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The Milton H. Erickson Foundation NEWSLETTER

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Foundation Adding Technology

VISIT OUR WEBSITE —
<http://www.erickson-foundation.org>

The Milton H. Erickson Foundation has entered the world of technology. After years of resistance, it was decided that in order to compete in the marketplace and provide the best possible service, computers would be upgraded, some staff would go online, and a new telephone system has been installed.

This has resulted in better communication and more productivity. Executive Director Linda Carr McThrall said, "I am the last holdout

for this technology, but it is a whole new world now. I think we all love the better equipment and software and have more flexibility in our work."

The Foundation has its own website on the Internet, designed by Stephen Lankton, M.S.W. Lankton recently installed sound on the page, located at: <http://www.erickson-foundation.org>. (Please note the hyphen between erickson and foundation.)

Foundation Director Jeffrey Zeig said, "Lankton has done a magnificent job designing a state of the art website for the Foundation."

Elizabeth Erickson agreed. "Stephen has been most inventive and thorough," she said.

The Foundation's email addresses are office@erickson-foundation.org

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Viktor Frankl, M.D., Ph.D.

edited by Dan Short, M.S.



Viktor Frankl, M.D., Ph.D.

BACKGROUND:

At only 22, Frankl founded the journal "Der Mensch im Alltag" [Man in Everyday Life]; since then he has written 31 books that have been published in 26 languages. In 1928 he introduced the concept of "Logotherapy." After his liberation from his last concentration camp he rewrote

The Doctor and the Soul. *This was shortly followed by Man's Search for Meaning, a book which has sold over 9 million copies.*

Logotherapy, also referred to as the third Viennese School of Psychotherapy, currently is the only major theory which includes the human spirit as a source of healing and strength. His theoretical approach is known as "height psychology," rather than "depth psychology," because it recognizes the human capacity to aspire to motivational factors beyond mere instinct. Viktor Frankl continues to live as he taught: He finds meaning in life by facing each new trial with courage and with dignity.

EDITOR'S NOTE:

These collected thoughts of Viktor Frankl, M.D., Ph.D. provide a rare opportunity to glance into the life of someone who, at 92 years of age, is a living witness to the history of psychotherapy. Frankl, having exchanged ideas with Freud, Adler, and other great minds such as Heidegger, is an impressive source of intellectual insight. Because he survived 34

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Brief Therapy Conference

Professionals and graduate students from around the world will gather in San Francisco, Calif., for the Brief Therapy Conference, "Cornerstone Principles, Cornerstone Practices," Dec. 11-15, 1996.

Faculty will present the latest information in the field of Brief Therapy through didactic instruction, as well as through experiential offerings. Keynote addresses will be given by Paul Ekman and Jay Haley.

A total of 29 Continuing Education hours are available at the Conference. The Erickson Foundation also is approved for 29 Mandatory Continuing Education Credits for Psychologists in California.

For additional information, write or call The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; fax (602) 956-0519; phone (602) 956-6196; email: office@erickson-foundation.org.

MCEP

The Milton H. Erickson Foundation has been approved to offer up to 29 hours of Mandatory Continuing Education for California Psychologists (MCEP) for those attending the Brief Therapy Conference in San Francisco, Dec. 11-15, 1996.

The Erickson Foundation, an approved provider of MCEP since 1995, also is approved by the American Psychological Association, The National Board of Certified Counselors, and is accredited by The Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

For information about Continuing Education credits, write or call The Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; fax (602) 956-0519; phone (602) 956-6196; email, office@erickson-foundation.org.

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EDITOR'S COMMENTS

by Betty Alice Erickson,
M.S., L.P.C., L.M.F.T.
Editor-In-Chief

I am an Ericksonian psychotherapist. In my readings and studies, however, I sometimes have a hard time telling where Erickson's work ends and the work of others begins. So much of what is called cognitive, for example, seems so familiar. This column, though, is not to debate whether or not Erickson's work forms the base of other therapies. It is, rather, to muse how good therapy is really all the same — it is all helping people learn to use their own abilities and generalize their new and more effective behaviors to reach constructive goals.

Cognitive therapy emphasizes the "goal ... is to help the client become his or her own therapist" (Meichenbaum, p. 118) and "recognizes that one should neither confront nor challenge clients' beliefs head-on ... to help change clients' beliefs, (one) should 'go through the back door.'" (Meichenbaum, p. 119). In cognitive therapy, the relationship between the therapist and the client is highly significant and, learning to behave differently is emphasized. Sounds like Erickson to me. Sounds like cognitive therapy, too. It also sounds like good therapy.

I had a recent client, a 36-year-old man who had to take 20 to 25 pills a day. Some were small tablets, some capsules, and some were pills larger than the end joint of my little finger. "Joe" had never been able to swallow pills. As a child, his mother had crushed even tiny baby aspirins and mixed them with applesauce. As an adult, he had learned to chew pills no matter how bitter they tasted. Now he wanted to learn new behavior — his pills tasted too badly and there were too many of them. He wanted me to hypnotize him so he could swallow medication like a "normal" person.

I introduce clients to hypnosis with information about it. One part of my introduction is information about the abilities we have, even though we often don't realize we have those powers. I teach the way I learned from Erickson. Speaking intently, with measured tones, I tell clients, "You probably don't know you can change the pattern of blood circulation in your face, that you can increase the blood flow in the veins



Betty Alice Erickson

and capillaries in your face." I pause while they consider this possibility. "All I have to do, for you to do that, is to say a few words. And if I say those few words, ... you'll blush." I pause again. Clients always blush as they think of those "few words." Joe certainly did.

The next week, Joe told me he had already learned how to swallow pills. He had kept thinking about how he could change the circulatory pattern in his face just by thinking. So he knew he could learn to swallow pills.

Joe thinks hypnosis is wonderful and that he was hypnotized into swallowing his pills. I think Joe was given the opportunity to find a way to use his own abilities. I don't understand the process by which he learned. But my understanding and even his conscious understanding is irrelevant.

The question remains unanswered. Was this cognitive therapy? Behavioral? Ericksonian? Or all?

Reference:

Meichenbaum, Donald. "Evolution of Cognitive Behavior Therapy: Origins, Tenets and Clinical Examples" in *The Evolution of Psychotherapy: the Second Conference* (J. Zeig, Ed.) 1992. Brunner/Mazel. New York.

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Dan Short Appointed Newsletter Editor

by Jeffrey K. Zeig, Ph.D.

The Milton H. Erickson Foundation Newsletter is widely read by the therapeutic community as well as those who consider themselves primarily Ericksonian in orientation. The Newsletter is always in a growth stage, adding new features to provide forums for the voices of many contributors.

The Board of Directors sought an editor who could contact with the broad professional readership that we serve. Dan Short brings us vision, skill, and new energy to enable us to continue the growth we have fostered.

We have been pleased with the work Mr. Short provided as one of our resourceful contributors. We are extremely pleased with the work he contributed to the latest issues in his editorial capacity.

Short recently returned to graduate school to pursue a doctorate degree at the University of Massachusetts at Amherst. This atmosphere will provide fertile ground for ongoing insights and exploration in the field of brief therapy.

Welcome to our newly appointed editor, Dan Short, M.S.!

Newsletter Submissions

The Milton H. Erickson Foundation Newsletter is published three times a year. Closing dates for all submissions are January 15, May 15, and September 15. The Newsletter is posted about six to eight weeks later.

Advertising copy should be sent to the Erickson Foundation, 3606 N. 24th Street, Phoenix, Arizona 85016. For more information call Linda Carr McThrall at (602) 956-6196, ext. 205.

All other information should be sent to the Editor. Materials such as articles, reviews, case studies, and announcements can be sent by E-mail

(short@educ.umass.edu), as text on disk, or as hard copy. All printed material must be double spaced using 12 point type. Unsolicited contributions are welcome; however, all information published in the Newsletter must meet certain standard criteria. The mailing address for submissions is Dan Short, School of Education, Hills House South, University of Massachusetts, Box 34150, Amherst, MA 01003-4150.

Comments and suggestions are welcome.

For the latest information on current events visit the Milton H. Erickson Foundation's Web page at <http://www.erickson-foundation.org>.

INTRODUCING THE INSTITUTES

Institut Milton Erickson du Lemanique of Geneva, Switzerland

by Dan Short, M.S.
Amherst, Mass.

Editor's note: The information for this article was gathered during an interview in Geneva, Switzerland with Dr. Chedeau and members of the Institute's staff.

Correspondence with this Institute may be addressed to Dr. Guy Chedeau, 8 Rue du Mont Blanc, 74100, Annemasse, France, or to Marlyse Hauser-Guerdat, 115 rue de Laysanne, 1202 Geneva, Switzerland.

The Institut Milton Erickson du Lemanique (I.M.E.L.) provides Ericksonian oriented training for the application of hypnosis in a wide



Dr. Guy Chedeau, M.D.

spectrum of health services which includes general medicine, surgery, dentistry and psychotherapy. While the main office for I.M.E.L. is located in Geneva, Switzerland, the Institute merits status as an international training facility by serving both French and Swiss health professionals. With offices on both sides of the border,

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CASE REPORT

The Use of Inner Advisor

by Moshe S. Torem, M.D.
Akron, Ohio

Editors Note: Dr. Torem also submitted the article for "Historical Times" on this topic.

John was a 32-year old married man and father of three. He was referred for treatment to help him stop his episodes of bar-hopping, which included alcohol abuse and extramarital affairs.

John was tested for hypnotic susceptibility, (4-intact on the Hypnotic Induction Profiles). He was then guided into a state of hypnotic trance.

The "inner advisor" technique was utilized to activate the patient's "inner advisor ego state." In that state of mind, (the patient communicated there was much he wished to say, but John was not yet ready to deal with this information so he agreed to write to me from the inner advisor ego state. This provided new insight and suggestions of how to best help John.

As the patient had requested a prescription for sleeping pills, I questioned the inner advisor ego state about the wisdom of prescribing such medication. The response I received was, "Doctor, you are a wise man and you know that he may be abusing such pills the same way he, at times, abuses alcohol. So even if he insists that you prescribe a sleeping pill, I advise that you don't give it to him." My response was, "I would be willing to listen to your advice providing that you, in return, use all of your wisdom and influence to give John a good night's sleep and provide him with healing dreams, with many images of new hope for healing and recovery, and instill thoughts and desires to want to come back for the next session. Would that be okay with you?"

