



The Milton H. Erickson Foundation NEWSLETTER

Vol. 19, No. 3

Winter 1999

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Inside This Issue

INTERVIEW:	
Mary Goulding, M.S.W.	1
INTRODUCING THE INSTITUTES:	
Institute of Rottweil, Germany	8
LEADING CONTRIBUTORS:	
Madeleine Richeport-Haley	10
THERAPEUTIC FRAMEWORKS:	
Impact Therapy	10
Redecision Therapy	11
CONNECTIONS:	
An Interview with Eric John Lyleson	11
CASE REPORT:	
Learning Without Words	13
INTERNATIONAL COMMUNITY:	
Hypnotic Journey in Bali	14
SPEAKING OF RESEARCH:	
Hypnosis with Difficult Patients	15
HISTORICAL NOTES:	
Paracelsus	16
Also included are reviews and special articles.	

Evolution of Psychotherapy: A CONFERENCE

The Milton H. Erickson Foundation is planning the long-awaited Evolution of Psychotherapy: A Conference with the theme Interaction/Inner Action, The Psychotherapeutic Bridge. This landmark Conference will be held May 25-29, 2000, at the Anaheim Hilton & Towers and the Anaheim Convention Center, in Anaheim, Calif. The Conference is expected to attract some 7,000 mental health professionals from a variety of disciplines, throughout the world. Continuing education credits will be available.

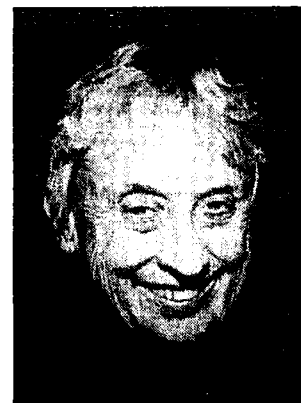
Faculty members presenting at the Conference include Aaron T. Beck, James F.T. Bugental, Albert Ellis, Eugene Gendlin, William Glasser, Mary Goulding, Jay Haley, James Hillman, Otto Kernberg, Arnold Lazarus, Alexander Lowen, Cloé Madanes, Judd Marmor, James Masterson, Donald Meichenbaum, Salvador Minuchin, Zerk Moreno, Erving Polster, Miriam Polster,

continued on page 3

INTERVIEW

Mary Goulding, M.S.W.

by John Gladfelter, Ph.D.
Dallas, Texas



Mary Goulding, M.S.W.

BACKGROUND: *Mary McClure Goulding, M.S.W., is a social worker and psychotherapist who has taught Transactional Analysis and Redecision therapy worldwide. Goulding's books include: Who's Been Living in Your Head? The Power's in the Patient (San Francisco: TA Press: distributed by Transactional Publications, 1978); and Changing Lives through Redecision Therapy (New York: Grove Press, 1997). After the death of her husband Robert, also a developer and pioneer in Redecision therapy, she wrote Sweet Love Remembered, A Time to Say Goodbye: Moving Beyond Loss (Watsonville, CA:*

Papier-Mache Press, 1996), and with her daughter Claudia Pagano, Lupus...What's It All About? Goulding has been a well-received presenter at Brief Therapy and Evolution of Psychotherapy conferences sponsored by the Milton H. Erickson Foundation.

continued on page 4

Volunteers Needed for Evolution Conference 2000

The Erickson Foundation is still looking for full-time graduate students to serve as volunteers at the Evolution of Psychotherapy Conference, May 25-29, 2000, in Anaheim, Calif. In lieu of registration fees, volunteers assist with registration, continuing education procedures, with faculty and staff, as well as monitoring meeting rooms. Volunteers must send a \$75 deposit that will be refunded after they have completed participation in the meeting.

The Foundation first accepts full-time graduate students as volunteers. Professionals who illustrate need may be given an opportunity to serve as volunteer monitors if positions are still available nearer the Conference dates.

"The Evolution Conference is expecting over 7,000 attendees, and we will be accepting approximately 200 full-time graduate students as volunteers," said Diane Deniger, volunteer coordinator for the Erickson Foundation. "I encourage all graduate students, even those who have already volunteered at previous conferences, to contact me to volunteer for this landmark Conference. It is a wonderful opportunity for all graduate students to meet the experts in the field."

Those interested in serving may contact Diane Deniger at The Milton H. Erickson Foundation, Inc., 3606 N. 24th Street, Phoenix, AZ 85016-6500; phone, 602/956-6196 ext.208; fax, 602/956-0519.

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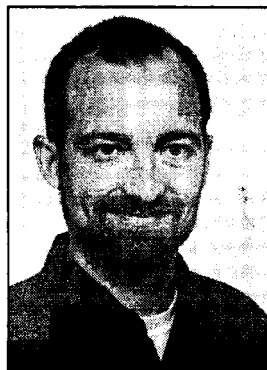
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EDITOR'S COMMENTS

Each issue of the *Newsletter* contains a variety of topics designed to stimulate new ideas and challenge our thinking. In this issue an important question is raised about the influence of the therapist and the client's need for autonomy. For me, one of the most troublesome criticisms of hypnosis and other directive therapies is the accusation that practitioners attracted to these approaches tend to be overly controlling. The word "control" carries a very negative connotation, especially within the domestic violence literature where the phrase "power and control" is directly associated with acts of psychological and/or physical abuse. The concern with over-control comes from individuals who are striving to build a therapeutic relationship based on equality and collaboration. Some very talented practitioners have argued that the therapist should relinquish any effort to control the client. In the interview featured on the front page of the *Newsletter*, Mary Goulding states, "My philosophy of therapy is that patients have to know that they are in charge." John Gladfelter highlights the significance of this point by stating that, "A fundamental goal of Redecision Therapy is the autonomy of the client in all aspects of his or her life" (see *Therapeutic Frame Works*, p. 10). A practical example of this philosophy can be found in the words of Milton Erickson who would go so far as to tell a client, "...nobody can control you, you can defy me any time you want to, or anybody else. You are a free citizen, and be free with yourself" (Erickson & Rossi, 1979, p. 232). Does this mean there is no room for the influence of authority or direction within the practice of therapy?

Research gathered on the differential effects of various psychotherapies, provides convincing evidence that directive therapies (e.g., hypnotherapy and cognitive therapy) are more effective than nondirective therapies (e.g., client-centered therapy or undifferentiated counseling) (Kirsch, 1990, p. 48). While almost everyone would agree it is counter-productive for a helper to become embroiled in control battles with the helpee, it



Dan Short

seems unwise to discount the need for therapeutic direction altogether. Perhaps a more appropriate question is: How does one use directive approaches to therapy without becoming ensnared in an attempt to control the client?

This issue is addressed in articles spread throughout the *Newsletter*. For instance, Arthur Joyce emphasizes the need for obtaining the client's permission prior to using intrusive forms of intervention. He also makes an interesting point that framing resistance as a "power struggle" is potentially abusive and ignores the client's need for self-protection (see *Ethical Directions*, p. 14). In a discussion of the Case Report (see *Learning without Words*, p. 13), Henry Close describes a therapeutic breakthrough that occurred after the therapist stepped out of the authority role and allowed the child client to assert his own competence.

I believe another answer, to this difficult question, comes from a close examination of someone who knew how to get people to do things they originally did not want to do, while remaining extremely permissive. I am, of course, thinking of Milton Erickson. During therapy Erickson was definitely in control but he was not controlling. When teaching he often emphatically stated that the therapist should not force his will on the client. Erickson had a keen understanding of how situational factors influence people and therefore knew how to offer his clients a therapeutic environment carefully tailored to meet their needs. The client's

response to this environment remained his or her own. The successful use of directive therapies requires a focus on controlling situational factors rather than trying to control people. In other words, the therapist does not make a person change—he or she instead opens a door and provides an invitation to pass through. Whether or not the client decides to enter is a matter of free will and self-determination.

I encourage our readers to consider these issues. If you have a thought you are willing to share, send it in and we will publish it as a letter to the editor.

References:

- Erickson, M. H., & Rossi, E. L. (1979). *Hypnotherapy: An Exploratory Casebook*. New York: Irvington Publishers.
- Kirsch, I. (1990). *Changing Expectations*. Pacific Grove, California: Brooks/Cole.

Conference 2000

continued from page 1

Ernest Rossi, Thomas Szasz, Paul Watzlawick, Michael White, Irving Yalom and Jeffrey Zeig. The Conference also will feature selected State of the Art faculty, as well as notable keynote speakers.

The last Evolution of Psychotherapy Conference took place in December 1995, at the Las Vegas Hilton, in Las Vegas, Nev. The Conference was attended by nearly 7,000 mental health professionals representing more than 20 countries. The first Evolution of Psychotherapy Conference in 1985 was held in Phoenix, Ariz., and was attended by more than 7,000 professionals. It was hailed as a landmark conference in the history of psychotherapy. The 1990 Conference also was attended by more than 7,000 professionals and was held in Anaheim, Calif.

continued on next page

Erickson Foundation Reaccredited by ACCME, APA

The Milton H. Erickson Foundation, Inc., has been approved again as a provider of Continuing Medical Education by the American Council for Continuing Medical Education (ACCME) and Continuing Education by the American Psychological Association.

The continuing approval means that workshops and training programs meet the Council's and APA's high standards and criteria, giving the Foundation authority to offer physicians CME credits, and CE credits for psychologists. Additionally, the status enhances the Foundation's abilities to provide education meeting the criteria for therapists, social workers and counselors throughout the country. Each state has variable standards for each discipline. Not all course offerings carry credit for every discipline.

ACCME gave provider status to the Foundation for four years. APA approved the Foundation for five years.

The Foundation board gave special thanks to Executive Director Linda Carr McThrall, Administrative Assistant Susan Velasco, CME Committee Chair Kristina K. Erickson, MS, MD; and committee members Stephen Lanpton, MSW, DAHB; Marion Moore, MD; Roxanna Erickson Klein, MS, PhD; Jan Henley, PhD, Sidney Rosen MD, Robert Pearson, MD and Jeffrey K. Zeig, PhD.

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Certification in Ericksonian Hypnosis

Milton H. Erickson had strong reservations about the value of certification. He expressed on numerous occasions that a certificate issued by a prominent and respected authority could be misleading to the patient. A certificate, he recognized, does not insure competency. Because of this, the Foundation has not endorsed any type of certification in hypnosis.

The Board of Directors of the Milton H. Erickson Foundation as well as the members of the Erickson family have devoted much thought to the issue of certification. One of the hallmarks of Ericksonian Psychotherapy, based on Erickson's interest in growth and adaptation, is the ability to incorporate new information and change when that change is appropriate. In the twenty years of the Foundation's existence, the world of health care has changed tremendously. It has become increasingly clear that some sort of certification is now appropriate for the way health care has evolved and continues to evolve.

Rubin Battino, M.S., and Harriet E. Hollander, Ph.D., have completed the first draft of the guidelines for certification in Ericksonian Hypnosis. Their guidelines address relevant issues for certification and on-going education in hypnosis. The Board of Directors of the Milton H. Erickson Foundation have already asked the various Institutes for their input. Professionals who would like to review the current draft are asked to contact the Foundation with this request.

"At this time, we have approximately 1,000 professionals registered for the Evolution Conference," said Karen Haviley, registrar for the Milton H. Erickson Foundation. "These registrants will receive a complete confirmation packet including hotel and travel information, along with the complete brochure, as soon as that brochure is printed in November. In addition, we want to inform potential registrants that all of the registration deadlines have been changed to accommodate for the delay in the printing of the complete brochure."

The new deadlines for Evolution registrations are as follows:

November 16, 1999 - Changed to

JANUARY 12, 2000

February 9, 2000 - Changed to

MARCH 1, 2000

April 4, 2000 - Changed to

APRIL 19, 2000

Please see the registration form on p. 5 listing the current fees and deadlines for registration.

The complete brochure listing the Conference schedule, presenter's topics, accreditation information, and hotel information, will be printed in November, 1999. This brochure was originally to be distributed in September; however, due to scheduling changes that occurred, the Foundation was forced to delay the printing of the brochure.

To receive the brochure, please send your request to The Milton H. Erickson Foundation, Inc., Evolution Brochure, 3606 N. 24th Street, Phoenix, AZ 85016-6500; fax, 602/956-0519; E-mail, mhreg@aol.com. Please be sure to indicate the Evolution 2000 Conference Brochure on all requests.

