative unconscious of Freud, it is hard to convince them that maybe the unconsicous is our greatest resource. Epstein supports that idea and I agree with it. In fact, I teach a course at the graduate level on Personality Theory at Long Island University and I center the whole course on Epstein and his book You're Smarter Than You Think (Simon & Schuster, New York, 1993). I challenge my students to use this model to interpret Freud or Young or Adler or

CK: What do you think about Jung's notion of the dark, shadow side of the unconscious. Do you believe in that?

DA: I don't see that I have a choice. There is so much evil in the world. Call continued on next page

Interview continued

it what you want. I'm not a religious person. I don't believe in a personal God. I was raised a Catholic, but then I became a Taoist in my thinking. When you see horrible things that have happened...the tortures and crimes, these horrible things in Bosnia and Rwanda, for instance, other things that have happened over here, there is a dark side to the human. It is a sad thing. We see it more in our generation because of the media. The news is filled with a lot of very horrible things that people do to each other, not to mention the extermination of other species.

Maybe it has something to do with the chemistry of the brain and the amount of different minerals that we have. But I am still convinced that people have power over the bad in them, maybe less than we believe that we have. It's something I think our society neglects in the way we raise children. It's not really conducive not to develop that power of self-discipline because we spoil our children rotten. The children do things the way they want and we have forgotten that the adult is there to guide the child, to establish limits. We can develop the power of self-discipline in ourselves and our children. The shadow will always be there, but it does not have to be so large.

CK: What connections do you make with spirituality and psychology?

DA: Expression of religion is different from spirituality. Spirituality has to do with something that is more than what other intelligent beings of this planet have; it's the need to change reality, to shape our environment in innovative ways. We change things around in very different ways than other species do: We create new things all the time.

Art is essentially human. Art is a fascinating expression of the human soul, because we have art in architecture, in dance and music and song and poetry and in painting and in sculpture. We have sort

of transformed reality in some way, and we see it in the most primitive societies or the most current sophisticated ones. So, to me, spirituality has to do with a connection that we have with some superior force, of which we know nothing. I prefer to respect it as a mystery. That's the Buddhist-Taoist idea; I don't know what existence is, really. I am very respectful of the mystery of life, of being alive. I don't know the answers. When I think of assessment of a personality, what isn't measured is the courage, heroism, generosity, forgiveness and so on. We don't have any other sort of psychological constants for these features. I think that the Ericksonian approach is conducive to that dimension of spirituality.

CK: How so?

DA: Well, in the sense that Erickson focuses respectfully on the individual, and so he helped the individual develop his own values and talents. Erickson was unlike others and respected people's personal myths as long as they were not damaging. For instance, Albert Ellis has said that anyone who believes in God is crazy. Well, with all respect to him, I think that's a little extreme. I don't know what his position is nowadays. If you believe in God, I can help you to use this, in order to develop yourself and to be a better human being, even if I don't believe.

CK: Tell us about your consulation work with The American Management Association.

DA: I worked with them about six or seven weeks a year, running a very intense five day group for business executives. Our last book comes on the coattails of a book that is still a best seller, called *Reengineering the Corporation by Hammer and Champey* (1993, Harper Collins, New York). They don't mention anything about the people who do the "Reengineering," just in passing. So I thought, there is a need for it. So our book *Reengineering*

Yourself was directed to the idea of how to prepare for change, how to go through the process of change and so on.

A lot of techniques we use are Ericksonian. Our book describes many of the techniques we developed. They are mental exercises to utilize one's mind more effectively and are all hypnotic in nature. This book would be useful for psychologists but it was written for business executives or anyone who wishes to make changes in the ways that they approach life. The changes must be from within, and that means hypnosis.

I have done a lot of consulting with family companies, which I guess comes from my original work on family therapy. It's interesting to me to see how the basic principles of family therapy apply to corporations. They are like extended families.

CK: Right, with similar dynamics.

DA: Very much so. It is nice work, you know, I feel good because some of them have grown to be big companies. There is one very large company, a manufacturer of construction material, that has been a family-held company for three generations. You can see the difference between a company like this one and a big company, like IBM, that is less personal. Working with small companies you can encourage trust, democratic style and personal commitment to work which benefits the whole company. For giant companies, this is very difficult to do.

CK: Is there anything else you would want to say about your style or your sense of being Ericksonian, if we could call you that?

DA: I think that what I owe Erickson is, first of all, that I am <u>not</u> an Ericksonian. I feel that he transcended himself. And some people who are making some sort of a cult out of him are not doing him too much of a service. I think that the idea was to really

be more in touch with myself, and with the people with whom I work: To approach every person in a humble way and not believing that I know more about life than they. I can help them discover something new about themselves. The same applies to individuals, or to couples, or to families, or to groups. So I think that is his important legacy.

CK: Do you have any sense of where your work's going to take you next?

DA: I enjoy supervising and training, but because people know me, I end up traveling more than I want to. At my age, I relish my seniority status and enjoy sharing my experiences with younger people. Perhaps they can learn from my mistakes so they can avoid them. I don't think I'll ever retire. My work is my life. I'll die, but I won't quit working as long as I am healthy.

CK: I thank you very much for sharing your thoughts with us.

DA: My pleasure.

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