The response I got was, "Yes, I will take care of it. I love John very much and he deserves a better life."

About a week following this session, I received a letter in the mail that read, "Dear Dr. Torem: It is me, John's inner advisor, writing to you. I want you to know that I found a special time at night when John was sleeping, and I came out, and wrote this to you. John is not aware of what I am writing and please do not tell him until he is ready. You see, Dr. Torem, John was raped when he was a little boy, but he does not remember any of it. His father was an alcoholic

who physically and emotionally abused him. John subconsciously does not believe that he deserves to be treated with respect and dignity. He does not believe that he deserves to be loved. His wife is a wonderful woman and she loves him deeply, but he cannot tolerate it because he has not yet learned to love himself. In fact, he is repeating what his father was doing by getting drunk, hopping from bar to bar, and picking up other women and cheating on his wife. Dr. Torem, I will be available to communicate with you again if you wish me to do so. Until then, I say goodbye and thank you for your willingness to help John. Sincerely, John's Inner Advisor."

Subsequent sessions included therapeutic communications in a formal hypnotic trance. Ego state therapy was initiated with gradual exposure to the patient's inner conflicts. Associated ego strengthening techniques enabled the patient to master self-destructive behaviors and replace them with more healthy behaviors.

DISCUSSION

by Betty Alice Erickson, M.S., L.P.C.
Dallas, Texas

Dr. Torem presents a fascinating case which uses the "Inner Advisor" technique to achieve results which seem almost magical in their success. With one session, he is able to protect John from potential abuse of medication and help him discover he can sleep restfully without medication. John was also given a means to uncover repressed sexual abuse. This gives Torem a base for appropriate and productive therapy. Without this information, the course of therapy may have been longer and perhaps unsuccessful.

If the therapist can become knowledgeable about the patient's conscious and unconscious orientations, fears and motivations, therapy can become more incisive. People strive toward health and happiness even though their behaviors may manifest in unhealthy ways. When the unconscious is understood as the repository of all learnings (Erickson, 1980), the power of communicating with it becomes apparent. Hypnosis allows direct communication with the unconscious in ways that are not necessarily part of the conscious aware-

HISTORICAL TIMES

Diagnostic and Therapeutic use of "Inner Advisor" Imagery

by Moshe S. Torem, M.D.
Akron, OH

The combination of therapeutic imagery and inner advisor techniques provides powerful intervention strategies for routine use in clinical hypnosis. This approach previously has been communicated by a variety of people, such as Comstock (1987, 1991), Hammond (1990), Allison (1974), Torem (1992a, 1992b), Philip & Frederick (1992), and Torem & Gainer (1995).

The "inner advisor" is experienced as a distinct ego state whose function is to preserve the logical, rational, mature, and objective perspective about oneself and the world. This ego state is adaptive in nature and serves the individual's self-preservation by promoting healing and improving functioning during

daily activities. The "center core" is a term that I have used to identify this role, however, other names can be used. Allison (1974) used the term "internal self-helper" to describe his ego state work with patients diagnosed as multiple personality disorder. His use of this technique allowed patients to access a special perspective of knowledge, wisdom and insightful understanding that was not routinely available to the conscious mind.

Inner advisor imagery may be an effective treatment for a variety of symptoms (Hammond, 1990). As pointed out by Torem and Gainer (1995), the utilization of the inner advisor can promote the experience of "the unifying self" and activate the process of the therapeutic self-integration. Moreover, the inner advisor also can be utilized to promote other forms of ego state therapy (Watkins, 1978; Watkins & Watkins, 1988).

There are a variety of techniques that may be used to activate the inner advisor (Torem, 1990; Torem & Gainer, 1995). One of my favorites is

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ness. (Erickson, 1980)

Martin Rossman, M.D., in his presentation at the 1993 Brief Therapy Conference emphasized that the two basic and necessary qualities of an "inner advisor" are wisdom and compassion. John's inner advisor had those in abundance. John needed to be protected from his memories of childhood trauma. He also needed to change his addictive and painful behaviors which connected with that trauma.

Torem dealt wisely with the information he obtained from John's unconscious through hypnosis. The unconscious is childlike in many ways — simple, straightforward and honest. Torem agreed to do what the inner advisor suggested regarding the non-prescription of sleeping medication. However, he made an exchange — the inner advisor would give John a good night's sleep and even provide healing dreams. An exchange of value for value is straightforward and honest and produces trust. Perhaps the trust provided by this interaction gave John's unconscious the strength to trust Torem with the information about his memories of trauma.

Torem continued the use of hypnosis in further sessions and helped

John master and replace his addictive and destructive behaviors. Ego strengthening and resolution of inner conflicts would allow, and teach, a patient the courage to change.

There is no doubt hypnosis and the inner advisor technique provided brief and effective therapy. There is also no doubt Torem used these techniques masterfully.

The presentation would have been strengthened by further information about the subsequent sessions. What were some of the hypnotic suggestions Torem used? Was there further communication with the inner advisor? And, as is always important in these days of emphasis on brief therapy, how many sessions were needed for significant changes to be apparent?

Overall, however, this brief vignette provides a clear and impressive example of the power of well-constructed hypnotic techniques and the use of the inner advisor.

Reference:

Erickson, M. (1980). *The Collected Papers of Milton H. Erickson on Hypnosis* (edited by Ernest Rossi). New York: Irvington.

BOOK REVIEW

Reclaiming Herstory: Ericksonian Solution-Focused Therapy for Sexual Abuse

by Cheryl Bell-Gadsby, M.A., R.C.C.,
and Anne Siegenberg, M.S.W., R.S.W.

New York: Brunner/Mazel, 1996

As the title suggests, *Reclaiming Herstory* is a guide for therapists working with sexual abuse survivors who wish to incorporate Ericksonian techniques in their quest to help clients reclaim a sense of themselves and their own power. It seems especially well-suited for therapists who have chosen to work specifically with sexual abuse survivors but who have limited experience in that area, or for therapists seeking new, creative approaches to working with sexually abused clients. The book seems appropriate for Ericksonian therapists who wish to work with survivors of

sexual abuse, as well.

The book's eight chapters are divided into three parts. The first part consists of two chapters. Chapter One briefly discusses the psychological, physiological, and emotional effects of abuse on memory and describes the role memory plays in the recovery process. The authors include a discussion of False Memory Syndrome, emphasizing the potentially damaging effects it may have on the credibility of survivors and the reputation of sexual abuse therapists. The second chapter introduces concepts related to Ericksonian practices. The authors discuss the use of trance induction and metaphor as tools to assist survivors in accessing unconscious inner resources, empowering clients to gain insight in a personal and nondirective manner. Guidelines and safety issues for the therapist utilizing these techniques also are discussed, as are suggestions for structuring individual and group treatment. Additionally, a good general purpose relaxation exercise is provided. It is important to note, as the authors acknowledge, that the chapter is only

an overview. For therapists who have not been trained in the use of Ericksonian techniques, additional training, supervision, and consultation with other professionals are advised.

Part Two is structured according to the stages of sexual abuse recovery. These stages, defined by the authors based on their experience are: "Breaking the Silence," "Becoming Visible," "The Reclaiming," "Reintegrating of Self," and "Evolution of the Sexual Self." Each chapter describes stage-specific psychological and physiological symptoms, issues, treatment guidelines and suggestions, and expected outcomes. The second half of each chapter includes issue-specific metaphors, exercises, and rituals appropriate to that specific stage of recovery. Each metaphor is prefaced with a description of its purpose and intended outcome.

The final part of the book focuses on therapist self-care at all levels of development. The authors describe four stages of therapist development from fledgling to sea-

soned therapist and discuss issues typically encountered at each stage. As with the chapters focusing on the stages of client recovery, this final chapter includes issue-specific metaphors, exercises, and rituals appropriate for therapists at each stage of development.

There are a number of books currently available that address sexual abuse treatment and recovery. *Recovering Herstory* integrates sexual abuse therapy with solution-focused Ericksonian techniques and feminist principles. The metaphors are well-written, relevant, and enjoyable. The exercises and rituals have a positive focus and are written to encourage self-appreciation, self-acceptance, personal choice, and relaxation. The resulting work inspires hope and creativity.

Reviewed by:
Lisa Vinuesa, M.A.
Dallas, Texas

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Francine Shapiro, Ph.D., originator of EMDR, is a Senior Research Fellow at the Mental Research Institute, Palo Alto, California, and the recipient of the 1994 Distinguished Scientific Achievement in Psychology Award presented by the California Psychological Association. She has trained over 16,000 clinicians internationally and has been the invited speaker and presenter at numerous national and international conferences including the Menninger Clinic and the Evolution of Psychotherapy Conference. She is the author of *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures* (Guilford Publications, 1995) and many articles and book chapters on EMDR.

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Brunner/Mazel Publishers is pleased to announce the publication of
The Evolution of Psychotherapy
The 3rd Conference
 Edited by Jeffrey K. Zeig, Ph.D.

In 1985, the Milton H. Erickson Foundation sponsored the first *Evolution of Psychotherapy* conference which took place before over 7,000 mental health professionals in Phoenix, Arizona. This historic event made world-wide news, with feature articles in publications such as *Time Magazine* and *The New York Times*, as well as in most professional journals. Out of that conference came the book, *The Evolution of Psychotherapy*, and about that book reviewers raved:

"Rarely has this reviewer read such an exciting and challenging book! If ever there was a landmark book, this is it. There is something of value [here] for every mental health professional and those in allied helping professions." (AFTA Newsletter)

Daniel Goleman of the *New York Times* wrote, "Like the historic conference this book came from, *The Evolution of Psychotherapy* is a delightful collection of the thoughts of the greats of therapy."

Ten years later, in December 1995, the Third Evolution of Psychotherapy conference was held and now the eagerly awaited, *The Evolution of Psychotherapy: The Third Conference*, is about to come off press.

With this landmark book, you too can share every aspect of this extraordinary cross-fertilization of ideas as 26 of the world's leading clinicians, representing all of the major schools and theoretical approaches, discuss and debate their theories and techniques. In addition, you will also find discussions by other members of the faculty following many of the addresses, with reactions from the presenters in reply. The dialogs are often extremely spirited, and always revealing.

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AUDIOTAPE REVIEW

Tailoring Various Traditional Inductions to Specific Clients

by William Matthews, Jr., Ph.D.,
and Carol Lankton, M.A.