Erickson Tribute: Squaw Peak Excursion and Erickson Bench Dedication

As part of the Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, and the 20th Anniversary Celebration of the Milton H. Erickson Foundation, attendees may want to climb Squaw Peak.

An excursion is planned for Thursday, Dec. 9, 1999, from 6:30 to 8:30 a.m. Led by Jeffrey K. Zeig, Ph.D., Director of the Foundation, the event will serve as an opportunity to dedicate the bench, which will be placed on the Squaw Peak Summit Trail in memory of Dr. Erickson, who often sent students and patients to climb the mountain for a variety of therapeutic reasons. A brick from the Erickson home on Cypress Street in Phoenix will be incorporated in to the construction of the bench. A plaque commemorating Erickson will be installed.

The summit trail is 1.2 miles long. It is a strenuous hike, and persons with physical limitations are discouraged from hiking.

The bench dedication is about one-third of the way up. Hikers who want to help can carry materials to the dedication site.

Sign up for the walk will take place at the registration desk. Hikers will be required to sign a waiver before hiking the mountain.

Volunteers also are needed when the bench is constructed in early 2000. Attendees from the Phoenix area who would like to help should e-mail us at office@erickson-foundation.org or call (602) 956-6196, ext. 205.

The Erickson Foundation must provide a stipend to the City of Phoenix for the bench. Donations marked to this cause are appreciated.

Update: Archival Work

During the summer, Wendel A. Ray, Ph.D., Professor of Marriage and Family Therapy, University of Louisiana - Monroe, was engaged, on a temporary basis, as a professional archivist. Over a three month period, he evaluated a large number of original audio tapes. Although the Archives holds a large number of recordings that represent a broad spectrum of contributors, priority was given to identifying and working with material that was fragile due to age. Almost 100 reel-to-reel recordings including Erickson conducting teaching seminars or being interviewed were earmarked for immediate preservation. Recent technological developments have made restoration of this older recorded material feasible. Recording was done digitally on CD's.

Ray exercised great ingenuity in his quest to preserve and protect this material. Some of the reel-to-reel tapes were recorded at 1 7/8 speed. This speed of recording has not been used for decades and recorders playing this speed are no longer commercially available. Ray went to several pawn shops where he was finally able to purchase two very old tape recorders that were able to play this slow speed. These elderly machines had to be repaired several times over the summer. Finding a repair person able to work on this type equipment was another interesting sidelight of Ray's summer.

The work that Ray did is extremely valuable not only for the Archives of the Milton H. Erickson Foundation, but it will be part of a continuing historical record of the development of Ericksonian Hypnosis and Psychotherapy. Preservation of primary source material provides a priceless insight. This important step is another in the long-term commitment of the Foundation to provide a home for a library for the work of Erickson and other eminent therapists.

Advertising Rates for Newsletter

The Milton H. Erickson Foundation is accepting ads for the Spring (March, 2000) issue of the *Newsletter*, with the deadline set for January 15, 2000. Advertising rates are as follows:

Full Page	9 1/4" x 11 1/4"	\$940
1/2 Page/Vert.	4 1/2" x 11 1/4"	\$550
1/2 Page/Hor.	9 1/4" x 5 1/2"	\$550
1/4 Page	4 1/2" x 5 1/2"	\$315
1/8 Page	4 1/2" x 2 5/8"	\$200

Frequency discounts: Advertisers will receive a five percent discount on each ad for placing three consecutive ads.

Ads must be camera ready. Production is available at additional charge. *The Milton H. Erickson Foundation Newsletter* reaches approximately 13,000 readers in the United States and 1,600 outside the U.S.

For more information and a rate card, write The Milton H. Erickson Foundation, 3606 N. 24th St. Phoenix, AZ 85016-6500; fax (602) 956-6196; e-mail: office@erickson-foundation.org, or call (602) 956-6196, ext. 211.

Visit Our Website:
www.erickson-foundation.org

UPCOMING TRAINING

DATE	TITLE/LOCATION/LEADER	CONTACTS
2000		
1/6-7	Ericksonian Hypnosis/Honolulu, Hawaii/ Jeffrey K. Zeig, Ph.D.	1
1/29-30	Brief Therapy: Key Concepts in the Ericksonian Approach/Basque Country, Spain/Zeig	2
1/31-2/1	Ericksonian Hypnosis & Psychotherapy/Stotzheim, Germany/Zeig	3
1/31 & 2/28	Intensive Training in Ericksonian Psychotherapy (Spanish)/Mexico D.F., Mexico /Teresa Robles, Ph.D.	4
2/5-6	Ericksonian Hypnosis & Psychotherapy/Republica de San Marino, Italy/Zeig	5
2/25-29	Ericksonian Hypnosis Demystified: Bringing Out the Best in Your Clients in Time-limited Therapy (ASCH Workshop) /Baltimore, Md./Zeig	6
2/28-3/3	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Fundamental/Phoenix, Ariz./Brent B. Geary, Ph.D.	7
3/10-12	Ericksonian Methods to Empower Couples/Basel, Switzerland/Zeig	8
3/17-18	Ericksonian Hypnosis Demystified: Bringing Out the Best in Your Clients and Couples/Munich, Germany/Zeig	9
3/19-21	Ericksonian Hypnosis & Psychotherapy/Heidelberg, Germany/Zeig	10
4/7-9	Couples Workshop/Guadalajara, Mexico/Zeig	11
4/14	Settling the Unsettled: Integrating Approaches to Anxiety Disorders/Baton Rouge, La./Zeig	12
4/26-5/3	Hypnotherapy 2000/Pensacola Beach, Fla./Carol and Stephen Lankton	13
5/11-14	SELF-Developing Clinician/Jekyll Island, Ga./Zeig	14
5/25-29	EVOLUTION OF PSYCHOTHERAPY CONFERENCE/Anaheim, Calif./Invited Faculty	7
10/25-11/1	Hypnotherapy 2000/Pensacola Beach, Fla./Lanktons	13

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- Carol Lankton, M.A.; P.O. Box 958; Gulf Breeze, FL 32562; tel, 850/932-6819.
- Fred H. Pauli, LPC, New Visions Psychotherapy, Inc., 2531 Briarcliff Road, Ste. 102, Atlanta, GA 30329; E-mail: anise264@mindspring.com

* To submit a listing for Upcoming Trainings, please send dates, title of workshop, venue, city/state/country, list of presenters, and complete contact information. There is a \$10 fee for each workshop submission. Deadline for the 2000 Spring Issue (March), is January 8, 2000. All workshop submissions are subject to approval by the Erickson Foundation.

Interview

continued from page 1

John Gladfelter (JG): First off, how did you become a therapist?

Mary Goulding (MG): Very early in life, I had said I wanted to work with women in prison. That choice was probably for complicated reasons. The University of Chicago had a scholarship program. You could enter your junior year in high school and get your Bachelor's Degree in four years, in essence skipping two years of high school. That would have suited me perfectly and I had no idea that my parents had no intentions of letting me do this. They just wanted me to win the scholarship. At the scholarship interview, I told them I wanted to work in a prison for women. My mother was horrified because she was there at the interview and she had not heard about this, for obvious reasons. I won the scholarship but because I

was so young, my parents did not allow me to go. They were afraid something terrible might happen to me.

I decided I wanted to be in the diplomatic corps when I got out of college. However, I got a letter from the program at the University in Washington which said they did not take women. The only place women worked for the government overseas, was as a secretary, so there seemed to be many barriers that limited what I could do.

Many years later, after my kids were born, I applied to law school at the University of California. There was no other law school anywhere near where I lived. They said, very flatly, they never take women with children. In those days, you could say that. So I went to the psychology department. I decided I did not want to fight about law. I realized that it was just going to be one more fight

about trying to do what they only let men do.

However, the psychology department indicated that they would not take me because I had not had the right courses in a row. So I went to social work. They welcomed me and I received a scholarship. It was wonderful. That is how I got to be a social worker.

JG: You have often advocated for women's issues. Do you have any idea what led to this commitment?

MG: Sure. While I was still very young, I did not want to be a girl. I wanted to be in the men's group. I saw men getting what I considered all the breaks. Men worked outside the home while women cleaned. The men sat down at the dinner table and ate and then went into the living room and talked. Now I realize there are advantages and disadvantages to both.

JG: Do you think opportunities

for women have changed?

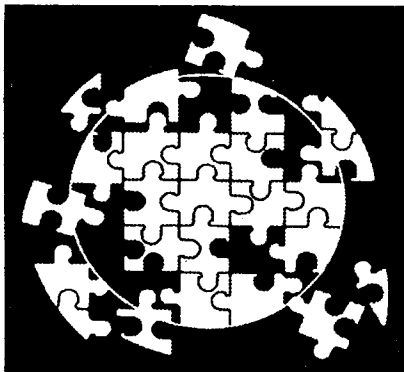
MG: I think women have had very nearly equal opportunity in lots of fields. However, they are still doing 87% of the housework. Obviously, they are still primarily responsible for children and, for better and for worse, they are working way too hard. It's outrageous!

JG: What do you think is the solution?

MG: I think it will take a very, very long time for there to be any kind of equality. Women have in their heads the idea that they have to do everything in the house, that they cannot con men into doing their fair share of the housework. So women become ultimately responsible. If the man does not pick things up, the woman will gripe, be obnoxious, but she will still pick things up. If she would simply learn to only do her half, things would change. The problem then

continued on page 19

THE EVOLUTION OF PSYCHOTHERAPY



SM

MAY 25 - 29, 2000

Thursday-Monday (Memorial Day weekend)

Anaheim Hilton & Towers and
The Anaheim Convention Center
Anaheim, California

A CONFERENCE

Featuring the Masters . . .

Beck, Bugental, Ellis, Gendlin, Glasser, Goulding, Haley, Hillman, Kemberg, Lazarus, Lowen, Madanes, Marmor, Masterson, Meichenbaum, Minuchin, Moreno, E. Polster, M. Polster, Rossi, Szasz, Watzlawick, White, Yalom, and Zeig

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With Keynotes by . . . Benson and Aronson

Meeting Program

The theme for the fourth Evolution of Psychotherapy Conference is

Interaction/Inner Action: The Psychotherapeutic Bridge

The program for this landmark Conference is designed to showcase the different approaches to psychotherapy by this renowned faculty and maximize the opportunity for interaction among the faculty and between faculty and participants.

Eligibility - The Conference is open to professionals with master's degrees and above in health and mental health from accredited institutions, and eligible students. Students must provide a certifying letter from their school or department indicating proof of student status.

Accreditation - Continuing education credits offered for physicians, psychologists, nurses, social workers, marriage and family therapists and counselors. 31.5 continuing education hours are available for this Conference.

REGISTRATION FEES

Checks should be payable in U.S. FUNDS, drawn on an AMERICAN BANK and made payable to THE MILTON H. ERICKSON FOUNDATION.

U.S. Professionals	Graduate Students*/Seniors*/ Foreign Professionals*/Foreign Students
\$379 for registrations postmarked on or before JANUARY 12, 1999	\$279 for registrations postmarked on or before JANUARY 12, 1999
\$439 for registrations postmarked on or before March 1, 2000	\$339 for registrations postmarked on or before March 1, 2000
\$499 for registrations postmarked on or before April 19, 2000	\$399 for registrations postmarked on or before April 19, 2000
\$600 for onsite registration if space is available	\$600 for onsite registration if space is available

* Graduate students must provide a certifying letter from their school or department indicating proof of student status as of May 2000.
* Seniors must provide proof of age (65 and older).

each Registrant will receive ONE FREE ticket to DISNEYLAND PARK

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Signature of Cardholder _____

Name _____

University attended _____ Major _____ Highest Degree _____

Profession _____

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Physically Challenged? Yes No

If YES, what special accommodations do you require? _____

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For information:

Tel: 602-956-6196, X 211 ♦ E-mail: mhreg@aol.com ♦ http://www.erickson-foundation.org

O B I T U A R Y

MARA SELVINI PALAZZOLI

by Camillo Loredi, M.D.
Rome Italy

Pablo Picasso wisely opined, "When I was 14 I knew how to paint like Michelangelo. It took my entire life to learn how to paint like a child."

Mara Selvini Palazzoli had both the meticulous scope of a diligent scholar and the unusual talent of a great artist which, when combined allowed her to paint like a child. Palazzoli died on June 21, 1999. She was 82.

Palazzoli had the *curiosity* of a child: Her search for knowledge was inexhaustible. She had the *courage* of the child when she dared to explore the previously inaccessible territories of psychosis. She was *unprejudiced* as a child would be when she patiently elaborated new studies criticizing her previous ones. She had the *enthusiasm* of a child when she enjoyed the experience of discovering new paths.

The paths she explored were numerous...

She began in the 1950s as a psychoanalyst, supervised by Benedetti and Cremerius, centering mostly on the dynamics of the therapeutic relationship. The influence of the object relations theory by Fairbairn and Guntrip, as well as the innovative ideas of Sullivan and Fromm-Reichmann, increased her interest in human interaction.

While treating young anorectic girls she discovered that the traditional psychoanalytic model of intervention was too limited and slow to overcome the dangerous consequences of self-starvation. When in 1963 she first published "L'anoressia mentale," later revised and translated in Britain (1974) and in the United States (1978), there already were clear indications of her theoretical shift from an individual to a family paradigm.

In 1967, Palazzoli wrote her first paper dedicated to *conjoint family therapy* and founded the Centro per lo Studio della Famiglia in Milan, the first Italian institute of family therapy. She then became involved in the pioneer work of Ackerman, Bowen



and Boszormenyi-Nagy. The profound thinking of Gregory Bateson also fascinated her. Bateson's project at MRI in Palo Alto on the schizophrenic family induced her to broaden her focus to psychotic families. Studying the family context of anorexia and schizophrenia became a primary interest for Palazzoli, and her work with families was inspired by two leading principles she never abandoned.

First, following Kurt Lewin's assumption, "If you want to know how something works, you have to change it," she was convinced that both research and clinical work should be strongly interconnected.

Second, she was convinced that only a team could conduct both reliable observation and effective intervention with families. Therefore, she organized a group of ten psychiatrists around the revolutionary idea that the identified patient no longer was to be considered the "container" of pathology. Soon, the tendency of some members in the group to apply psychoanalytic concepts to the family was deemed incompatible with the new orientation. A split occurred and the smaller team of Palazzoli, Luigi Boscolo, Gianfranco Cecchin and Giuliana Prata was formed in 1971.

With the "systemic wisdom" derived from Bateson, but also with some strong strategic attitude, the group developed a unique approach, later named the *Milan Approach*. In their book *Paradox and Counterparadox*, (1978) the group openly refused the linear description

Laing and Esterson posited for the families of schizophrenic children. Instead, they proposed a circular-systemic view of family interactions and introduced seminal ideas about therapeutic interventions. Family therapists now commonly use some of them, like rituals, positive connotation and paradox.

Rituals were devised as a form of conjoint task aimed to produce involvement in the entire family system:

"From the formal point of view, a family ritual refers to an action or a series of actions, sometimes accompanied by verbal formulas or expressions, that are to be carried out by all members of the family. The ritual is prescribed in every detail: the place in which it must be carried out, the time, any eventual number of repetitions, the persons who are to utter the verbal expressions and in what order, etc. Often these instructions are given in writing" (1977).

According to Palazzoli's group, this type of prescription allowed to introduce into the system a ritualized prescription of a drama whose new rules could covertly replace the old ones.

Positive Connotation has been defined by Lynn Hoffman as "the most compelling invention of the Milan Team" (1987). By providing a positive frame for the definitions a family uses to describe itself, the team challenges the system's viewpoint and defines the problem as a useful and positive solution devised to maintain family cohesion. As Palazzoli and colleagues underline, a positive connotation implicitly confronts the family with a *paradox*: "Why does such a good thing as the cohesion of the group require the presence of a "patient"?" (1978).

A later development of the Palazzoli group model was introduced in the paper "Hypothesizing-Circularity-Neutrality: Three Guidelines for the Conductor of the Session," (1980), which clarified the necessity of using *hypotheses*, in the places of diagnosis, to understand family dynamics:

The hypothesis establishes a starting point for his investigation as well as his verification of the validity of this hypothesis based upon specific methods and skills. If the hypothesis is proven false, the therapist must form a second hypothesis based upon the information gathered during the testing of the first.

The endless process of rebuilding new and more satisfactory hypotheses is fostered by the use of a *circular interview* in which "every member of the family is invited to tell us how he sees the relationship between two other members of the family."

The circular interview should be conducted with the therapist taking a position of *neutrality*:

By neutrality of the therapist we mean a specific pragmatic effect that his other total behavior during the session exerts on the family (and not his intrapsychic disposition)... As long as the therapist invites one member to comment upon the relationship of two other members, he appears at that time to be allied to that person. However, this alliance shifts the moment he asks another family member and yet another to do the same. The end result of the successive alliances is that the therapist is allied with everyone and no one at the same time.

In 1980, while Boscolo and Cecchin initiated a structured training program in the Milan Institute, Palazzoli preferred to continue the search for advanced understanding of dysfunctional family games. To dedicate all her efforts to research and clinical work she founded a new institute, the "Nuovo Centro per lo Studio della Famiglia," and as Giuliana Prata left, she constituted a new group with Matteo Selvini, Anna Maria Sorrentino and Stefano Cirillo.

At this point the team focused more on the *psychotic processes* and on their *stages*, in order to understand how the illness develops inside the family system. These aspects were carefully described by Selvini and collaborators in their book *Family Games* (1989). In the book a new type of intervention was presented, the *invariant prescription*, a set of directives delivered in the same form to every family, producing different effects and changes. Coherently with the principles of Palazzoli, invariant prescription was adopted both for investigation and intervention purposes, as a stimulus carrying implicit but relevant information. At the same time, it was able to elicit constructive changes.

The last book written by the Palazzoli group, *Ragazze anoressiche e bulimiche*, was dedicated to eating disorders, and the follow-up of the cases treated at the institute was presented.

continued on next page

The role of the individual in the family was reconsidered. Different interaction styles connected to the type of personality of the symptom bearer were investigated. Again Palazzoli criticized her previous experiences, underlining bad and good without hesitation.

In 1985 Mara received the first international prize of the American Association for Marriage and Family Therapy for her research in the field of family therapy. During her lifetime she was recognized for major contributions to the advancement of family therapy.

Many colleagues, and even families, called her with affection, "The Wizard." Now that she no longer is with us, let me remember Mara as the lady who knew how to paint like a

child. We will miss the unique sense of enjoyment and enthusiasm she was able to convey to the people watching her paint.

Palazzoli presented at the Evolution of Psychotherapy conferences in 1990 (Anaheim, Calif.) and in 1994 (Hamburg, Germany).

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THE 15th INTERNATIONAL CONGRESS OF HYPNOSIS, MUNICH

The Milton H. Erickson Society for Clinical Hypnosis, Germany, (M.E.G.), is sponsoring the 15th International Congress of Hypnosis, October 2-7, 2000, at the University of Munich, in Germany. Prominent professionals from the hypnosis community are expected, and plans are under way to invite eminent scientists and clinicians from the broader field of human sciences including psychology, philosophy, medicine, biology, poetry, and other relevant areas. These state-of-the-art keynotes will loosely group around the general theme of "Psychotherapy and Public Health: Past - Present - Future." This congress is in the tradition of the First International Congress for Experimental and Therapeutic Hypnotism, which took place in 1889 in Paris, France, and was attended by such notable figures as Sigmund Freud and Hippolyte Bernheim.

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INTRODUCING THE INSTITUTES

Milton H. Erickson Institute of Rottweil, Germany

by Betty Alice Erickson, M.S.
Dallas, TX

Rottweil is one of 17 Institutes throughout Germany. There are over 1000 members of the parent organization, Milton Erickson Gesellschaft for Klinische Hypnose, (MEG). The cooperative efforts and mutual support among the Erickson Institutes make it difficult to focus on a specific supporter without referring to others. The Institutes work with various other professional organizations throughout Europe and Germany fostering an atmosphere of close cooperation and support, complimenting, expanding and enhancing the work of each. Professional activities are supported and enhanced by the interwoven fabric of the cooperative teaching and sharing.

The Milton H. Erickson Institute of Rottweil, which is spearheaded by Bernhard Trenkle, Dip. Psych., is involved in a myriad of creative and innovative activities all focused on the furtherance of education in hypnosis and psychotherapy. The Institute had its beginnings in 1979 when Gunther Schmidt, M.D., and Trenkle organized the Milton H. Erickson Institute of Heidelberg-Rottweil. A workshop with Jeffrey Zeig, Ph.D., was the first of many training events. In 1990, Trenkel had moved to Rottweil and he and Schmidt, who still lived in Heidelberg, separated their Institute into separate entities.

Trenkle's broad range of interests have led him and the Institute in a multitude of directions, some of which are blended with his work for MEG. He became a member of the Board of Directors of MEG in 1984 and was elected president in 1996. Also, in 1984, he became founding editor of *M.E.G. aPhon*, the bi-annual newsletter of MEG with a circulation of over 30,000 professionals. Editorship has been shared with Ulrich Freund, Dipl.Soz.Pad, since 1996. Each issue defines a key word or concept such as "amnesia," "Oedipus conflict" or "double bind." A number of jokes collected by



Bernhard Trenkle, Dip. Psych.

Trenkle, focused on the key concept are printed in each issue as well as serious commentaries and articles.

Trenkle organized his collection of jokes and compiled them into the *HAHAndbook of Psychotherapy*. Even the format of the book shows humor—jokes are printed on perforated pages so a gift-giver can rip out pages containing jokes a recipient might not appreciate. It has become a best-seller in Germany, translated into Russian and will soon be translated into Polish. Accepted by the American publisher, Zeig, Tucker & Company, it is in the process of being translated into English with the goal of being available during the Erickson Foundation December Conference. Trenkle is now compiling the second volume of the *HAHAndbook*.

The Rottweil Institute has been extremely active in training programs throughout Europe. Besides a number of training programs in Ericksonian hypnosis and psychotherapy, conferences and seminars with unique aspects have been held. In 1994, the Institute worked with Liz Lorenz-Wallacher, Dipl. Psych, currently vice president of MEG, and held the first hypnosis conference in Europe where only women served as faculty. There have been three meetings on hypnosis with children, with a combined attendance of 2,000. One of the most important conferences was the 1995 Second European Conference on Ericksonian Hypnosis and Psychotherapy. With over 200 faculty members teaching the 2,000 attendees, this was truly a conference with something for everyone.

Interns are a vital component of the

Rottweil Institute. More than 40 have worked with the Institute since 1987. The extensive library, including many old hypnosis books, and a large collection of videos are available to all interns as is free admission to meetings and all training sessions held during their internship. Most of these people stayed with the Trenkle family during some portion of their six-month training and have turned into valued friends and colleagues. They provide a resource for many of the activities. In Trenkle's words, "You can imagine what valuable support it is when a good, reliable friend and organizer is taking over important tasks." The parallel activities of MEG and the Rottweil Institute would not be possible without this network of interns and professional colleagues.

One of the first interns, Uwe Gabert-Varga, Ph.D., now head of a rehabilitation center for psychiatric patients, took leave in 1989 to organize the 230 volunteers for the Hamburg Evolution of

Psychotherapy. Christine Duffner, Dipl. Psych, was invaluable during the European Evolution of Psychotherapy Conference and during the Second European Congress on Ericksonian Hypnosis and Psychotherapy. Jochen Kunzel, Dipl. Psych., has helped organize many conferences and is currently doing therapy at the Institute as well as beginning to teach. He is also translating *Hypnosis and Hypnotherapy with Children*, by Olness and Kohen, into German. (Reviewed in *Newsletter*, Volume 17, No. 3, page 16) The preface for the German edition of the book will be written by the widely regarded pioneer of child hypnosis in Germany, Prof. Siegfried Mrochen.