Tapes G264-22H & G264-22B
Available through the Milton H.
Erickson Foundation

In "Tailoring Various Traditional Inductions to Specific Clients," William Matthews, Jr., Ph.D. and Carol Lankton, M.A., discuss traditional inductions and the role of assessment in tailoring them. This set of two tapes was made during a training session of the Sixth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy.

Although the tapes lack some of the conciseness of a more formal presentation, I found a casual approach (sometimes including noise and barely audible comments from the audience) contributed to my own relaxation and receptiveness to learning. Matching this relaxed ambiance were Lankton's casual style and Matthews' humor, which fit well with their message that a therapist need not worry too much about using perfect induction techniques. The therapist can use mistakes, which he learns about from feedback from the client, leading to a better assessment and a better choice of induction techniques. This reframing of meaning into something positive helps alleviate the therapist's anxiety about his own performance so he can stay focused on what is useful to the client. Here, in the midst of a

discussion about hand levitation and ideomotor signals, the presenters weave some of the essentials of an Ericksonian approach: looking for the positive instead of pathology and thinking in terms of utility.

In addition to observing the client during a traditional induction or asking a client directly what he needs, Matthews and Lankton discuss the role of assessment in determining "what to do" with the client. Erickson's own "rapid-fire" assessment of clients and his seeming understanding of all aspects of a client are acknowledged as misleading. In truth, it may take hours of thinking to assess a client. One should consider a client's family structure, and its impact upon him in the pre-

sent, developmental stages, cultural, and ethnic influences.

Several case examples of tailoring interventions to the assessment help the listener learn to internalize the spirit in which decisions are made. Matthews and Lankton clarify that DSM is not an assessment tool, as it lacks information about intervention connected with a feedback system that tells what will help clients.

The content of "Tailoring Various Traditional Inductions" is thought-provoking and broad. The tapes provide a welcome and useful experience in learning.

Reviewed by:
Judy Goodstein, L.C.S.W.
Dallas, Texas

BOOK REVIEW

Hypnosis, Memory, and Behavior in Criminal Investigation

Kevin M. McConkey, Ph.D.
and Peter W. Sheehan, Ph.D.
New York: Guilford Press, 1995

Drs. McConkey and Sheehan provide an excellent account of their experiences and the guiding principles behind their extensive work in Australian forensic hypnosis in *Hypnosis, Memory and Behavior in Criminal Investigation*. The authors review research regarding memory, distortion, emotion, motivation, manipulation and coercion in hypnotic contexts and provide detailed case material as illustrative vignettes. These vignettes also are used as a springboard for discussions of the complex ethical and clinical problems which often beset forensic hypnotists. Perhaps of most value, McConkey and Sheehan formulate specific guidelines for the proper use of hypnosis dealing with legal matters.

The reader is at once struck by four outstanding qualities of the book: (1) The writing is simple without doing violence to the profound issues addressed; (2) The cases chosen for discussion are as engrossing and entertaining as fiction; (3) The

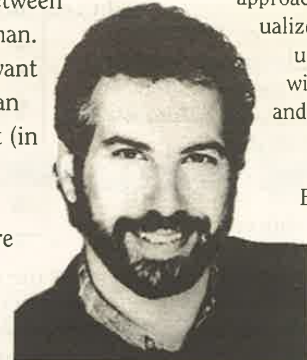
authors give their utmost fidelity to responsibility in drawing conclusions from material elicited during hypnosis. Specifically, they neither discount the possible usefulness of such material, nor are they seduced into over-subscription to it by the client's emotional involvement or other clinical factors. Instead they insist on the independent corroboration of hypnotic productions; and (4) The ethical duty to protect the client from harm, legal or psychic, is never neglected in the excitement of pursuing forensic goals.

The combination of these elements with specific guidelines for forensic hypnotic work makes this book unique and uniquely valuable. I highly recommend *Hypnosis, Memory and Behavior in Criminal Investigation*, not only for its obvious target audience of professionals who may perform hypnosis for forensic purposes, but also for clinicians who deal with the therapeutic dilemmas involved in hypnotic recall of traumatic events.

Reviewed by:
J. Douglas Crowder, M.D.
The University of Texas,
Southwestern Medical Center
Dallas, Texas

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Dr. Alman weaves his 20+ years of private practice, worldwide teaching, best selling author experiences, consultation/training and the knowledge he acquired through his 4 years of direct training and work with Milton H. Erickson, M.D., into a profound, unique learning experience for all people. His significant personal experience with pain brings further depth and validity to the solid framework and concepts he teaches.

He emanates personal warmth, humor, gentleness, compassion and positive support. This aids in creating movement with more ease toward listening and learning with an open mind, heart and body on multi-conscious and unconscious levels.

Since earning his Ph.D. in psychology from the California School of Professional Psychology in 1979, Dr. Alman has become an internationally known author, clinician, healer, trainer and researcher working with numerous disciplines. He is a leading expert in the field of addictions and dependencies. His private practice is focused on the application of self-change for addiction recoveries, self-esteem, pain control and a wide range of personal goals.

He has taught at Harvard Medical School, the University of Paris, and many others. His series of videos, *Six Steps to Freedom*, is being aired nationally. He is a clinical instructor for the Milton H. Erickson Foundation, the American Society of Clinical Hypnosis, the International Society for the Investigation of Stress and others. He is currently involved in research with the National Institute of Health.

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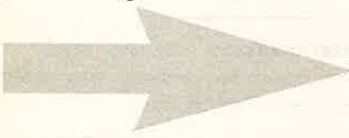
UPCOMING TRAINING

DATE	TITLE/LOCATION/LEADER	CONTACT
1996		
12/11-15	BRIEF THERAPY: CORNERSTONE PRINCIPLES/CORNERSTONE PRACTICES San Francisco, CA/Faculty	1
1997		
1/1-3	Enhancing Therapeutic Effectiveness/Herzeliya Pituach, ISRAEL/Jeffrey K. Zeig	2
1/6-9	Applying Hypnosis in Psychotherapy/Casa de Campo, DOMINICAN REPUBLIC/Michael Yapko	3
1/16-19	Clinical Hypnosis Workshop/Phoenix, AZ/Faculty	4
1/17-18	Psychoaerobics SM and Supervision/Barcelona, SPAIN/Zeig	5
1/19-24	Comprehensive Training Program in Ericksonian Hypnotherapy/Penzberg, GERMANY/Zeig	6
1/25-27	Clinical Issues in Ericksonian Psychotherapy/Vienna, AUSTRIA/Zeig	7
2/14	Repressed Memories: Clinical Implications/San Antonio, TX/Yapko	8
2/15	Key Concepts in The Ericksonian Approach to Psychotherapy/ Merida, MEXICO/Zeig	9
2/16	Fundamentals of the Ericksonian Approach to Hypnosis/Merida, MEXICO/Zeig	9
2/21	Hypnosis in Time-Limited Therapy/Sioux Falls, SD/Zeig	10
2/24-28	Phoenix Intensive Training Program--Fundamental/ Phoenix,AZ/Brent Geary, Zeig	1
2/26-27	Hypnosis and Depression/Tubingen, GERMANY/Yapko	11
2/28-3/1	Hypnosis and Pain Management/London, ENGLAND/Yapko	12
3/3-7	Phoenix Intensive Training Program--Intermediate/Phoenix, AZ/Geary, Zeig	1
3/12-16	Hypnotherapy: An Ericksonian Approach to Problem Solving/ Pensacola Beach, FL/Carol Lankton and Stephen Lankton	13
3/14-16	Couples: Conflict, Passivity, Sexuality, Intimacy--Challenges of Treating Couples in the '90's/San Francisco, CA/Faculty	1
3/17-19	Hypnotherapy--More Advanced Training/Pensacola Beach, FL/Lankton and Lankton	13
3/21-23	Ericksonian Hypnosis and Psychotherapy/Guadalajara, MEXICO/Zeig	14
4/17-21	Clinical Hypnosis/Lancaster, PA/Yapko	15
5/19-23	Phoenix Intensive Training Program--Advanced/Phoenix, AZ/Geary	1

Technology *continued*

ation.org; Zeig, is at jeff@erickson-foundation.org; Bill Matthews, Ph.D., Annual Editor, annual@erickson-foundation.org; John Edgette, Psy.D., Associate Editor of the Annual, assoc-editor@erickson-foundation.org; Dan Short, M.S., Newsletter Editor, newsletter@erickson-foundation.org; and Stephen Lankton, webmaster @erickson-foundation.org. Additional addresses are planned.

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Contact Information

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- The Israeli Institute for Family and Personal Change "Machon Shinul," 4 H'Gevurah St., Herzeliya Pituach, ISRAEL; tel.: (972/9)774-5169; fax: (972/9) 771-0687.
- Dr. Jan Kenny, Continuing Education Abroad, 1-800-793-6621.
- The American Society of Clinical Hypnosis, 2200 E. Devon Ave., Suite 291, Des Plaines, IL 60018-4534; tel.: (847) 297-3317, fax: (847) 297-7309.
- Montse Bibernau, Agustin Camino, Associacio Catalana de Hipnosi Clinica I Psicoterapia, Mare de Deu de Nuria 41-43, 2-1, 08017 Barcelona, SPAIN; tel.: 34 3-204 8122; fax: 34 3-438 0923.
- Dr. med. Wolf Buntig, ZIST in Penzberg, GERMANY; tel.: 49 8856 5192; fax: 49 8856 83180.
- Dr. Charlotte Wirl, Waldmeistergasse 43, 1140 Vienna, AUSTRIA, tel/fax: 43 1 914 1796.
- Our Lady of the Lake University, (210) 434-1054.
- Centro de Estudios de Hipnosis Clinica y Terapia Familiar, A.C., Calle 53 # 334 x 44 y 46 C.P. 97119, Frac. Villas La Hacienda, Merida, Yucatan, MEXICO; tel.: 52 99 44 2357.
- South Dakota Association of Marriage and Family Therapists, Kathy Sazama, M.F.Ed., Medical Arts Center, 1212 W. 18th, Sioux Falls, SD 57104, tel.: (605) 336-0910; fax: (605) 336-0206.
- Eberhard Karls Universitat, 49 7071 29 53 06.
- Dr. Marilyn Poynter, 44 171 580 0011.
- Carol Lankton, P.O. Box 958, Gulf Breeze, FL 32562; tel.: (904) 932-6819.
- Juan Francisco Ramirez, M.S., Centro Mexicano de Programacion Neurolinguistica, Lerdo de Tejada 2485, Interior C, Arcos Vallarta, 44130, Guadalajara, Jalisco, MEXICO, tel./fax: 52 36 15 84 47.
- Jay Essif, (717) 290-8653.