People working with the Institute contribute and participate in some unusual ways. Years ago, Trenkle found a reference in a 19th century hypnosis book about a song book for medical doctors. Evidently, at medical meetings in the 1890s it was popular to sing songs together. Familiar melodies were given new and humorous words. Trenkle was able to get the three volumes of the songbook through tedious search in libraries

continued on next page

Milton Erickson Gesellschaft f. Klin. Hypnose M.E.G. • Regionalstelle Rottweil

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throughout Germany—but photocopying was allowed for only two of the volumes. He collected some of the most amusing songs and looked for the melodies. A "public performance" of some of these songs was held at the 20th Anniversary of MEG held at Bad Orb, Germany last year (see Vol. 19, No. 1 & 2)

Interns and old friends sang these old songs at a recent birthday celebration for Trenkle. They are now planning to go to a studio for a professional recording. While these songs do not necessarily provide empirical information about the study of hypnosis over the years, they certainly are a part of its complete history which would soon be lost without this careful preservation

Publishing is another focus. Translation, completed in 1998, of *Collected Papers of Milton H. Erickson, Vol. I-IV* (edited by Ernest L. Rossi) was an important four-year project for MEG and several German Institutes. Organization of the project and much of the marketing responsibility was handled by the Rottweil Institute. The collection, which comprises six volumes in the German edition has sold over 1,000 sets. Trenkle is currently asking colleagues for contributions to a planned book on hypnotic and Ericksonian techniques for speech and language therapy. This area of study has long been one of his interests.

This remarkable leader's personal sensitivity is apparent in the way he has devoted energy and resources to colleagues in countries where there has been a scarcity of professional educational opportunities. In 1989, a fund of approximately \$40,000 was established to support Eastern European colleagues. Hundreds of professionals from Hungary, Russia, Poland, Czechoslovakia, and all parts of former Yugoslavia have visited conferences without tuition charges. Travel costs were often covered and accommodations were arranged in personal homes. For many, even health insurance had to be purchased to obtain a German visa. Books and tapes have been purchased and given to establish resource libraries. Rottweil Institute has also sponsored teachers, who worked without fee, to visit those countries. In recognition of his generous and tireless efforts, Trenkle was made an Honorary Member of the Hungarian Hypnosis Society in 1995.

Trenkle and Krzysztof Klajs, Lic. Psych., of the Polish Milton H. Erickson Institute have sponsored weeklong teaching seminars for several years at a lakeside resort in Wigry, Poland. Held in a centuries old castle, originally a monastery, the seminars are structured in ways that encourage comradeship and furtherance of professional and personal relationships. Creative thinking and cooperation are hallmarks of the seminars. Although conducted primarily in German, there has been English language workshops with faculty including Eric Greenleaf, Ph.D., and Betty Alice Erickson, M.S.

Teaching takes place in the morning—sometimes beginning with pre-breakfast exercises led by a Feldenkrais practitioner. For the past few years, afternoon sailing lessons have been offered through cooperation of friends of Klajs who was active in the Sea Scouts years ago. Most of the "sailing instructors" are physicians and psychologists when they are not enjoying the seminar and the sailing! After the seminar, Klajs and Trenkle lead a week-long kayak trip for people from the seminar who want to experience a combination of nature and hands-on camping.

This year, the focus at the Wigry workshop was on hypnosis with children. Among the 90 participants were colleagues Susy Signer-Fischer, president of the Swiss Hypnosis Society and Charlotte Wirl, president of the Austrian Erickson Society. Next year the Wigry seminar will address differences between traditional and Ericksonian approaches to hypnosis. Peo Wikstrom, D.D.S., of Sweden has already been invited for this workshop. Albrecht Schmierer, D.D.S., a pioneer in dental hypnosis, founder and current president of the German Society for Dental Hypnosis, is also on the faculty. A book based on what these various seminars have covered is being planned.

Trenkle is also planning a conference on Hypnosis, Pain and Rehabilitation to be held in Kathmandu, Nepal, March 2000. He has been toying with this idea since a physician from Nepal enrolled in his hypnosis training group ten years ago. The physician and his German-born psychologist wife have already organized several medical meetings in Nepal and are working with their German colleagues to ensure success of this conference. Trenkle, members of the Board of Directors of MEG and a few others will serve as faculty. A

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balance of 100 Westerners and 100 Nepalese is the target goal of participants. Hiking trips and a week-long trip to Tibet are also being planned. Proceeds will go to a fund to support further professional education in Nepal. In order to maximize this income, the faculty has agreed to pay all their own expenses.

Trenkle himself notes that people often anticipate a large staff when they first come into contact with the Rottweil Institute. Each activity does involve efforts of many other people, however, there is no permanent staff. Trenkle is primarily responsible for the coordination of activities and does much of the teaching with colleagues from the other Erickson Institutes and MEG. Burkhard Peter, Dipl. Psych., Wilhelm Gerl, Dipl. Psych., Gunther Schmidt, M.D., all of whom worked directly with Erickson, Wolfgang Lenk, Ph.D., Ortwin Meiss, Dipl. Psych., and Prof. Dirk Revenstorf, Ph.D., all have worked with Trenkle for years and each will be teaching in Rottweil during the next six months. Additionally, Thomas Duffner, M.D., and Birgit Steiner teach courses.

Trenkle credits this network of colleagues for the energy and success generated by the Rottweil Institute.

Trenkle's family is also involved in the work of the Institute. His wife, Gitte, is an instrumental part of the hospitality that is offered to so many. She and their adult daughters, Alexandra and Melanie, provide invaluable help with the mountains of administrative work generated by the multiplicity of activities. Their son, Andreas, 18, provides a great deal of computer support.

Although the activities of the Rottweil Institute may appear at first glance to be scattered, they have great depth. The long list of accomplishments are a testimony to the dedication and focus on Erickson's philosophy. The remarkable variety of contributions serves as a model of the values of creativity, cooperation, use of personal and community resources, professional development, the integration of the physical body with mental well-being and the ongoing joy of life.

LEADING CONTRIBUTORS

Madeleine Richeport-Haley, Ph.D.

by Elizabeth Erickson
Phoenix, Arizona



Madeleine Richeport-Haley, Ph.D.

Madeleine Richeport-Haley, Ph.D., deserves both recognition and tribute for her many and varied career accomplishments. Widely recognized as an outstanding anthropologist, educator, author, and scientific lecturer, she is now devoting her energies to producing academic films. Her bachelor's degree in French Literature, and her master's degree in Anthropology are both from Hunter College in New York. She received a Ph.D., in Social Anthropology from New York University, and has done extensive post-doctoral studies in scientific film production and methodology.

In New York, Richeport-Haley became interested in spiritism and eventually chose this as her dissertation topic. She received a two-year National Institute of Mental Health pre-doctoral Research Fellowship which she spent in both Puerto Rico and New York City studying how spiritualism and spiritism was retained and practiced by immigrants and their families. Already fluent in French, she became "at home" in Spanish in order to pursue these studies.

She stayed in Puerto Rico for some time as a research consultant. Her teaching career began there at the Sacred Heart University. While in Puerto Rico, she became intrigued with the more active culture of spiritism in Brazil and moved to Natal in the Northeast region. Within three years of receiving her doctorate, she was appointed and received an associate professorship of Anthropology at the Federal Brazilian University, Rio Grande do Norte in Natal where she spent five years. In this area, few people communicate well in English, and Richeport-Haley quickly became skilled in Portuguese.

Concurrent with her teaching, she provided a great deal of anthropological consulting for the government of Brazil and for the Pan-American Health Organization. This included research on alternative therapies and developing questionnaires to provide recommendations for the Brazilian Ministry of Health. These accom-

plishments reflect a remarkable strength in overcoming social, cultural and linguistic barriers.

Dr. Richeport's ability to adapt and her genuine interest in all people, as well as her empathy with many cultures have made her adept in working with the varied cultures in which she has pursued studies as well as contributed to the scientific data base. Her pleasant and friendly demeanor

has been a major factor in her success in being well-received by the academic community and by the subjects of her studies.

She eventually returned to Puerto Rico where she taught as a professor at the Inter-American University and worked with the Mental Health Commissioner. She also holds adjunct professorships at the Universities of Miami and of San Diego, California. She has an impressive list of publications that include articles in both Spanish and Portuguese.

While still in Brazil, Richeport-Haley was noted as a professional film consultant. Her anthropological contributions include films in Puerto Rico and work for National Geographic and the Pan-American Health Organization in Rio de Janeiro where films on alternative therapies were produced in English, Spanish and Portuguese. She was producer, director and writer of the ethnographic film, "Macumba Trance and Spirit Healing" which has had major showings at the Margaret Mead Film Festival on PBS and in Belgium.

Her current interest is in collaboration with her husband, Jay Haley, producing educational films on a wide variety of topics. These include a pair of films "Dance and Trance of Balinese Children" and "Balinese Children Learn to Dance," which show how the Balinese heritage that Margaret Mead first studied is still retained. Another film "Whither Family Therapy?" is a study of modern developments in that field. She and Haley also produced "Milton H. Erickson, M.D., Explorer in Hypnosis and Therapy."

Much of this film work has been a culmination of her long-standing interest in cultural issues as well as hypnosis and therapy. The influence of two of her personal "heroes," Margaret Mead and Milton Erickson is visible in much of her work. Richeport-Haley became acquainted with Erickson when she was just beginning her serious scientific education; her interest in Mead was sparked during her undergraduate studies.

Madeleine Richeport-Haley's talents are manifested in her contributions. Her work is exceptional, multi-faceted, and crosses many areas of research. It is inspirational in its depth and breadth.

THERAPEUTIC FRAMEWORKS

Impact Therapy: Another Ericksonian Influence

by Danie Beaulieu, Ph.D.
Quebec, Canada

Impact Therapy is an approach that is growing in popularity both in the United States and Canada. The founder, Ed Jacobs, Ph.D., professor at West Virginia University, has already written three books on the subject (Jacobs, 1988, 1992, 1995). The creativity and dynamism emerging from this model of therapy were largely inspired by Milton Erickson's methods.

People learn, grow and change mainly with what they hear, what they see, or through the kinesthetic system which processes all informations coming from the body. Neurophysiologists agree that the kinesthetic system is more important than the visual system which is more

important than the auditory system. When we limit therapy to the audio system, simply talking to the clients, we restrict our interventions to a small part of the brain. Dr Jacobs recognized that the more systems involved, the greater the therapeutic impact.

It is said that "a picture can be worth a thousand words." For example, I can present a sponge to portray how kids absorb everything parents do or say. This visual aid helps make it clear to parents that everything the children's "sponge" absorbs will eventually leak out. The same visual imagery can be used for couples, especially those who come in saying that they are not getting anything, anymore, from their marriage. Showing them the sponge and asking them what they put on it in the last months often helps bring the focus back on each person instead of each accusing the other. They realize they can't expect the 'sponge' of their couple relationship to remain flexible, nourishing and rich if they don't give it healthy input.

Concrete tools can help the psy-

chotherapeutic process in at least five ways. First, the difficulty is brought outside the client providing him a chance to look at it as an observer. Second, by using a simple object that already has a meaning in the person's life, the quality of simpleness dilutes the intensity and the gravity of the more problematic connections. Third, the concrete intervention by the therapist facilitates a more rapid rapport with the client and gives a healthy model with an understandable solution for a piece of the difficulty. Fourth, it offers opportunities to the therapist to explore in a clearer and more detailed way the client's inner universe. And fifth, the use of visual stimuli helps arouse other relevant material and helps the client focus. These important conditions help to get more done within each session.

Impact Therapy also can be used as an adjunct to other therapeutic modalities, especially with TA and Gestalt. For example, a woman had felt guilt ever since her mom led her to believe

continued on next page

Frameworks *continued*

she was responsible for being sexually abused by her father and for the disturbances it created in the family. I put a child's chair in front of her and had her recall how she was as a little girl. Then I added an adult chair and had her describe her dad sitting there. I took the adult chair and turned it upside down on the top of the small one. Looking at the scene she began to cry. We explored her feelings, and the decisions she had made following the abuse. I then took an audiotape, wrote her parent's name on it, the date of the abuse, and put it on the small chair to represent the messages she had been listening to for years. I then asked her, "Do you think that little girl could have escaped her father no matter how hard she tried?" She realized, as never before that she couldn't have avoided it. She was simply trapped and the visual stimulus showed her in an inescapable way.

I believe that therapy can and should be fun, for us and for the clients. As Paul Watzlawick, Ph.D., said in one of his workshops, clients are there for a few sessions but we are there for most of our lives, so we better have fun doing what we do if we want our lives to be rich and interesting. Impact Therapy is a framework that can make therapy more interesting, effective, and enjoyable.