Institutes *continued*

I.M.E.L. can meet national licensure requirements for both countries. This unique bicultural atmosphere, along with the diverse clientele of urban Geneva and the rural Swiss Alps, helps to promote a rich exchange of ideas and information between professionals. I.M.E.L. is unique. Until recently Swiss and French health professionals have not had a forum such as this for collaboration and debate.

I.M.E.L. was founded in 1990 by Guy Chedeau, M.D. Chedeau first began teaching hypnosis in Paris. He now serves as president of the Institute while also working as a practitioner of general medicine in the French town of Annemasse. When asked about his reasons for founding the Institute, Chedeau said that it was his professor and mentor Dr. Jean Godin (of Paris) who inspired him to create the institute in Geneva. Godin, a psychiatrist who founded the Erickson Institute of Paris in 1983, continues a close collaboration with I.M.E.L. In fact, Godin and Chedeau serve as the primary trainers for the Institute with assistance from guest speakers.

I.M.E.L.'s program is divided into two "cycles." Two seminars are

conducted each year. In the Fall, there are two weeks of introductory level teaching, in the Spring, two weeks of advanced studies. Supervision is provided throughout the year. The teaching has a structured curriculum with lessons in theory, the use of language, indirect suggestion, metaphors, the dynamics of trance, and precautions. Case films are used to illustrate important subject matter. Participants are given the opportunity to witness live demonstrations and participate in experiential exercises. These activities are then video-taped for critique later.

While the Institute is still young, the program has already provided training for more than 50 professionals. Current enrollment is 15. Recently a psychologist, specializing in management and marketing, was employed to help with organization. Chedeau believes that proper marketing is important for the continuous growth and development of the Institute.

When asked about upcoming plans for the Institute, Chedeau said, with enthusiasm, that I.M.E.L. will most certainly continue to grow and gain recognition.

CONNECTIONS

Hypnosis and Therapy: Contributions of Milton H. Erickson

by Harriet E. Hollander, Ph.D.
Milton H. Erickson Institute
of New Jersey

Reflecting after a recent inner dialogue with myself about the evolution of "brief therapy" as a philosophical "byword" for rationing arrangements of managed care, I decided to become reacquainted with Erickson's writings on this subject.

Milton Erickson became famous for achieving results in psychotherapy and hypnotherapy with powerful and lasting brief interventions at a time when psychoanalysis was the respected approach to treatment. Despite Anna Freud's views that hypnosis bypassed the ego, Erickson saw

no *a priori* reason why the ego would be absent in hypnotherapy.

Erickson's therapy involved multiple levels of communication. Whether or not formal trance resulted, his interventions were hypnotic in their impact. A sculptor who worked part-time as a carpenter, lost three fingers in a power-saw accident. He sought Erickson's help to learn to function with his amputation. Erickson told him that his first task was to learn to shake hands so that others would not know he had only two digits remaining on his right hand. Erickson knew he could not tell the carpenter how to hold a hammer nor the sculptor how to handle clay. He would have to learn *in his own way*. The precise intervention was to direct the man to find his own *unconscious* inner capacities to deal with his handicap.

Erickson saw him a number of times, but the initial intervention of

learning to shake hands normally gave him the internal certainty that he could function normally. In later years, he went on to create what he considered his finest artistic works. Some of these are still displayed in public venues in Arizona. His financial success as an artist enabled him to give up carpentry completely.

Brief treatment by Erickson was possible because he was a flexible master of both hypnotherapy and therapeutic strategy. Erickson regarded medical pain, and psychological issues as equally real and equally demanding of respect. He saw each patient seeking to abolish pain as a unique sentient being with needs, capabilities, experiences, and separateness requiring an individualized, and not a standardized approach. He chose hypnosis because it elicits *with greater than ordinary ease* patterns of behavior and responses already existing in the individual which are

readily available for the expression of the personality and the solution of life problems. He wrote "... you have perfectly honest, sincere people come into your office *wanting* to be hypnotized. They work hard at therapy. But no matter how good a hypnotist you are, it is a long, slow, hard, and difficult process to get them well; to get them the way they want to be." He warned against believing that hypnosis was a shortcut form of treatment and used it to orchestrate the therapeutic process so it would continue outside the office.

Strategic therapy that is symptom oriented and solution focused cannot be merely treatment that is "brief."

Author's Note:

Elizabeth Erickson contributed information to this article.

MORAL DIRECTIONS

The Love of Ethics and the Ethics of Love

by Harold J. Brendel, Ph.D., L.P.C.
Ft. Worth, Tex.

I caution those of you who read this article to be open and ready to relate to me as I share my thoughts. I'm almost 80 years of age and still active as the director of a successful counseling center. The center includes a child care facility and an elementary school offering a holistic approach to education. My education includes a Bachelor of Theology, a Master's of Divinity and a Ph.D. in Counseling. I am an ordained minister and have diversified training and education in many theories of psychology and doctrines in theology. I have combined my beliefs into what I now call "psychotheology."

My understanding of morality is that ethical behavior is always motivated by love — not based on "right" or "wrong." My own behavior is motivated by my commitment toward "What is best for those involved in the current situation."

I often use a personality test, "The Personal Orientation Inventory" by Everett Shostrom, Ph.D. (edits, 1963, San Diego, Calif.). When I

administer this test, a person's answers provide me with an indication of how the person thinks and feels. For example: "I am bound by the principle of fairness." Am I bound? The answer which indicates a more fluid or infinite way of thinking is "I am not absolutely bound by the principle of fairness." The latter answer indicates, to me, the person is not really bound. There is always a choice. The person who is bound is rigid, moralistic, legalistic, and often difficult to reason with. This type of person might say "I am very ethical. I always do what is right." My own understanding of what is a more fluid interpretation is that ethics always are open-ended, and always motivated by love. To me, love means that I will never be destructive to another human being. I want what is best for another person from that person's frame of reference.

To be controlled by "must" or "should" is binding. Should we always tell the truth? There is always a choice. It might be truly unloving to tell the truth in certain situations. I always think: "Is it best to tell this person that I know? ... When? And how?" I exercise my ability to know how and when to respond in the most loving way in consideration of the person. If I maintain my belief that

each human being is an important creation in the universe, then I see it as my responsibility to be as whole as possible with each person.

I am always open to change. If I take a legalistic, moralistic position to judge, according to a standard of right and wrong, I am placing boundaries and labels on others. I am bound by my own standards of right and wrong. I cannot step into the river in the same water twice. The river is always moving. So is life. I am an infinite player of life with no finite limitations on vocabulary and labels. I play with boundaries and do not limit myself or anyone else with them.

Most of us have grown up with boundaries and limitations such as

"Eat all the food on your plate," "It is a sin to call people names,"... As adults, we put the same limitations on others. When we develop our moral positions based on our own boundaries, we are not free and neither are the people we attempt to bind with these standards.

Let's use our training and experiences from the past for creative reinterpretation for the present! Think of the people who meant the most to you — they believed in you. You learned to believe in yourself. The most moral standard is to believe in the potential of each person so that — through feeling our love — self-affirmation, self-respect and self-confidence can emerge and develop.

International News

Instituto Milton H. Erickson de Buenos Aires periodically publishes a Spanish language journal on Ericksonian Hypnosis, *Rapport*. The current issue includes translations of the publications of Dr. Erickson. The papers originally were published during a five decade span from the 1920s through the 1970s. The Argentine Institute has translated these important works under the advisement of Ernest Rossi, Ph.D. and has published selected papers in *Rapport*. Numerous other works relevant to Erickson also have been published in *Rapport*. For additional information, contact Silvia and Edgar Etkin at telefax 011-541-823-1324 in Buenos Aires.

WOMEN OF NOTE

Marlene Hunter, M.D.

By Jane Parsons-Fein, C.S.W., D.A.H.B.
New York Society of Ericksonian
Psychotherapy and Hypnosis

Marlene E. Hunter, M.D., a family physician in West Vancouver, British Columbia, is a fellow and past president of the Canadian Society of Clinical Hypnosis as well as past-president of the American Society of Clinical Hypnosis. Author of *Creative Scripts for Hypnotherapy and Psyche Yourself In!* (Seawalk Press Ltd.; Canada, 1987), *Hypnosis and Health*, editor of "Frontiers of Hypnosis," Hunter is a well-known international presenter.

Hunter decided to become a medical doctor at age eleven. Eight years after she graduated from college, married and with two sons, she began medical school. Did being female get in her way?

"Not at all," she said. "Just because I was female didn't mean I had any reason to think I couldn't do what I wanted to do. Being ten years older than my classmates was an advantage — no dating games to worry about."

Her interest in hypnosis started on some level, when she worked in Kenya from 1967 to 1971. There, she realized what people expected to happen influenced what happened when they came to the hospital. After her return to Vancouver, she worked in a hospital emergency room. There she saw a brochure for a training seminar for ASCH, remembered her experiences with patient expectations, and thought hypnosis might be useful especially for working with children in the hospital setting. At the time she joined ASCH, there was a female president (Kay Thompson, D.D.S., see Vol. 14, No. 1 of the *Milton H. Erickson Foundation Newsletter*). "I thought women and hypnosis seemed natural together and from that first workshop on, I never looked back," said Hunter.

An important mentor was the late Bill Hanley, M.D., who also was a family physician in Vancouver. One of the things he told her was, "Not using hypnosis in situations where it can help them to find more resources in themselves, is tantamount to malpractice." Although he died in 1984, she is still learning from the many things she remembers he told her.

Her first case using formal hyp-

nosis was with a little boy who made warts disappear on his feet. She believes children, with their free and unfettered imagination, make good subjects.

Motivated and encouraged by the important contributions and scientific works of Candace Pert, Ph.D., and Helen Crawford, Ph.D., Hunter is highly interested in psychosomatic psychoneuroimmunological medicine. Her most recently published book, *Making Peace with Chronic Pain* (Brunner Mazel, 1996), presents

treatment of chronic pain using a metaphor of choreography — an interaction of parts of ourselves responding both to other parts of ourselves and to other people.

Hunter is working on a new book called *Hypnosis and the Christian Ethic*, in which she explores the concept of deep prayer as a state of altered consciousness. She believes spirituality and altered states of consciousness ought to enhance each other.