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Redecision Therapy

by John Gladfelter, Ph.D.
Dallas, TX

Redecision Therapy is an approach to individual and group therapy developed by the late Robert L. Goulding, M.S.W., and by Mary McClure Goulding, M.S.W., that is based theoretically on Transactional Analysis and applied Gestalt Therapy. It is a humanistic existential belief system that is also constructivist in nature. Bob Goulding said that the basic theoretical position of Redecision Therapy is that all children, regardless of the nature of their stresses, make decisions for themselves about their think-

ing, behavior and feeling and perhaps about their body functions and symptoms. To effect change, the therapist must access these early decisions, make a contract for change and then collaboratively use Gestalt, psychodrama, narrative therapy and whatever other modalities that deal with the emotional part of the Child Ego State to enable change.

A basic premise of Redecision Therapy is that the therapist must make contact through bonding before effective work can begin. After listening carefully to the client's problems, the therapist explores change contracts by collaborating with the client to discover the most desired change and outcome. The therapist must pay close attention to all of the client's communications. It is important to evaluate, with the client, both language and behavioral cues to determine whether the client truly wants to change or is finding ways of pleasing either the therapist or the client's Parent Ego state. With the establishment of the contract, the therapist evaluates with the client the bad feeling that is attached to the change contract and determines whether the client is willing to give up the bad feeling. The belief is that the client has long wanted to change but because the discomfort is so familiar, the client has limited awareness of the possibilities of change. The client is often obeying old Parent Ego State messages in his or her head that indicate change is dangerous. The "stuck place," where the client is reluctant to change, is called an impasse. The impasse comes from choices made either in obedience to "parent messages" still carried inside the mind, decisions made to please a very primitive part of the Parent Ego state, or decisions made with oneself to take the safest and easiest way out of difficult situations. Sometimes all three choices are intertwined and the therapist, with the client, choose what, when and how these early choices will be changed.

With the resolution of the impasse, the client will often need to find ways to support and maintain changes. This requires the aid of the therapist. The therapist will then offer suggestions to the degree that the client is ready for them. The client will discover new feelings and behaviors and replace the accompanying feelings and behaviors with alternative ways of living. A fundamental goal of Redecision Therapy is the autonomy of the client in all aspects of his or her life.

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CONNECTIONS

An Interview with Eric John Lyleson, M.A. of The Ericksonian Hypnosis Centre, Sydney Australia

by Nicola Ruscoe, B.Sc., M.A.
Dee Why, Australia

Nicola Ruscoe (NR): How did you first become interested in the work of Milton Erickson?

Eric John Lyleson (EL): About 1979, while browsing in a bookstore, *Uncommon Therapy*, (1973, W.W. Norton) by Jay Haley, nearly jumped off the shelf at me. Without even looking into it, I felt compelled to buy it.

NR: What stayed with you about the book?

EL: As I read it, I was saying to

myself, "This is not therapy." It was a totally different paradigm from the one I was operating in at the time. I still think I am only beginning to understand the implications of this shift in thinking.

NR: How was it different?

EL: Well, there was hardly any emphasis on the past or on expression of emotion which was what I thought therapy was all about. My conscious mind largely dismissed it at that time but, unconsciously, it had a lasting impression on me. I was further influenced, in the Ericksonian direction, in one of my first jobs. My supervisor had studied with Jay Haley. Shortly after that, I was drawn to Loma Cutler of the Milton It Erickson Institute in Santa Rosa California. I worked with her for nearly a year.

NR: So that is how your approach to using Erickson's framework evolved?

continued on next page

Connections *continued*

EL: That got me started and it developed my interest in brief, family approaches. I began working a lot with families and adolescents using Ericksonian language patterns and strategic interventions. I also did some training with John Weakland and Luciano L'abate. Later, the work of the Milan Associates and workshops with Luigi Buscolo and Giofranco Cecchin had a big impact on me. I learned to incorporate hypnotic language and indirect suggestion to create informal trances to help people access inner resources while addressing issues at a systemic level. I believe this is central to an Ericksonian approach. Continued training, gave me confidence to use more trances in sessions. This confidence was bolstered by workshops with Michael Yapko, Ernest Rossi and also with John Grinder.

NR: What do you value most about the Ericksonian approaches?

EL: What I teach in my training, and find most valuable for myself professionally, is the idea that people have the resources or capability to access resources needed to solve their problems. It's an empowering approach to psychotherapy when you help people create the context in which they can access resources and learn what they need in order to handle one problem after another. This is how life is.

NR: How long has your Centre been operating?

EL: We have been operating as the Ericksonian Centre in Sydney for about five years now. In 1994, I decided to offer training in Ericksonian approaches. I was not aware of anyone else promoting Ericksonian methods in Sydney at that time. I wanted to make this approach more available to people and raise their awareness of it. I also wanted to become more masterful in my own knowledge and abilities. The best way to do this, I thought, in addition continuing my own study and practice, was to begin teaching.

This is the third year I have offered courses. For the last two years, I have been running a nine month program in Ericksonian Hypnosis and Therapeutic Strategies. In addition working in Sydney, I am currently training a small group in Melbourne. My hope is to branch out and teach

couples therapy, in addition to Ericksonian methods and the Enneagram (a method I started teaching five years ago).

NR: Do therapists in Australia not know about Milton Erickson?

EL: A lot of therapists are aware of the off-shoots such as the solution-focused approaches, Milan and the MRI approach. Each of these have roots that can be traced to Erickson's influence but not directly to Erickson himself. Michael White is certainly influencing a lot of people's work although I am not aware of him crediting Erickson. His ways of using language and involving others in the therapeutic process are similar to Erickson's work.

Many therapists are interested but many people I meet hear the name Erickson and still think of Erik Erikson. It seems that in most hypnosis training, students may be introduced to Milton Erickson, but it's not a main part of the curriculum. I have found that frequently, only standardized scripts and inductions are taught.

NR: Why aren't Erickson approaches commonly practiced or as well known in Australia?

EL: Most Australian hypnosis training has focused on maintaining tradition rather than pursuing innovations. I think a lot of people are intimidated by the amount of work needed to work so creatively. Memorizing scripts is easier in the short run. Rather than doing the hard work of training their unconscious mind to the level where they can creatively generate hypnotic experiences; it seems that typical students go with what can be learned easily. Embarking on Ericksonian methods and training requires more creativity, hard work and skill.

The other problem is that there is a lack of trainers who are well-versed in this approach. It is difficult to find consistent on-going training or supervision. One therapist I talked to did an intensive workshop with Michael Yapko and said he had never had a chance to integrate what he had learned into his practice. Therefore, most of the information fell by the wayside.

I also think it's easy to read all the books and feel overwhelmed by the artistry and the complexity of Erickson and of a well-done Ericksonian approach. I think people often think they have to be a genius to

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do this type of work. One of the things I have been working on is breaking down my course into learnable components. I want to teach the underlying patterns so they can learn to do their own unique brand of therapy. As Erickson would have agreed, it's not about being Ericksonian, but to be like Erickson which is to learn to do therapy in your own unique way, treating each client as an individual, and working with as much skill and sensitivity as possible.

NR: How do therapists respond to the training?

EL: For most people it's a big paradigm shift, in the sense that you are asking them to approach communication with people in very different ways than they normally do. Initially, it's disconcerting. Therapy is too often approached as a conversation about experience rather than the creation of experiences where people learn what they need to learn in order to make changes in their thinking, perceiving and behaving.

However, once this shift is made, most therapists say it's a rewarding way in which to work. They feel freer to intervene creatively, to take risks and be able to deal productively with the responses the client gives. It's very different from the ways most are used to but at the same time therapists get very excited at the prospect of being able to do better therapy.

NR: Are there any clients you will not approach using these techniques?

EL: No. One of the things about Ericksonian methods is that it is hard to say what is Ericksonian and what is not. An important component of what a therapist needs is the willingness to experiment.

In an Ericksonian approach, there are no fixed rules about what is thera-

py and what is not. What remains constant is the orientation of helping people meet their own legitimate personal goals in the most productive ways possible. It is a process of meeting people where they are, drawing on one's own experience and finding a unique therapy for each client.

NR: What other leaders in the field have inspired you?

EL: I am currently very inspired by the Sexual Crucible approach of David Schnarch which largely influences my work with couples. Stephen Gilligan is also one of my favorite proponents of an integrated Ericksonian approach. Carl Whitaker will always be one of my heroes. I also feel my Taoist Meditation teacher, Dr. Tash Tachibana, has deeply affected the way I sit with people on a trans-personal level.

NR: What is your vision for Ericksonian Methods in Australia?

EL: I would like to do more teaching and help counselors and psychotherapists develop more of the tools needed to empower their clients, and thereby have the means to make more of a difference that makes a difference.

At the same time, I like the title of Stephen Gilligan's presentation at the last Family Networker Conference, "The Soul of Brief Psychotherapy." As therapists, we need to be aware of the evolving needs of the soul. We live in a society that too often offers quick relief for discomfort that can be a signal that some of the basic myths we have been organizing our lives around need to change. By helping people access and utilize their unconscious wisdom we will be better able to address the complex and difficult challenges of the new millennium with elegance, grace and compassion.

Learning without Words

by Amy Stewart, M.S.W.
Denton, TX

Early in my career, I worked as therapist and case manager in a large residential facility for children. The dorm to which I was assigned, housed 20 adolescents who had been removed from their homes. During their placement, the children participated in a variety of programming, including educational training, individual therapy on a weekly basis and daily group therapy. Some of the teenagers remained for short periods while others had permanent residency.

All of the children arrived with serious traumatic experiences in their backgrounds. Most of them had been through various treatments with several agencies. Our staff recognized the importance of individual treatment plans tailored for each child; sometimes creativity was the key to reaching a youngster.

Tony was a 13 year old African-American boy who, with his 12 year old half-brother Mike, was placed in the program as a result of medical, emotional and physical neglect. Mike adapted well to residential life but Tony exhibited a great deal of difficulty adjusting to the group home. He did not appear to be able to create or maintain relationships. His aggressive behavior prevented his participation in most of the social activities. His lack of insight regarding his obvious feelings of anger created a vicious cycle of frustration for him. This was expressed in aggression toward others and in explosive temper outbursts.

Other adolescents with whom he interacted both socially and in group therapy were either frightened or frustrated with him. Tony refused to attend individual therapy sessions. As his therapist, I felt at a loss.

One day during recreation, I noticed Tony concentrating on sketching a picture. He sat contentedly alone, focused and serious as other children played. I looked over his shoulder and saw he was drawing a tall building. His artwork was detailed and full of color. When I asked to look at the picture more closely, Tony proudly showed it to

me. Then he said, "I'll bet you can't draw as good as me."

Recognizing the opportunity, I accepted the offered camaraderie. Tony and I began drawing pictures. We sat together and discussed our art together. Our shared art became the foundation for developing a therapeutic relationship. After two weeks of spending our recreation period working on our art, Tony agreed to attend individual sessions. He maintained his sense of control telling me that his participation would be voluntary.

After a time, Tony came to one of our sessions with an idea. He wanted to build a volcano. Together, we planned and built a paper mache volcano that covered an entire table top. He had learned about volcanoes in science class where he had also learned that a mixture of baking soda and vinegar created a mini-explosion. Determined to create an "active" volcano, he used them to create a chemical reaction. In fascination, he watched the volcano while it erupted.

In subsequent sessions, Tony was able to see similarities between the volcano and himself. In talking about the volcano, Tony was able to discuss his own explosive conduct. He was even able to draw a parallel between his putting ingredients together to create an eruption in his volcano, and other people being able to supply ingredients to create an eruption in him.

Over time, Tony made great progress. He was able to reach levels of success that no one, including himself, had previously thought possible. Our original non-verbal communication evolved into a working and therapeutic dialogue.

My last day at the facility, Tony gave me a special gift. He had picked out a print, from an art store, of a young black male dressed in a suit and walking down a graffiti-ridden street. Surrounding the young man were the words, "Hope, Faith, and Peace." Tony said, "Miss Amy, when you look at this, think of me." And I do.

DISCUSSION

by Henry Close, Th.M.
Atlanta, GA

There are several perspectives from which this delightful vignette

may be discussed. Issues of power seem particularly relevant.

Tony came from a traumatic background. This inevitably leaves one with a serious sense of helplessness - an inability to influence one's world as one wishes. To establish friendships would mean to let someone else influence him, which means to give up at least some of his independence and control. But the resulting isolation left him feeling even more helpless. Perhaps his aggression and outbursts of temper were efforts to have some kind of control over his world. This backfired, however, and left him feeling isolated and even more helpless.

Tony had "no insight" about his anger. Does this mean that if he understood things the way someone else wanted him to understand them, he would be giving up even more of what little power and independence he had left? Perhaps this is why he refused to attend individual therapy sessions -- he would be doing what someone else wanted him to do.