Intuitive perception characterizes

Marlene Hunter, M.D. She blends passion with practicality, and creativity with insight and resourcefulness. She brings the best of herself into her writing and into her everyday life. Her contributions as a woman physician who has advanced hypnosis and effective treatment of patients are remarkable.

Editor's Note: William Hanley, M.D., was a respected colleague of Milton Erickson and a renowned practitioner of hypnosis. He presented at the 1980 Erickson Congress.

HISTORICAL TIMES

Martin Heidegger— The Question of Being

by Tim Myrick, M.Ed.
Dallas, Texas

Victor Frankl credits Martin Heidegger for encouraging Frankl's own thinking and development of ideas. The *Encyclopedia Britannica* (1984) notes that many call Heidegger the most original thinker in the field of contemporary German philosophy. He is widely recognized as a leader in the existential thinking of today, and as a contributor to modern critical theory and Western metaphysical thought (Norris, 1991).

Born in southern Germany in 1889, Heidegger was a son of a Catholic sexton and was educated by the Jesuits. In the '20s, he studied at the University of Freiburg under Heinrich Rickert, and became recognized for his own contributions to the field of philosophy while still a young associate professor.

Heidegger's ideas, clearly influenced by early Greek thinking — Aristotle, Socrates, Plato — as well as by Franz Brentano, emerged in ways that have been described as almost unreadable. Both ambiguity and precision are elements which are characteristic of his works. Consequently, a great deal has been written about the controversies and debates interpreting his early work even while Heidegger was still teaching. Many of these ideas became clearer in a retrospective framework (Gadamer, 1976). Heidegger eventually developed a cogent philosophical approach to the study of the experience of Being.

Being and Time, written in

German in 1927 (*Sein und Zeit*) was translated into English in 1962 and is considered Heidegger's "magnum opus." This work was immediately recognized as being of major importance despite its difficult style. It addresses the fundamental questions of the meaning of Being: what it means for man to Be; and the experience of Being.

Heidegger's thoughts push beyond transcendental philosophical directions. Reality is experienced in an unreflective way (demonstrated by the inconspicuousness of a tool in actual use); time is considered not as a succession of nows, but in a futural character; and truth is authentic and lives undisguised in inconspicuousness (Gadamer, 1976).

Heidegger engages linguistic techniques in his works, coining words in German and in Greek to explain concepts more precisely. Extensive examination of word roots and segments is used to emphasize questions and points. Man stands out, (ex-sists, not ex-ists), being nothing (no-thing) apart from things (Naess, 1984). In contrast to the scientific method of study, Heidegger invested in phenomenological approaches to the quest for knowledge which led to a circular structure of understanding (Thompson, 1992). He studied poetry, and there sought to find wisdom that had been lost in current philosophical discussions, even equating the essence of poetry with the absolute presence of being (Norris, 1991).

Throughout his career, Heidegger stimulated debate, discussion and controversy regarding the fundamental nature and elements of existence and the quest for knowledge.

The most controversial of his actions was his pro-Nazi participation in the cultural politics of the Third Reich. After the War, Heidegger characterized Hitlerism as an historical explosion of a structural sickness in mankind. His actions during the pre-War and wartime periods did not affect the solid position he had gained in the phenomenological movement. After his retirement from the University, Heidegger gave a series of lectures for many years. He died in 1976 in the same town in the Black Forest where he had been born (Naess, 1984).

Heidegger's creative energies have influenced thinkers since the 1920s and have contributed to the philosophical climate of today. Heidegger sought to *question*, not necessarily to answer, emphasizing that all interpretation takes place within a given cultural context of beliefs, values and knowledge (Norris, 1991).

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- Thompson, J.; Editor and translator (1992). *Paul Ricoeur, Hermeneutics and the Human Sciences*. Paris: Cambridge University Press.

BOOK REVIEW

A Concert for Four Hemispheres in Psychotherapy

by Teresa Robles, Ph.D.

New York: Vantage Press, 1995
516 W. 34th St., New York, NY 10001
173 pp, \$16.95

This short book, *A Concert for Four Hemispheres in Psychotherapy*, is a well written narrative account of the integration of Ericksonian approaches to the practice of psychotherapy. It is the first of a series of monographs written in Spanish (*Concierto para cuatro cerebros in psicoterapia*, 1990), and the only one that has been translated to date. The translation is extremely well done, retaining just enough of the linguistic elements of Spanish to give a poetic and pleasing style.

The orientation of the book is mental health: establishing, reinforcing, and/or regaining it. Robles begins with an overview of process of construction of individual reality. The second chapter deals with the right and left hemispheres of the brain and the motor and sensory processes. This chapter, authored by Jorge Abia, M.D., contains an overview of current medical perspectives on activities and processing of information within the brain. Like the first chapter, these overviews are not in depth, but provide the reader with a frame of reference and a general understanding of ideas that are often presented in a much more complex form.

The heart of the work, dealing with the reconstruction of reality, presents Robles' own ideas of how Ericksonian approaches, the use of hypnosis, and a systems framework can be applied to individual circumstances. The descriptions are anecdotal but with clear generalizability of concepts. Robles quickly covers the introductory level information and leads gently into sophisticated concepts. A chapter on symbolic work is so rich in metaphorical application that it will challenge even seasoned practitioners in its skillful use of imagery and fluid ideas. This book is especially good in its broad applicability. The ideas are presented simply and succinctly making them useful for beginning Ericksonian students yet contain metaphorical messages and insights that provide fertile material for more advanced practitioners.

I have had the pleasure of attending live presentations by Robles on this topic. She has several qualities that make her work unique, and that are vividly apparent in her presentations. These include personal hypnotic skill, the trait of high hypnotizability, a commitment to the ethical and positive advancement of the use of hypnosis as a tool to advance mental health, and a humble sensitivity to the needs of the subject. These qualities, while not as vivid in this media, still are present and provide a tone of optimism and positivism — even an elusive artistic simplicity. For example, "Wakes can be left in the sea and left again as many times as necessary; this corresponds to the dynamics of the unconscious, which is always flowing, always transforming itself." (p. 127)

Robles' vivid introduction of ideas is consistently followed by straightforward verbal explanations. Most ideas are illustrated with concrete examples of the clinical application of the concepts. Samples or suggestions as to how these ideas can be integrated into practice are included in many sections.

The last part of *A Concert for Four Hemispheres in Psychotherapy* is a case example. The 22-page case report seems a somewhat unlikely format for concluding an instructional work. In this way, however, perhaps she stimulates the reader to move on from the realm of study to the realm of practice. Robles' concise work speaks for itself — simply, succinctly and with excellence.

Reviewed by:

Roxanna Erickson Klein, M.S., R.N.
The Milton H. Erickson Foundation

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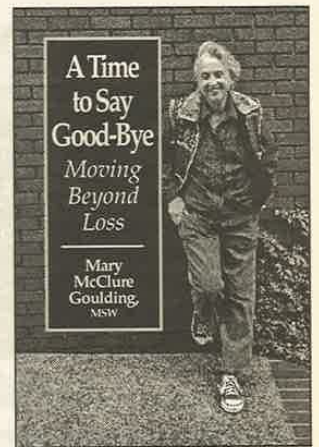
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- MH260-SOA2 **The Rise of Social Therapies**
Lynn Hoffman, A.C.S.W.
- MH260-SOA3 **From Rehabilitation to Etiology: Progress and Pitfalls**, Margaret Singer, Ph.D.

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Thomas Szasz, M.D.;
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- MH260-6 **Shame: How to Bring a Sense of Right and Wrong into the Family**,
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Arnold A. Lazarus, Ph.D.;
Discussant: Donald Meichenbaum, Ph.D.
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Mary Goulding, M.S.W.;
Discussant: Joseph Wolpe, M.D.

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(Also Available on Videotape)

- MH260-CP14 **Brief Therapy - Redecision Model**
Mary Goulding, M.S.W.
(Also Available on Videotape)

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Aaron Beck, M.D., Judith Beck, Ph.D.
(Also Available on Videotape)

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- MH260-P9 **PTSD and Abuse**, Cloé Madanes, Lic. Psychol., Donald Meichenbaum, Ph.D., Francine Shapiro, Ph.D., Lenore Walker, Ed.D.;
Moderator: Brent Geary, Ph.D.

- MH260-P12 **Children and Adolescents**, Claudia Black, Ph.D., Stella Chess, M.D., Cloé Madanes, Lic. Psychol., Donald Meichenbaum, Ph.D.;
Moderator: Brent Geary, Ph.D.

- MH260-P13 **Homework Assignments**, Claudia Black, Ph.D., Jay Haley, M.A., Arnold Lazarus, Ph.D., Joseph LoPiccolo, Ph.D.;
Moderator: Bernhard Trenkle, Dipl. Psych.

- MH260-P17 **Sexuality**, Albert Ellis, Ph.D., Otto Kernberg, M.D., Joseph LoPiccolo, Ph.D., Judd Marmor, M.D.;
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SUPERVISION PANELS

- MH260-SP5** **Supervision Panel**, Aaron Beck, M.D., Otto Kernberg, M.D., Jeffrey K. Zeig, Ph.D.; Moderator: Elynn Bader, Ph.D.

DIALOGUES

- MH260-D3** **Growth and Development of the Therapist** Mary Goulding, M.S.W., James Hillman, Ph.D.; Moderator: William Matthews, Jr., Ph.D.
- MH260-D4** **Current Controversies in Psychodynamic Therapy** Otto Kernberg, M.D., James Masterson, M.D.; Moderator: Camillo Lorio, M.D.
- MH260-D7** **Essentials of Therapy** James F.T. Bugental, Ph.D., Irvin Yalom, M.D.; Moderator: Carol Kershaw, Ed.D.
- MH260-D9** **Advanced Approaches to Therapy** Aaron Beck, M.D., Arnold Lazarus, Ph.D.; Moderator: Betty Alice Erickson, M.S.

- MH260-D10** **The Future of Therapy**, Donald Meichenbaum, Ph.D., Salvador Minuchin, M.D.; Moderator: Elynn Bader, Ph.D.

- MH260-D11** **Heroism**, Miriam Polster, Ph.D. Jeffrey K. Zeig, Ph.D.; Moderator: Elynn Bader, Ph.D.

- MH260-D12** **The Process of Change**, Jay Haley, M.A., Thomas Szasz, M.D.; Moderator: Brent Geary, Ph.D.

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- MH260-CH1** Arnold Lazarus, Ph.D.
- MH260-CH7** **About Milton Erickson** Jay Haley, M.A., Ernest Rossi, Ph.D., Jeffrey K. Zeig, Ph.D.
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AUDIOTAPE REVIEW

Ericksonian Solution-Focused Techniques for Anxiety/Concentration Difficulties

Dolan, Yvonne, M.A.
Sixth International Congress on
Ericksonian Approaches to Hypnosis and
Psychotherapy, 1994

Tape No. MG264-33AB
\$21.00 (2 tapes)

"Ericksonian/Solution-Focused Techniques for Anxiety/Concentration Difficulties" delivers a lot in an unpretentious way. Dolan's stated intent was for participants to have the experience of a "massage" by the workshop's end. As massages go, there is a feeling of comfort, connectedness and confidence to try his methods. Dolan leads her audience through theory, a case presentation, experiential learning and a demonstration. It ended with me wanting more.

Dolan begins by explaining her approach to helping trauma victims. She explains the symptomatology of anxiety and what she has learned from working with her clients. Throughout, we are treated to Dolan, the person. She espouses the use of self plus the core conditions for supportive therapy. She elegantly models her clinical techniques including seeding ideas, implications, matching language patterns, encouragement, and normalizing client responses.

Patients presenting with symptoms of depression, anxiety and poor concentration have what Dolan called "a foreshortened sense of future." While they might describe the future as bleak and themselves as hopeless, their daily experience is that of rigid associations and "all-or-nothing" thinking which can lead to panic.

Following an Ericksonian/solution-focused approach, Dolan wants clients to reduce both hyperamnesia for negative life experiences and amnesia for positive experiences. Her interviews with clients who were coping successfully revealed an "and-and" view of life: "I had a terrible childhood and I love my job."

Dolan presents techniques to bridge past, present and future in comfortable, practical, goal-oriented ways. If trauma "robs the person of

their dreams" then her prescription is "vividness and do-able tasks." This approach is delightfully illustrated by case examples.

She then guides the audience in practicing an adaptation of what she calls "the Betty Erickson technique" of hypnosis, followed by examples of nonlinear scaling to enhance client awareness and more practical homework assignments. These techniques involve the client acting as if change

already has occurred.

A first listening of the tape gave me ideas but no clear rationale why I was using them. The second time I was better able to hear the theory, although I still wondered exactly what Dolan was attempting to bridge in the experience of dissociated, traumatized clients. Listeners might be helped if she had directed us, step-by-step, in considering one of our own cases and explaining the ratio-

nale for applying her methods.

Dolan is engaging as a presenter. It is refreshing that her methods have been refined through the close observation of her clients. The workshop made me want to read her books again and to take a different approach with my own cases.

Reviewed by:

John H. Loggins, M.Th.
Fort Worth, Texas

VIDEOTAPE REVIEW

Entranced — Hypnosis, Health and Healing

Produced by Richard Sprod,
(1995), 60 min.

Australian Society of Hypnosis,
South Australian Branch

"Entranced — Hypnosis, Health and Healing" presents an excellent general overview of hypnosis in the contemporary light of modern science and the healing arts. It covers the history of hypnosis from its uses in ancient times to its current applications in combination with modern dentistry and medicine. Vivid scenes portraying its uses in surgery, burn treatment, procedures in children, pain control, and the therapy of fears and phobias are included in the presentation.

From the start, the combinations of narration, music, graphics and live footage made the history come alive. The filming appeared professional, almost on the level of a nationally televised special. The progression tracing hypnosis from its roots until today flowed well, and the 60 minute tape seemed much shorter. Each case presentation was unpretentious and convincing. The explanations tying in current understanding of the Ultra-dian cycle and of state dependent memory and learning were clear and simple while conveying the profound wonder of the trance state. The presenters acknowledged the limitations of hypnosis (only five percent of the population can achieve total anesthesia through hypnosis) while emphasizing the variety of benefits possible in those who respond less effectively. They show cases in which modern medications were combined with

hypnosis for distinct advantages over "conventional" medicine.

This videotape can be appreciated by those without any medical knowledge and is powerfully inspiring and convincing for those in the health field. It is not really a "how-to" tape, but rather an informative demonstration of the many applications of hypnosis.

I found "Entranced — Hypnosis, Health and Healing" to be truly captivating and beyond my expectations. I'm eager to share it with health professionals in my community who need to know more about hypnosis. It will be tough to top this one by the "Aussies."

Reviewed by

Randall E. Hayes, D.O.
Fort Worth, Texas

Conference Announcements

A Brief Therapy Conference will be held in Puebla, Puebla, Mexico, May 8-11, 1997, with organization by The Milton H. Erickson Foundation, in conjunction with Asociacion de Asesoramiento Psicologica y Organizacional, A.C. of Puebla.

Faculty include Joel Bergman, Gianfranco Cecchin, Albert Ellis, Mary Goulding, Jay Haley, Christine Padesky, Olga Silverstein and Jeffrey Zeig. For information write:

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in Pensacola Beach, Florida

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Letter from Dr. Peter Bloom

Dear Friends,

As a reader of *The Milton H. Erickson Foundation Newsletter*, you already have a strong appreciation for the value of hypnosis as a therapeutic tool. And, you are obviously already aware of the significant contributions of Milton H. Erickson, M.D., a pioneer in his innovative methods of applying hypnosis in the service of his patients.

Did you know Milton Erickson co-founded (with William Kroger) the American Society of Hypnosis (ASCH), one of the two American constituent societies of the International Society of Hypnosis (ISH)? ASCH and ISH have actively continued to develop and expand the professional applications of hypnosis in both the research and clinical arenas.

In June of 1997, ASCH and ISH are joining to organize a meeting of an extraordinary nature. It features many of the most preeminent practitioners and researchers in hypnosis from all over the world. This is a meeting that has not taken place on American soil since 1976. It will include many of the most well known practitioners with an Ericksonian emphasis (such as Brian Alman, Burkhard Peter, Ernest Rossi, Michael Yapko, and Jeffrey Zeig). It will also feature outstanding members of the larger world hypnosis community, including Professor Peter Sheehan from Australia, who will be giving one of the keynote addresses. Other distinguished faculty include Harold B. Crasilneck, Michael J. Diamond, Gary R. Elkins, Claire Frederick, Erika Fromm, D. Corydon Hammond, Richard P. Kluff, Steven J. Lynn, Charles B. Mutter, William P. Morgan, Karen N. Olness, Candice Pert, Karl Pribram, Judith Rhue, David Spiegel, Herbert Spiegel, Helen Watkins and Jack G. Watkins.

A variety of workshops and scientific presentations will be offered at the meeting. They will each emphasize flexible approaches to the use of hypnosis in becoming more goal and solution-oriented, and more strategic in implementing hypnotic treatment. In my Presidential Address, I plan to present some of my work and discuss how hypnotic principles underlie the mechanisms of all effective psychotherapy. In addition, the meeting will include presentations on the uses

of hypnosis in a variety of clinical settings, including medicine, surgery, dentistry, social work, and nursing. The latest and most relevant research from all over the world will be presented and discussed in depth.

I am confident that there will be something of value for all of you who have an interest in what's new in the area of clinical hypnosis. I hope you will make plans to attend the meeting in June and show your support for the continued evolution of our field.

For more information about the

Congress, or to register with an early registration discount, you can call the ASCH central office at (847) 297-3317.

I sincerely hope you will plan to come to the meeting in San Diego in June. It promises to be a wonderful and valuable event. See you in June!

Warm regards,
Peter B. Bloom, M.D.
President, ISH

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We look forward to your visit in 1997. Don't miss this one!

Invited Addresses

Toward Resolution of "Recovered" Memories: Toward Resolution of Some Issues Across Experimental and Clinical Domains
Peter W. Sheehan, Ph.D., Australia

Whither Hypnosis? Toward the 21st Century - *Herbert Spiegel, M.D., U.S.A.*

Hypnosis and the Deep and Surface Structure of Memory - *Karl Pribram, M.D., U.S.A.*

Use of Hypnosis in Exercise and Sport Psychology - *William P. Morgan, Ed.D., U.S.A.*

Hypnosis: Psychology and Performance - *David Spiegel, M.D., U.S.A.*

Title to be Announced - *Onno Van Der Hart, Ph.D., Netherlands*

Title to be Announced - *Eva Banyai, Ph.D., Hungary*

Construction of Reality and Hypnotic Phenomena - *Burkhard Peter, D. Psych., Germany*

The Use of Hypnosis in Clinical Pain: The Case of Janelle - *Harold B. Crasilneck, Ph.D., U.S.A.*

Hypnosis, Grief, and Mourning - *Gary R. Elkins, Ph.D., U.S.A.*

The Creative Process in Clinical Hypnosis - *Peter B. Bloom, M.D., U.S.A.*

When Worlds Collide: Hypnosis, The Dissociative Disorders, and Clinical Data - *Richard P. Kluff, M.D., Ph.D., U.S.A.*

Workshop Topics

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For further information about the 14th International Congress contact:

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AUDIOTAPE REVIEW

The Rise of the Social Therapies

by Lynn Hoffman, ACSW
Smith College, Massachusetts

Tape Number MH 260-SOAZ; \$10/50
Available through the Milton H.
Erickson Foundation

Lynn Hoffman, in her presentation at the 1995 Evolution of Psychotherapy Conference, delights us with her own "story" of discovering what she refers to as the "social therapies." Hoffman believes therapy is divided into a biological/psychological wing and a social relationship wing. She asserts that managed care is driving the field to frame itself in a more medical perspective like that of the biological/psychological approach. And yet, she concludes, there will still be a place for those who wish to practice the "social therapies." For Hoffman and those like her, this practice, she says, is "like Irish monks in the dark ages keeping civilization alive."

The biological/psychological group reflects a modernist view with linear causality and an emphasis on the laws of science. One is driven to test and prove outcomes. Imagine a scientist in his lab surrounded by instruments for measuring reactions and microscopes for viewing. He is dressed in a lab coat and sterile gloves to prevent him contaminating the specimens. He changes the compounds and creates new mixes, records and measures the responses. The scientist also is a doctor who possesses the knowledge to heal. Hoffman calls the biological/psychological therapies the "I know" therapies. The therapist is in a superior hierarchical position in relation to the client. He is the doctor or expert who is there to treat the patient.