When Stewart commented on his art work, his immediate response was power-oriented: "I'll bet you can't

draw as good as me!" This allowed him to assert his own competence.

As time progressed, Stewart stepped out of the role of authority, offering a peer relationship. They both drew pictures, and both commented on each other's work. When Tony finally realized that Stewart was not going to exercise power over him, he consented to individual sessions. However, he made sure she understood that he retained the power to terminate them.

It is interesting that Tony chose a volcano, a source of irresistible power, to talk about himself. As he and Stewart developed a relationship of shared power, he made rapid progress, culminating in his wonderful gift to her: a picture of someone like himself, dressed nicely, unaffected by the graffiti-ridden street. The young man in the picture was *not* surrounded by words of power, but by "Hope, Faith, and Peace."

Tony's final words are interesting. He addresses Stewart by her first name -- an affirmation of their basic equality, and he tells her to do something ("think of me"), an expression of power.



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ETHICAL DIRECTIONS

Power in Therapy

by Arthur Joyce, R.N., Ph.D. Candidate
Dallas, Texas

Issues of power in the therapeutic relationship cannot be avoided. Power is a complex and controversial topic. Clients are frequently confused about the role of power in relationships, especially when it comes to their own personal power. There may be serious doubt about how to use power to get or, in some cases to avoid what is really wanted.

As we try to help our clients effect changes in their lives, we use our personal power to motivate, praise, elicit cooperation, and to generally "move the furniture around" (Hillman, 1995). As therapists, we always use power. Whether that use of power becomes abuse of power is often related to manipulation of the client's trust.

The correct use of power is an important part of developing a therapeutic alliance. Research has shown

that that a good therapeutic alliance is facilitated by the client's perceptions of the therapist as helpful, and by receiving help (Luborsky, 1994). For most clients, at least initially, entering therapy is a frightening prospect and the therapist is viewed as an extraordinarily powerful person. Projecting the image of a competent professional who can help the client with problems helps develop a bond of trust. While the client's reliance on persons outside himself clearly puts the client in a lower position of power, the increased trust would seem to be worth the trade-off.

Overt abuse of power is fairly easy to spot. It may take the form of sexualizing the relationship, multiple role relationships, or confidentiality violations. More subtle abuses of power involve the manipulation of client trust.

Abuse of power can be as subtle as pushing the client to explore issues without the client's agreement. This use of power in therapy often leads to

a split in the therapy relationship known as "a power struggle." In this type of scenario, the therapist makes a decision that the client needs to "explore" some issue "for his own good" (see Miller, 1984). This is an example of power used to push the client in a specific direction. The client is pushed without permission or attempt to elicit his cooperation. The client may attempt to sidestep the abuse of power in any of several ways. He is likely to withdraw his trust, because the therapist has violated it. He may take a stance of passive verbal compliance with an internal, perhaps even unconscious, intention to do no such thing. He may attempt to manage by missing sessions or arriving late. If confident enough, he might even confront the therapist. For example, "I never intended to work on this issue. Why are you attempting to force me to?" Part of professional responsibility is recognizing these cues as a coping response. We also must look at our own motivations when we recognize that what we are doing is not helping the client resolve therapeutic concerns.

The ethical balancing act involves working comfortably with the contra-

dictory aspects of power. In 1967, Erickson commented, "What your patient does and what he learns must be learned from within himself. There is not anything you can force into the patient" (Haley, 1967, p.535). Using power judiciously, to motivate clients into action is also a part of the change process. The ethics of power dictate that we as therapists bear the weight of responsibility to examine our motives and our use of power with clients.

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INTERNATIONAL COMMUNITY

Hypnotic Journey in Bali

by Albina M. Tamalonis, Psy.D.
New York City, New York

A diversified group of 20, including nurses, social workers, psychologists, a mid-wife, a minister, a licensed psychologist turned American Indian Shaman, a nurse turned psychologist and a Feldenkrais therapist turned psychiatrist all gathered for a two week trip to Bali. There, under the guidance of Eric Greenleaf, Ph.D., and Betty Alice Erickson, M.S., we studied hypnosis, trance possession and healing rituals. Some of us began the trip as complete skeptics--I was asked to write about this trip because I was one of those skeptics.

Our experiences involved combinations of didactic teaching, observation of cultural phenomena, and participation in local activities. Bali has exceptional integration of altered states of consciousness into the daily lives of the Balinese. This environ-

ment also provided a unique and wonderful opportunity to incorporate learning with a vacation atmosphere.

Approximately three million people inhabit Bali, amidst beautiful beaches, active volcanoes, dense rain forests and rich rice terraces. Their predominant religion--inseparable from many aspects of their daily life--is a kind of Hinduism with strong currents of Buddhism, animism, magic and ancestor workshop. The Balinese are creative honest people with a strong sense of right and wrong. They and their culture were studied intensely by Margaret Mead and Gregory Bateson.

We arrived during Galungan one of the most important island-wide religious celebrations. During this time, it is believed that ancestors descend from Heaven and re-enter the world. Ritual feasting takes place in all the villages and the house temples--which every house has--are wrapped in sacred black and white checked cloth and tied in yellow ribbons. We also attended Pengerebongan, a cere-

mony in which the gods, residing in masks, are carried down to the river. There, the men enter a trance and run back to the village carrying the gods in ornate gilded containers. They race around the plaza in front of the temple in a frenzy while still carrying the gods, who are fighting to remain on earth. According to Luh Ketut Suryani, M.D., Ph.D., a western-trained Balinese psychiatrist, this ritual "gives the usually quiet and proper Balinese people a forum to express aggressive and brutal feelings not allowed in our society."

Visits to various healers were fascinating. One healer went into a trance by inhaling incense and then, supposedly possessed by the spirits of the ancestors of the patient, spoke in the voices of those ancestors. The ancestors alerted the parents of the patient, an ill child, to lapses in important religious rituals. After performance of a dance, the healer lost control of her spirit and her husband used water and prayer to help her regain her spirit.

Am I still a skeptic? I believe I saw many genuine hypnotic trances that were very different from the trance states I know and use as a Western psychologist. Just as importantly, the various rituals and trances we saw re-affirmed an important hypnotic principle: it is the power of an idea that heals. The entire Balinese society, from the farmer in the rice paddy to the most highly educated professional, believe that during trance ancestors guide them. This has immense power. The belief that there is something, a trance, a voice of an ancestor, the remembered feel of another's caring, is an inseparable component of actual healing and health.

Overall, this experience was very gratifying in terms of personal and professional experience and growth. I returned relaxed, professionally broadened and more appreciative of the diversity of ways in which hypnosis can impact people. Most importantly, I came back an enriched therapist.

SPEAKING OF RESEARCH

Hypnosis with Difficult Patients: A Call for Research

by Donald B. Douglas, M.D.
New York City, New York

During the '50s, at the American Society of Clinical Hypnosis (ASCH) seminars it was often the custom for a panel of experts to conclude the meeting with a question and answer session. During one of these, I asked a question that had troubled me and still does: What is to be done about the truly difficult patient? Of course, I am aware certain aspects of hypnotizability are being studied and that hypnotizability can be modified. Even with all the progress during the past 40 years, our books, tapes, videos and seminars still describe or demonstrate work with that group for which I can find no better description than "easy patients."

The main topic of the meeting, I had attended, was pain relief. I was trying to understand how to manage treatment for the difficult patient, not simply those who are "resistant." I define truly difficult patients as those who have a destructive response to most treatments and therefore require a variety of techniques and approaches. They are the manipulative, uncooperative, miscomprehending and

often demanding patients who do not seem able to respond successfully, or even modestly, to what we have to offer. For example, the malingering and Munchausen Syndrome patient and, very rarely, the outright crook. Nevertheless, if hypnosis were better understood, instead of avoided in these patients, we might be able to "salvage" many of them. As I said, I do not know the answer to my question. What I find so distressing is that in our literature and teaching this question is so rarely addressed.

The patients I have described here as "difficult," for want of a better description, are the patients of big city practice who constitute a noticeable minority in the clinic. Many of them suffer from severe, chronic complaints and pressing needs. They are the patients who elicit exasperation dulled by criticism and thankless effort. The medical, psychological or psychiatric diagnosis usually has little to offer in explaining this patient population who are, in one sense, highly predictable and in another sense a mystery.

My question at that meeting almost fifty years ago was about pain relief for these patients. The only useful response was from Dr. Erickson who stated, "The lower the IQ, the more resistant, incompetent, ignorant and ill-educated the patient, the more complex will be the psychopathology."

This statement has certainly seemed to be true and while not a solution to the question, it was at least an answer, at least a beginning. Unfortunately, I do not think we have followed up even on this beginning.

With some notable exceptions, such as the use of hypnosis with psychotic patients, the literature on hypnosis has almost nothing to say about this particular spectrum of what might be called the difficult patients of daily life and daily practice. Within the research field, there seems to be a detachment from the clinical. The journals carry very complex theories about hypnosis. It even seems as if some authors debate orthodoxy, heresy, reformation and counter-reformation in the Elysian fields of hypnotheology. There is prolific interdenominational discourse, diverting and even entertaining, but not a word about everyday cases such as the taxi driver on disability because of his failed post-accident laminectomy syndrome. Both journals and text seem to follow the teaching presentations or personal demonstrations (i.e., success with ideal patients).

I remember years ago at that seminar thinking, "I can treat these patients. Anybody can treat patients like these." I would not voice any such impertinence now, but what are the real limitations? And, what are

the operative factors in these limitations? It is time for us to admit and speak about them and about the patients whom these limitations preclude from our help.

I have seen, and some colleagues have described to me, experiences with patients who were told they "cannot be hypnotized." We often found that this was not the case, and that we were able to offer these patients some help through hypnosis. This leaves me to wonder how many patients are suffering from pain or other symptoms and problems for which they might be able to receive either a small or even considerable degree of relief.

It is not right to dismiss these difficult patients as "unhypnotizable" and then hasten on to the easy cases (i.e., the fortunate, cooperative, not much distressed or damaged, motivated, agreeable and easily hypnotizable). I remember one student's comment that, "What these experts really want are well patients or movie stars in remission."

Perhaps it may become possible to examine and even to truly research the basic nature and basic process of hypnosis. What we would hope to discover is the clinical relation to the complex psychopathology of limitations that Dr. Erickson spoke about so long ago. Perhaps then we will be learning something more useful than the lifestyles of the agreeable and hypnotizable.

BOOK REVIEW

Current Thinking and Research in Brief Therapy:

Solutions, Strategies, Narratives

Edited by William J. Matthews, Ph.D. & John Edgette, Psy.D.

The Milton H. Erickson Foundation
Annual, Volume III

Brunner/Mazel Publishers, Philadelphia
and London, 1999 (348 pages)

Good things come in threes, and

this third volume of the Erickson Foundation's effort to showcase contemporary Ericksonian thought and Ericksonian inspired contributions is no exception. In *Current Thinking and Research in Brief Therapy*, the editors, William Matthews, Ph.D., and John Edgette, Psy.D., have chosen a group of seasoned contributors. Their work is organized into four sections: models of therapy; conversations; the use of hypnosis in therapy; and research. Each contribution has its own uniqueness and freshness that makes for stimulating reading.

The models of therapy section opens with a fitting tribute by Jeffrey Zeig, Ph.D., to Elizabeth Erickson, the wife of Milton Erickson, high-

lighting her many accomplishments and professional achievements. This becomes an introduction to the collective insight of Mrs. Erickson and her two daughters, Betty Alice Erickson, M.S., and Roxanna Erickson, R.N., Ph.D., about the underlying framework of Erickson's work. They mention how conducting therapy in the context of a caring family audience sponsored mutual learning between each colleague, student, patient, and family member allowing personal and professional relationships to deepen and overlap.

As the family reminds us of Erickson's exquisite choice of words, Allen Ivey, Ph.D., and Thomas Daniels, Ph.D., remind us to be exquisitely sensitive to what individual brings to us from cultural con-

texts. They discuss their atheoretical approach focusing on the detailed steps, or microskills, that lead to concrete results in counseling.

Robert Wubbolding, Ed.D., discusses the origins and development of reality therapy. Within this system, behavior is treated as a conscious choice. The teaching, "directly by explanation and indirectly by skillful questioning," repeats an Ericksonian pattern.