The social/relationship category challenges the superiority of science and stresses instead a constructivist perspective. The social/relationship therapies approach people within their own context. The process of the relationship becomes the focus. Imagine a group of women sitting around a quilting frame working many hours on a treasured quilt. The group discusses many important and unimportant subjects. As they talk the quilt takes form; each woman placing a part of herself into the work. The work is a result of the synergy of the

group interaction and artistry. The therapist and the client "co-create" the process of therapy. This model reflects the nature of the social therapies.

The quality of this tape is good, and listening to it is easy. The introduction is sufficient to orient the listener and references the speaker's books. Hoffman says she is presenting a new concept (social therapies). However, she fails to do so. Only the terminology of "social therapies" and the categorizing is new. This failing

can be forgiven, for Ms. Hoffman clearly weaves together ideas from sources within and outside the field of therapy to create more comprehensive connections. "The Rise of Social Therapies" addresses several of the current therapies and their techniques, including reflecting teams, narrative approaches and externalizing the problem.

Though Hoffman makes reference to Carol Gilligan's *In a Different Voice*, it is Hoffman's own voice she has discovered. She

reflects the nature of a mature professional who can be comfortable with "not knowing." This is the kind of comfort one "wears" like an old flannel shirt that fits soft as a friend's hand over your shoulders. It is the Zen art of just being. It is Hoffman coming of age in the age of managed care, science, and finding herself anyway.

Reviewed by:

Judy E. Graham, L.M.S.W.-A.C.P.
Dallas, Texas

Erickson Foundation Welcomes New Institutes

The Milton H. Erickson Foundation now has 66 Erickson Institutes worldwide. These affiliates are active on a number of levels, including providing therapy, training and resources for persons interested in Ericksonian psychotherapy and hypnosis.

The following are the Institutes that have joined the family of affiliates in the last two years:

1994: The Milton H. Erickson Institute of Sofia (Bulgaria); The Milton H. Erickson Institute of the Bay Area (Berkeley, Calif.); The Connecticut Milton H. Erickson Society/Institute for Psychotherapy and Hypnosis (Trumbull, Conn.); The Milton H. Erickson Institute of Boston (Milton, Mass.).

1995: The Institute Milton H. Erickson of Belo Horizonte (Brazil); Instituto Milton H. Erickson de Sao Paulo (Brazil); L'Institut Milton H. Erickson Mediterranee de Toulon-Marseille (France); The Milton H. Erickson Institute of West Siberia (Russia).

1996: The Milton H. Erickson Institute of Flanders (Belgium); Milton H. Erickson Institute of Merida, Yucatan (Mexico); Institut Milton H. Erickson de Barcelona (Spain).

For a complete list of Institutes and addresses please write or call The Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500; fax (602) 956-0519; phone (602) 956-6196; email, office@erickson-foundation.org.

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David Cheek, M.D.

by Jeffrey K. Zeig, Ph.D.,
and Kay Thompson, D.D.S.

David Cheek, M.D., died suddenly after a protracted battle with non-Hodgkin's lymphoma, on June 12, 1996, at the age of 82. He is survived by his wife, Dolores, of Santa Rosa, California, and a son and daughter.

Born in Singapore, Dr. Cheek earned his BA and attended medical school at Harvard, receiving his medical degree from the University of California at San Francisco. After interning at Johns Hopkins, he became a Diplomate of the American Board of Obstetrics and Gynecology in 1949. He practiced OB-GYN in California for most of his career and was well-known for his use of hypnosis during labor and delivery. His work demonstrated that hypnotic deliveries were faster and more comfortable than were deliveries without hypnosis.

Dr. Cheek worked extensively with Milton Erickson and with Leslie LeCron; he was one of the founders of the American Society of Clinical Hypnosis, became a fellow of the Society in 1967 and served as president from 1965 through 1966.

Throughout his career, Dr. Cheek explored untested pathways and was willing to risk controversy and criticism. He published groundbreaking

papers on the ability of anesthetized surgical patients to hear and respond to suggestions. It had been assumed that anesthetized patients could not hear. Although he faced ridicule by his peers, Dr. Cheek conducted studies and, eventually, his observations about the retention of hearing under anesthesia were documented. Now these ideas are broadly accepted in the surgical arena.

Author of numerous papers and book chapters on hypnosis and psychosomatic medicine, he was well known for advancing scientific knowledge of ideomotor signaling. He also wrote *Hypnosis: The Application of Ideomotor Technique*, and co-authored, with Ernest Rossi Ph.D., *Mind-Body Therapy*.

Dr. Cheek was a formidable teacher and practitioner. He was faculty for many conferences; his workshop for the 1988 Ericksonian Congress was one of the most highly rated. His demonstrations of adroit ideomotor questioning and signaling were spell-binding. So many learned so much from his skillful work.

David Cheek was warm, persuasive, open to new ideas, compassionate, passionate, committed, innovative and courageous. He influenced generations of practitioners from medical and psychological fields. His presence will be missed, but his legacy will endure.

Archives Donation of ASCH Material

Marc Oster, Psy.D., ABPH, Historian-Library Committee with the American Society of Clinical Hypnosis, has donated several volumes of the American Journal of Clinical Hypnosis to the Milton H. Erickson Foundation, Inc.

Additionally, donations include communications from Milton Erickson, M.D., letters from Mrs. Erickson, and copies of the ASCH Newsletters, which included actions of the Executive Committee awarding Dr. Erickson Life Fellow status and the memorial to Erickson written by Joan M. Scagnelli.

The Erickson Foundation is grateful for the donations.

Narrative Therapy: The Social Construction of Preferred Realities

by Jill Freedman and Gene Combs

New York: W. W. Norton & Co., 1996
xv + 305 pp, \$39.00
ISBN 0-393-70207-3

For those of us still gratefully assimilating Erickson's contributions to our lives and work, Jill Freedman and Gene Combs have made available an extraordinarily clear and detailed road map for entering the richly productive world of Michael White's and David Epston's narrative therapy. Freedman and Combs begin by tracking their own growth as students of Erickson's work, state those parts of his work to which they remain constant, and explain why they feel narrative therapy represents an important paradigm shift.

Narrative therapy grows from "a postmodern, narrative, social constructionist worldview" in which four ideas are particularly important: They are that realities are socially constructed, realities are constituted through language, realities are organized and maintained through language, and that there are no essential truths. (p. 22)

Grounding in these ideas and their derived ethical concepts is more important for the practice of narrative therapy than any particular techniques.

The narrative therapist's task is to use language to help clients generate preferred realities that oppose their problem-saturated stories. The primary tool the narrative therapist uses is asking questions — deconstruction questions (to bring forth problematic thoughts and actions), opening space questions (to discover exceptions to the problematic story), preference questions (to check that a new direction is really preferred to the problematic story), and story development questions (to enhance the development of a preferred reality). Throughout the questioning, externalizing language is used to differentiate the problem from the person presenting the problem.

Once clients adopt "projects" that promise to supplant "problems," the narrative therapist may use any number of tools to enhance the pre-

ferred stories and to encourage client projects. A noteworthy example is Combs' inclusion of letters he has written to a young woman named Julie engaged in an "anti-self-hatred, pro-connection-with-people" project, along with an invitation to the reader to write to Julie! (p. 218)

Therapists drawn to the quality of relationship Milton Erickson achieved with those who consulted him will find in Freedman's and Combs' book an enticing introduction to another way of forming respectful, healing relationships with clients, along with new ideas and practices. *Narrative Therapy* is a magnificent contribution to the literature of psychotherapy and ethics, rich with examples to clarify unfamiliar language and concepts. For anyone practicing or learning about psychotherapy, this is a valuable and stimulating read!

Reviewed by:

Jan Henley, Ph.D.

East Tennessee State University

Project: Donate Books and Journals

Jeffrey K. Zeig, Ph.D., director of the Milton H. Erickson Foundation, lectured on Ericksonian therapy for the Kunming Medical College in Yunnan Province in the People's Republic of China recently.

There is a group there with a decided interest in developing psychotherapy and learning about Milton Erickson in the People's Republic, Zeig said. One of the psychiatrists there is organizing a three-year training program in collaboration with the Family Therapy Institute directed by Helm Stierlin in Heidelberg, Germany, and the Milton Erickson Society of Germany.

The Erickson Foundation would like to help our Chinese colleagues. If you have books, especially on Ericksonian psychotherapy, to donate, we will send them to the medical college. A special fund has been established to provide scholarships for students and scholars from China to come to the Erickson Foundation. Donations will be appreciated.

For further information, contact Dr. Zeig at the Erickson Foundation.



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Media of Note

Hypnosis International Monographs #2, edited by Burkhard Peter, Ph.D., Dipl. Psych., and Christian Kinzel, D. Psych., has been published, by the M.E.G.-Foundation of Germany. The publication will feature English papers presented at the Second Congress of Ericksonian Hypnosis and Psychotherapy under the title, *Munich Lectures on Hypnosis and Hypnotherapy*. The first volume contains selected papers from the Jerusalem Congress and is entitled *Jerusalem Lectures on Hypnosis and Psychotherapy*. For information contact Milton Erickson Gesellschaft Für Klinische Hypnose

(M.E.G.), Konradstrasse 16, D-80801 Munich, Germany; telephone +49/89/33 6256 (tel/fax)

* * *

Subscriptions to The Australian Journal of Clinical and Experimental Hypnosis are available. The costs are approximately \$19.50 for individuals and \$31.00 for institutions and libraries. For information, contact The Editor, AJCEH, Edward Wilson Building, Austin Campus, A & RMC, Heidelberg, 3084, Australia; telephone (03) 9459 6499, fax (03) 9459 6499; email: 100353.747@compuserve.com (Atten: AJCEH Editor).

Inner Advisor *continued*

to teach the patient self-hypnosis and then, while utilizing the patient's favorite imagery, suggest this separate ego state. Once an alliance is established with the inner-advisor ego state, the therapist may utilize this resource for data that will help in the patient's diagnosis, as well as the selection of the most effective therapeutic interventions.

The use of imagery as a diagnostic and therapeutic tool has been rather undervalued by health care professionals (Torem, 1992). The combination of therapeutic imagery and inner advisor techniques are powerful intervention strategies for therapists incorporating hypnosis in their clinical practice.

Editor's note: An example of the use of inner advisory imagery is described in this issue's case discussion titled "The Use of Inner Advisor." The following references apply to both the Case Report and Historical Times articles by Dr. Torem.