Barbara Bruno, Ph.D., and Michael Loewy, Ph.D., point to research showing that people, classified as overweight, who exercise and are fit, can have lower death rates than thin people, who do not exercise and are not fit. They discuss the "size-accepting" approach and that overweight
continued on next page

HISTORICAL NOTES

Paracelsus

by Sharon McLaughlin, M.A.
Lakeport, Ca.

Born in 1493, Philippus Aureolus Theophrastes, known as Paracelsus, became one of the earliest physicians to denounce demonic possession as the cause of mental illness. Possibly the first person to use the word "unconscious," Paracelsus described mental illness in terms of a process within the individual. He traveled extensively, incorporating different cultural methods of healing into his works. His contributions to the fields of medicine and mental health also include some early postulates on personality theory, experimentation with magnets and metallic substances which were early precursors to hypnosis, and treatment that, by design, served to access and build upon internal resources.

In the early 1500's when Paracelsus' book, *The Diseases that Deprive Man of His Reason*, was written, the common view of mental illness found its causality as the possession by evil spirits. In the preface to this book, Paracelsus declared the root of disturbance within the individual, stating, "We must not forget to explain the origin of the diseases which deprive man of his reason, as we know from experience that they develop out of man's disposition. The present day clergy of Europe attribute such diseases to ghostly beings and threefold spirits. We are not inclined to believe them." In his book, *On the Origin and Healing of Diseases*, in a chapter on insanity, Paracelsus describes the cause of insanity as the "...abuse of the natural strength of reason. Because of their own limited knowledge, men are thrown into a confused state of mind. This leads them to doubt and to great preoccupation, together with intense fantasies (daydreaming) and eventually insanity." He also attributed some forms of disturbance to the disruption of humors, caused by powers of attraction from the moon.

Paracelsus linked the importance of imagination and the unconscious to the development and treatment of mental disturbances. He described the origin of St. Vitus' Dance as an

idea affecting those who believed in it. "The opinion and idea are the origin of the disease born in children and adults. In children, the cause is also an imagined idea... their sight or hearing are so strong that unconsciously they have fantasies about what they've seen or heard." Paracelsus also believed that imagination created magnetic actions between individuals that could be interrupted or changed through the use of amulets or magnetic substances.

Not only did Paracelsus see the power of imagination in the etiology of mental disease, he saw it as useful in the formulation of its treatment. He utilized the strengths of individuals and accessed their internal responses to generate a cure. In his book, *De Lunaticis* (On the Lunatics) Paracelsus stated, "Whatever rational power the lunatic has should be used as much as possible by explaining the disease to him and giving suggestions and admonitions. This, however, should be accomplished not by juxtaposition from the outside, but by spontaneous awakening from the inside so that in the sick mind the healthy forces may overcome the disease."

Paracelsus treated psychic conditions with psychic methods. It has been said about him, "His was psychotherapy consisting of discussing, reasoning, encouraging the patient, of providing him with a proper psychic environment" (Allendy, 1945; cited in Mora, 1967). Thus, Paracelsus was able to create a context within which he could exercise his influence as a physician and assist his patients in using their own will to cause healing.

Paracelsus saw the human personality as a "dynamic state of balance between the unconscious (animal soul) and the conscious (rational) soul, between well-being and illness, and ... between man and his universe." (Mora, 1967). He believed the human spirit, in order to survive, must suppress the animal spirit which was constantly reflected in behavior and dreams. In addition to internal components, Paracelsus found great significance in man's symbiotic relationship with the universe.

Paracelsus spent 14 of his 48 years of life traveling extensively through

out Europe, Turkey, and the Middle East. He experimented with recipes and treatments that he found in medical communities throughout his journeys. Many of his findings became the foundation for homeopathic medicine. His studies of medical practices in different countries, his contributions to the study of alchemy, his search for "natural causes" and "natural cures" for human ailments made Paracelsus an important figure in the history of medicine. His experimentation with metals and magnets predated and influenced the development of hypnosis. And most significantly,

his disavowing demonic possession and instead searching for an internal construct to human nature, and human frailties, made him a significant figure in the evolution of psychiatry.

Reference:

Mora, G. (1967). Paracelsus' psychiatry: On the occasion of the 400th anniversary of his book "Diseases that Deprive Man of his Reason" (1567), *American Journal of Psychiatry*, 124, pp. 111-122.

Current Thinking

continued

people can have the life they want independent of any weight change. Weight change has to be negotiated and a person may be instructed to eat only "delicious" food. Suggestions for how to make your office friendly and accommodating to the overweight person are presented.

Reid Wilson, Ph.D., describes effective treatment for obsessive compulsive disorder by having the person, "Understand that the content of the obsessions are irrelevant. Accept the obsessions instead of resisting them. Seek out uncertainty. Seek out discomfort." Wilson mentions singing an obsession, but not expecting to enjoy it, as an interesting method of interrupting preoccupation with content.

The editors then present two dialogues that reflect current controversy within the field and emphasize the themes of "science, reality, and the importance of science-based practice." In the first dialogue, philosopher Barbara Held, Ph.D., cogently describes the brief therapy movement and roasts the postmodern offshoot. In response, conversational analyst Jerry Gale, Ph.D., unfurls the postmodern banner and crafts a tangential, irrelevant, obfuscating, and mystifying response that is the anti-logical equivalent of Held's powerful logical train. An article by Douglas Flemons, Ph.D., and Kristin Wright, M.S., about the hypnotic construction of memory, becomes the substance of a fascinating e-mail dialogue between Matthews and Flemons.

Philip Appel, Ph.D., gives us an extensive review of the use of hypnosis in physical medicine and rehabilitation. He covers the types of problems encountered and presents special considerations of hypnotic strategy in each.

Edmund Thomas Dowd, Ph.D., begins the research section comparing the difference and overlap between resistance and reactance. He portrays reactant individuals as the "movers and shakers" of society motivated by being in control. Dowd recommends using the Therapeutic Reactance Scale to predict therapy interactions, and has good ideas about engaging the reactant client in therapy.

Dan Short, M.S., concludes the book with a comprehensive review of the theory and research about the use of hypnosis with children. He recommends the development of an operational definition of child hypnosis, including a specific description of the hypnotic procedure and the exact wording of suggestions. The accurate definition of procedures will allow better comparisons of outcome studies and more accurate replication of results. *Current Thinking and Research* is a well-done volume that expounds on the historical context of Erickson's work and shows how current it is in modern practice and research.

Reviewed by:

Lawrence F. Berley, M.D.
Hingham, Massachusetts

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Hypnobirthing: A Celebration of Life

by Marie F. Mongan, M.Ed.
Concord, New Hampshire: Rivertree, 1998

In the book, *Hypnobirthing A Celebration of Life*, Mongan provides a positive approach to birthing, one in which the pregnant woman approaches the event with confidence rather than fear. The book begins with a historical account of how women have been conditioned to associate pain with childbirth. Frightening events that were commonly practiced during the middle ages are then contrasted with earlier times, dating as far back as 3,000 BC. Mongan emphasizes that Hypnobirthing is different from the concept of Natural Childbirth because Hypnobirthing concepts are skills that must be learned and developed.

Throughout the remainder of the book Mongan provides a comprehensive overview of the labor process. She does a thorough job of describing the muscles of the body and how they function during the labor process. She addresses how fear affects the functioning of the muscles and interferes with an easier birth process. Many examples of relaxation techniques are provided as well as discussion of the importance of recognizing and releasing other emotions that might hinder a pleasurable birth experience.

Relaxation and breathing are noted as the keys to success. There are extensive examples and descriptions of these are accomplished. Details of how to guide oneself through a series of these exercises are given. Mongan also provides a script for the birthing companion to assist with the relaxation practice before and during labor.

Various visualization exercises are explained as well as physical exercises. Other concepts including perineal massage, affirmations, and pre- and postnatal bonding are also described with examples. Mongan emphasizes that this method of medication free and pain free birthing can be extremely effective with appropriate practice, if no complications to mother or child arise during delivery.

This book contains many practical applications for pregnant women. It

offers interesting, educational reading as well as information that could be used in the therapeutic environment or as outside recommended reading for a client. It includes the author's web site, e-mail address and emphasizes that Hypnobirthing classes are offered throughout the country. Relaxation tapes can also be ordered to assist with practice and the birth experience. Unfortunately, I tried to find out if there were classes offered in my local area and never heard back from the author. Even so, I enjoyed the book and I recommend it for the disciplined individual who will be devoted to practice. Any clinician who works with women with issues relating to pregnancy should be exposed to the philosophy and associated techniques, described in *Hypnobirthing*.

Reviewed by:
Aimee Short, M.Ed.
Dallas, Texas

Stories for the Third Ear

by Lee Wallas
New York:
W.W. Norton,
1985

Stories for the Third Ear is a delightful collection of what the author describes as tales, which she uses in psychotherapy as a creative way to enhance the effectiveness of her work with clients. The "third ear" used in the title refers to Friedrich Nietzsche's interpretation of that part of the human psyche with which we are able to listen to the "metaphorical language of our intuition," and thus achieve understanding.

Lee Wallas bases her book on the concept of Milton Erickson's use of the anecdote as a metaphor in psychotherapy to bring about effective changes in clients. This author uses imaginary fables, rather than anecdotes, to achieve the same end. Erickson made extensive use of hypnotherapy to bring about a state of relaxation in his patients, which produced a decrease in resistance to the therapy process; Wallas induces a trance-like state in her clients for the equivalent result. Her introduction to the book describes, in detail, how she goes about establishing rapport with,

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and gaining the trust of, her clients over time, introducing the trance state, and finally letting the story that best fits the client's needs "tell itself."

The first story in the book, *Porky the Porcupine (A Story for a Paranoid Personality)*, tells the tale of a porcupine, who kept others at quite a distance from himself by using his sharp quills as a defense. Inside, Porky was really rather frightened and puzzled by the reaction he received from others of whom he was afraid. His encounter with a turtle and their ensuing conversation helped the little porcupine understand that others were just as vulnerable as he was, and Porky learned to keep his quills down when they were not needed. He did encounter an enemy in the Laughing Hyena, with whom he found it both appropriate and necessary to use his quills to defend himself. Porky thus learned the distinction between making friends and protecting himself. Eighteen other stories follow this one, each making a point for patients with difficulties ranging from separation anxiety

to obsessive-compulsive disorder.

In her introduction, Wallas quotes a teacher who once told her, "If you want to be heard when you teach, then speak as if addressing an eight-year-old." *Stories for the Third Ear* is well written, and pleasurable to read. In my estimation, the author achieves her goal of describing an effective technique that is easily translated into a variety of therapeutic milieu. The use of hypnotic fables can be employed by psychotherapists to enhance their own collection of methods to lower client's resistance to therapy, gaining insight into problems and reaching toward solutions.

Reviewed by:
Janet L. Detzel, LMSW-ACP
Dallas, TX

Editors Note: Although this book was published in 1985, we have verified that it is still available. This valuable resource on the topic of story telling in trance and therapy has never been reviewed in the Newsletter.

VIDEOTAPE REVIEW

Examining the Resolution of Anxiety and Pain Problems Using Hypnosis

Demonstration by Stephen Lankton, M.S.W., DAHB

Available through the Milton H. Erickson Foundation, Inc.

See Page 17 for ordering information

This video, *Examining the Resolution of Anxiety and Pain Problems Using Hypnosis*, records a masterful demonstration by Stephen Lankton at the Erickson Foundation's Brief Therapy Conference: Lasting Impressions, 1998. The subject, Brook, whom Lankton has just met, is a man in his early 40s with chronic shoulder and neck pain from physical trauma and surgery. Brook's wife is a physician, and he uses self-hypnosis for

pain control. In describing his problem and his approaches to it, Brook uses a fair amount of jargon, emphasizing his sophistication and indirectly signaling a certain I'm-in-charge competitiveness. In addition to wanting relief from the pain itself, Brook talks about the exhaustion of living in constant pain and the fear that he will forget what it's like to be healthy, to be pain-free.