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Interview *continued*

months in Nazi death camps, where his wife, unborn child, mother, father, and brother were murdered, Frankl is a testament to man's ability to master even the most tragic of fates. In spite of his age and the trouble he suffers from degeneration of the retina, Frankl still was willing to correspond with us so we could compose this brief account of his complex thinking and his exceptional attitude toward life.

The majority of the information contained in this article can be found in Frankl's July 1994 address to the *Evolution of Psychotherapy Conference in Hamburg. Translation/summary from German to English has been provided by Bill Short, Ph.D.*

The question posed by a 14-year-old child

As a 14-year-old student in middle school, I did something which was very unusual at the time. I had a professor of Natural Sciences who was very distant, teaching as one would expect a scientist to do. One day he made the statement that life simply is a burning process, nothing more than the process of oxidation. Jumping to my feet I questioned him, "But Professor, then what meaning does life have?" That was when it all began, the first time that I inquired about the meaning in life.

What is the purpose of one's existence? This is a question which will never be answered through the nihilistic efforts of scientists who reduce everything to "nothing but..." You can say that such a person practices reductionism, or in the case of my teacher, "Oxidationism." It would be appropriate if a biologist, instead of promoting his own disbelief under the guise of science, just admitted that within the plane of biology there is no evidence of a higher meaning. This does not mean that such a thing does not exist. Ultimate meaning must be found in another dimension. For example, a cylinder is both a circle and a rectangle depending upon the plane from which you view it. However, only in a higher dimension can it be recognized as a cylinder. The higher dimension does not exclude; it includes.

Since the time of my youth I have tried to find, and take meaning from, all of life's events. Life is not only meaningful in the larger sense, but there is meaning in each moment. This meaning I cannot get hold of by

mere rational means, but instead by existential means. I will it to be that way. I decide that there is ultimate meaning in the world rather than ultimate meaninglessness — meaning so rich that it cannot be entirely grasped by my finite intellectual capacity.

Work with suicidal clients

From 1928 to 1938 I worked with William Boerner who was the Director of a center for people who suffer from depression. I learned something there that I was able to use when I became Director of the Suicide Pavilion at the Steinhof, a psychiatric hospital in Vienna. During my four years at the hospital, approximately 12,000 suicidal patients were put in my charge. As the Director it was my responsibility to determine whether or not a patient was ready for discharge, a decision which carried tremendous responsibility. Out of this experience I developed a series of questions which allowed me to assess the condition of a patient in only five minutes. During a face to face interview I would ask, "Do you know that it is time for your release?" He would say, "Yes." I would then ask, "What do we do next? Should we keep you here?" In almost every case the patient would say, "No." Then I would ask, "Are you truly free from all intention to commit suicide?" To this he would respond, "I have no more intentions of committing suicide. You can let me go home." But I had to make sure that the patient was not dissimulating, so immediately after his response, that he had no intention of killing himself, I would ask, "Why not?" Next, one of two things would happen. The first type would sink into the chair, unable to respond or to look me in the eye. With a toneless voice he might repeat himself saying, "No, no, doctor ... I am not going to commit suicide." This sort of response indicated that the patient was in very serious danger of suicide. In contrast, a patient who immediately stated that he had a duty, was safe to release from care (e.g., "I am needed at work." or "My religion forbids suicide."), some meaning to fulfill, (e.g., "My family is counting on me."). He would not kill himself because he had a "why." As Nietzsche has said, whoever has a "why" will in almost every situation find a "how."

Human uniqueness

The uniqueness of an individual can be appreciated solely by a loving person. It is he who sees the essence and the potential in the beloved per-

Continued on next page

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Interview *continued*

son, and will therefore promote the person.

The loss of a best friend

Every single moment in life offers a concrete opportunity for meaning to be fulfilled and actualized. This holds true even under the most miserable of circumstances and literally to the last breath of ourselves. Let me give you an example. During the time of Hitler, I lost my best friend, Hubert Gsur. He was arrested by the SS because he was working in the Underground. After two weeks he was given the death sentence. During his imprisonment his wife was able to smuggle into his cell a copy of my manuscript on logotherapy. This was the same manuscript that I reconstructed after my release from the last concentration camp. Before his death, my friend was able to smuggle out a message to his wife stating that in the last days of his life the manuscript from Viktor Frankl had given him strength and courage. His death was one of meaning and dignity. His wife could not save him from the execution but she was able to perform the meaningful act of providing him some comfort. And for myself, I can say that this was the most beautiful reward that I got from the writing of my book. It was much more meaningful than any of the millions of copies that were sold after the war.

Logotherapy, as described in my first book, is something which deals with everyday problems, down-to-earth things, practical aspects of living that are enhanced by finding meaning in life. And, it is possible to find meaning in all of life's events, even when confronted with a fate that cannot be changed or manipulated in any manner. For example, many years ago an elderly man came to me at my clinic. He told me that he too was a doctor and that since the death of his wife, two years previous, he had suffered from severe depression. He said that he had loved her above all else. Rather than giving him advice, I confronted him with the question, "What would have happened, Doctor, if you had died first, and your wife would have had to survive you?" He said right away that this would have caused her tremendous suffering. Then I replied, "You see, you have saved your wife from that terrible suffering. You have spared her this suffering, at the price

that you now have to survive and mourn her." He said no word but shook my hand and calmly left the office. In the midst of his doubts, he now saw reason for his experience, a meaningful sacrifice for his beloved wife. You see, even in a situation where you have no external freedom, when circumstance does not offer you any choice of action, you retain the freedom to choose your attitude toward the tragic situation. You do not despair because this choice is always with you until your last moment of life.

Speaking at San Quentin

A remarkable thing happened when I was invited to speak at San Quentin, at that time a high security prison for those who have committed at least one murder. After I finished speaking I was told how favorably the prisoners had reacted to my address. One prisoner said that other psychologists always had told them that their criminal actions were a result of their childhood and that, try as hard as they may, there was little they could do to change this reality. This excuse was something they did *not* want to hear, because they were being treated as though they had no human worth, no freedom to make choices and decisions. In contrast, I had told them, "You are a human just as I am, and therefore you had the same freedom to make the choices that I did. You could have decided not to do something so terrible and senseless, just like every other man. You could have made use of this freedom through a sense of responsibility." You see, it is a prerogative of mankind to realize guilt. But now you have the responsibility to *overcome* guilt.

The call to responsibility

Members of society must be provided with a direction, instruction that life does have meaning. Criminal behavior in adulthood and in youth comes from a lack of responsibility, or of meaning. When gangster youth were asked, "Why do you do these violent things?" the typical response was, "Why not?" The *absence* of an answer to the question, "Why not?" can result in senseless aggression. In other cases it results in depression and even suicide, or addiction and drug use. This trio of aggression, addiction, and depression is the mass neurotic symptomatology of the feeling of meaninglessness or existential vacuum that exists in our society.

There is no such thing as freedom all by itself. Freedom always is

connected with responsibility. It is a mistake to pursue freedom without the consideration of responsibility. That is why I have recommended in America that in addition to the Statue of Liberty on the East Coast, there should be a *Statue of Responsibility* on the West Coast. As for the pursuit of happiness: The more we make it a target, the more widely we miss. Happiness is, and will always remain, the unintended effect of meaningful activity.

Therefore, Logotherapy is much more than a process of asking the client questions. It is a call to responsibility. I once had a patient tell me that he was suffering from an "evil parent complex." The patient had shifted his responsibility for his behavior onto his parents. In the same manner the logotherapist must be careful to see that the patient does not shift his responsibilities onto the clinician. To practice true logotherapy, meaning must be found in a place beyond the control of the therapist.

In contrast to the concept of responsibility which I have described, a response which frightens me is when I see someone who has resolved themselves to hate or resent an entire race of people. I have been in strict opposition to the concept of collective guilt since my first day of liberation from the last concentration camp in which I was imprisoned. It is absolutely unethical to hold someone responsible for something they have not done. Accountability is a personal concept. It belongs to the single individual who is guilty by either commission or omission.

Self-transcendence

In the healthy human, there is a will to meaning and it is this that sets man apart from the animals. One would never hear an animal ask himself, "Does my life have meaning?" But this question is asked by *Homo Sapiens*.

To be human is to strive for something outside of oneself. I use the term "self-transcendence" to describe this quality behind the will to meaning, the grasping for *something* or *someone* outside of oneself. We are made to turn outward, toward another human being to whom we can love and give ourselves. Only in such a way does *Homo Sapiens* demonstrate itself to be truly human. Only when in service of another does a person truly manifest his or her humanity.

The locus of logos

The question of meaning, or *logos*, is decided in the mind of the individual and cannot be answered except in the context of a specific, concrete situation. One must realize that each situation has its own meaning. Both the uniqueness of the situation and of the human personality need to be addressed. Meaning cannot be forced on the client by the psychotherapist.

The client must always be encouraged to push forward independently toward the concrete meaning of his own existence. In the end, education must be education toward the ability to decide. It makes no sense to try to teach the client what in our own life is meaningful. A logotherapist cannot tell a patient what the meaning is, but he can at least show that there is a meaning in life.

Every situation implies a call, a responsibility. To this call we must react according to our best ability and our best conscience. During the three years I spent in Auschwitz and Dachau I decided that I was responsible for making use of the slightest chance of survival and ignoring the great danger around me. This was my coping maxim that I espoused at each moment. You see, meaning must be discovered from within, from the individual's experiences, from his worth, his courage, his creativity.

While teaching in San Diego three of my students were American officers who had been imprisoned for up to seven years in the North Vietnamese POW camps. They told me that the one thing which held them up, in the most horrible conditions of isolation and torture, was the vision of coming home to loved ones or knowing that they would be needed at work. The moment in which they caught that vision was the deciding moment in their survival.

Even when death comes, meaning remains as something that has been fulfilled. In contrast to religious or philosophical meaning, which can change over time, individual human meaning remains permanent. My conviction is that in the past nothing is lost or destroyed. No one can deprive us of what we have safely deposited into the past. There are full granaries inside where we have stored our life's harvest. The meaning is always there, like barns full of valuable experiences. It may be the deeds that we have done, or the things we have learned, the love we have had for someone else, or the

Continued on next page

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The Milton H. Erickson Foundation has had \$595 in donations since the last Newsletter. Special thanks go to Ray Lemberg, Ph.D., who donated numerous journals to the Foundation.

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Interview *continued*

suffering we have overcome with courage and resolution. Each of these bring meaning to life. Indeed, to bear a terrible fate with dignity is something extraordinary. To master your fate and use your suffering to help others is for me the highest of all meanings.

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