In a relaxed, conversational style, Lankton takes control immediately, asking Brook to recall a time when he was entirely healthy. Brook chooses 1974 (age 17). Lankton asks him to put himself in trance, and "we will see if I can facilitate that at all." Using a fractionation technique, he then rouses Brook, asks him how he created the trance, and asks him to go back into it. A deliciously laid-back confusion technique follows. Lankton casually piles task after task upon Brook: relax by noticing your body; shift attention quickly from one body

part to another; enjoy visual memories from age 17; I spoke recently to a client who was looking at pictures of her son . . . ; remember your physical sensations from age 17, and as you remember his leg, connect your real leg to his in your mind; an Olympic athlete with whom I worked . . . ; search, as though with a magnifying glass, for the exact location of the pain you used to feel, discovering that you can't find it; and on and on.

Embedded in the confusing instructions are countless suggestions about health, compassion, pride, and well-being. Lankton anchors Brook's sense of health to omnipresent stimuli such as his heartbeat, even explaining that when Brook's attention wavers from the task, his unconscious will continue to develop the healing. After spending time with the 17-year-old Brook, Lankton invokes a Brook in his early 60s, suggesting that the older, wiser man may have trouble even remembering the issue that seemed so pressing in 1998. Lankton directs a detailed search through Brook's body, asking him to notice all the health in his scalp, intestines, feet, etc.

As he brings Brook out of trance,

Lankton lets fly a dizzying barrage of healing and amnesia-inducing suggestions which, among other things, connect him to past and future generations. When Brook awakens, Lankton invites him to resurrect the fear and see if he can find his way back out of it.

The question-and-answer session with the audience is marred by the lack of an audience microphone, so we cannot hear the questions. Even so, we gain some useful information. Other minor sound problems are trivial.

For instruction, this video serves the needs of therapists with intermediate and advanced skills in Ericksonian hypnotherapy. A beginner would be lost. There is but little didactic content, so the viewer is mostly on his own to mine the considerable trove of jewels that Lankton presents to Brook. I recommend *Resolution of Anxiety and Pain Problems Using Hypnosis* very highly.

Reviewed by:
Will Handy, LMSW-ACP
Dallas, TX

VIDEOTAPE REVIEW

My Personal Trance with Milton H. Erickson M.D. Past and Present

by Maryann Reese, M.A., L.M.F.T.

Southern Institute Press

PO Box 529

Indian Rocks Beach, FL 33785

My Personal Trance With Milton H. Erickson M.D. contains an archival video of Erickson during a teaching session in 1979. Maryann Reese, the primary hypnotic subject during this demonstration, retrieved this tape from her personal collection of material and decided it might be useful for others.

During the introduction, Reese gives a good sense of what it was like to be in the room with Erickson. She also gives an overview of many of the techniques demonstrated and discuss-

es how this tape still influences her way of thinking. There is an anecdotal description of some of what she experienced in the trance as well as what it has meant to her subsequently; she describes the seminar as having a pivotal influence on both her personal and professional life. It was a "unique experience which I did not realize at the time."

Subtitles and the accompanying script make it easy to follow Erickson's suggestions that would otherwise be difficult to understand. The content of the work done, however, is so interesting that one soon forgets the subtitles. Erickson shows economy of words as he works with a reluctant subject--she seemed to deliberately oppose some of the more direct suggestions. When Erickson suggested she close her eyes and uncross her legs, her response was not immediate; it demonstrated the ability of a subject to maintain autonomy

while accepting trance suggestions.

The camera remains focused on Reese the majority of the time. This allows you to see the influence of Erickson's words as he speaks them and to watch the physical cues which Erickson then integrates into his suggestions. However, you do not see much of Erickson as he speaks.

The recording of the demonstration is, of course, not as sharp as is the recent introduction and conclusion. Reese has done an excellent job with the introduction and conclusion as well as with subtitles for most of the tape. The demonstration ends after only 20 minutes and the disappointment is more acute because the ending occurs just as someone asks an interesting question about the use of hypnosis in another venue.

The value of this tape is its archival and experiential nature. There are precious few resources that actually show Erickson at work. This video

provides an opportunity for a student to capture the subtleties of Erickson's multi-level approach and to muse over his introduction to the trance state he induces. It reemphasizes the complexities of Erickson's approach in ways the viewer can watch and re-watch, each time, as Reese says, discovering something new. Only primary source material has this ability.

At the conclusion of *My Personal Trance*, Reese suggests that the watcher listen to Erickson's suggestions and respond and experience with one's own way "...know your own personal trance." She describes this as a clear and precise demonstration of the power and elegance of Milton H. Erickson, M.D. As Erickson told her, "There is always something more to learn."

Reviewed by:
Roxanna Erickson Klein, Ph.D., R.N.
Dallas, Texas

Approaching a Crisis: Threats of Violence, Divorce and Suicide

by Jay Haley & Madeleine Richeport-Haley

Triangle Press, P.O. Box 8094, La Jolla, CA 92038

Length: 50 minutes

There were several things I found to be valuable and informative about the video, *Approaching a Crisis*. It can serve as a powerful learning tool for helping to develop counseling skills. The third person perspective is one that all therapists should seek to obtain during and after their counseling sessions with clients.

In this video, the viewer is presented with what appears at first to be a relatively simple family problem. At the beginning of the session, it is apparent that there are oppositional behaviors manifest in the young male child. The viewer soon learns that the presenting problem is only the first layer in a multi-layered array of problematic family dynamics. The therapist in this video learns that the wife has filed for divorce and that the husband has a history of being violent and suicidal.

The video provides valuable instruction by placing the therapist in a series of therapeutic dilemmas and repeatedly requiring him to make difficult choices that will clearly affect his relationship with the individual clients and the family as a whole. He is forced to choose between his desire

to hold the family together and his concerns for the safety of the wife and the child. He must also consider his duty to protect the life of the husband from the threat of suicide. At each critical juncture, Haley briefly discusses the choices facing the therapist.

These decisions include many that are commonly encountered by family therapists: who to speak to first, whether a family member should be temporarily removed from the session, and whether potentially upsetting news should be presented by the therapist or by one client to the other. In the course of the video, the therapist makes the ethically correct choice in arranging for the safety of the wife and child. We also see the therapist expressing compassion and providing support for the emotionally unstable husband. In general, the choices made by this therapist are in line with Ericksonian principles; the focus is on the family, it is brief therapy, and the interventions are often creative, uncommon, and sometimes highly controversial.

I was pleased with how the therapist dealt with the crisis issues that were presented. One of the relatively unavoidable limitations of the video format is that the audience can only develop a partial appreciation for how quickly and deftly the therapist must develop rapport with the family members. It almost seems too easy in this video.

I plan to use this video for training psychology interns. I believe it will help students prepare for family

counseling sessions. I plan to stop the tape before and after the critical decision-making junctures to stimulate discussion and growth. However, I was not pleased with the somewhat "pollyannish" character of the concluding scenes. First of all, everyone is smiling and the viewer is left to believe that things are pretty much resolved because the therapist went out drinking with the alcoholic husband the night before. I certainly would not approve of my interns taking this action. Second, there is no closure on the issue of the child's behavior and his need for further counseling. Nevertheless, the overall quality of the video, *Approaching a Crisis*, is satisfactory and the production is of professional quality.

Reviewed by:
W. Scott Badger, Ph.D.
Dallas, Texas

Interview *continued*

might become that she might not have a husband.

JG: What do you see as the role of managed care in psychotherapy?

MG: I do not know. Some things to me are so logical and other things so absurd that it's hard for me to understand that other human beings do not agree. And one of them is that I do not understand why insurance has anything to do with medical care or psychotherapy. Hillary Clinton's work on managed care gave managed care a bad name. Everyone also talked against the Canadian's system. I believe theirs is a far better system than ours. So I can not really predict the future of managed care. On the one hand, I see a dazzling future possible. But then I do not see any evidence of this dazzling future and I see so many things are not good. For example, what will care for the poor be?

JG: Don't you think that conditions improved though, say, maybe, within the last 25 years?

MG: No, I do not. I do know they have not improved. The amount of money that adults are given to care for their children has diminished drastically from when I first started. We all knew it was not enough to live on then. There are cases now, for example, of poor families in San Francisco where the parents do not eat on the weekends. They can only afford to eat

on days when their kids get free lunches. No, caring for the poor has not improved in my opinion.

JG: I know you have been doing short-term therapy for a while. I use Redecision Therapy and do not think of it as exclusively short-term.

MG: Yes, I think that therapists generally do what they can do best. Under HMO's, some therapist today are almost required to become short-term therapists. So they should learn how to do it. I think it's appalling that so many schools are teaching short-term therapy when their professors are people who do not have the foggiest notion about long-term therapy. You cannot do short-term psychoanalysis, even though some psychoanalysts are now teaching it. Redecision has always been seen as short-term therapy. That is why trainers such as yourself offer one week training segments.

JG: What has lead to the spread of Redecision Therapy?

MG: My husband, Robert Goulding, M.S.W., and I did not make an effort to market it. We did not promote Redecision Therapy the way it might have been brought forward. Bob and I developed it in a manner that we felt was most useful to the individual. Several years ago we had one convention in Asilomar but I thought Redecision Therapy would not continue without Bob and me. Then, all of a sudden, there was Carolyn Lennox who published a book on the topic, *Redecision Therapy: A Brief, Action-Oriented Approach* (published by Aronson, 1997). After that people started to teach it. Which is wonderful because it belongs in this generation even more than ours. It's both brief therapy and long-term, and people can take their pick.

JG: How did you decide to do your first group?

MG: With Bob and only because he insisted. I was a long-term "pseudo-psychoanalytic" social worker. You know, that's how we were all trained. I was afraid of doing the group, because I had a frightening fantasy that the entire group would turn on me critically. I remember when Bob, who was so open, said this wonderful therapist Joan Fagan was coming. "She wants to learn about groups, so I told her to sit in your groups." I was terrified. Later, Bob and I began doing groups together, and it was so much fun that we decided to merge all

continued on next page

FOREIGN BOOK REVIEW

L'Hypnose Clinique Contemporaine

Published in French, 1998

The proceedings from the first French forum on hypnosis and brief therapy have been recorded in a two volume set. The conference was organized by L'Institut Milton Erickson d'Avignon-Provence and held in Vaison-La-Romaine, June of 1997. Volume I is titled *Principes, Concepts et Développements*. Volume II is titled *Applications Thérapeutiques*. The preface was provided by Edouard Zarifian, professor of psychiatry and medical psychology. Some of the contributors include Dr. Patrick Bellet, Gérald Brassine, Thierry Mellchior, Dr. Jean-Patrick Ziccarrelli, Bruno Bianchi, Dr. Jean-Claude Espinosa, Dr. Jorge Abia and Teresa Robles, as well as many others.

This two volume set is available for review. If you would like a free copy of *L'Hypnose Clinique Contemporaine*, and are willing to write a brief review for the *Newsletter* (in English), then contact Dan Short by email (dshort@flash.net) or postal mail (7424 Brentfield Drive, Dallas, Tx 75248).

Interview *continued*

of our groups. I believe it is the best therapy. But I think most therapists do not know that. There are so many reasons to do group therapy.

JG: Mary, you have always been a strong advocate of groups and group therapy. I have always advised clients towards groups. I sometimes will say to the clients, "You know I would like for you to come into a group because I would like to do the best therapy."

MG: And groups are hard to get started. Several of my friends, excellent therapists, have tried to do a group for therapists in San Francisco but nobody has been able to get it together. I've signed up several times because I would like to be in a group for therapists. I do think that people who have done only individual therapy need some supervision when they get started with groups.

JG: It's rewarding to watch people who have followed through in therapy and made major life changes.

MG: Yes. However, following through, in the traditional way, is not always required. One of my favorite

examples is that of a man whom I thought was going to be divorced. His wife said he was not doing anything with the children. He had all kinds of reasons for this. She talked him into coming to a one-day lecture that Bob and I did on "Redecision Therapy and the Family." He came to that one lecture. He put it to work over a long-term basis. He did not want therapy and he did not want a divorce. He changed dramatically doing the therapy through his head.

JG: You have mentored a lot of us.

MG: I think mentoring is a very important role. It's something that all therapists need to be comfortable with in becoming a therapist; to think of how they are going to be a mentor. I heard a woman speak, just before I came here, in a summit for women that Willie Brown had in San Francisco. She started her own business. She matches what she considers potentially successful young women with mentors from the industry. Originally she wanted to do only women mentoring women but there were too few women mentors available. She later commented that men turned out to be fine mentors for women.

JG: What are your views about hypnosis?

MG: My philosophy of therapy, is that patients have to know that they are in charge. The use of formal hypnosis often does not reinforce that message. However, there are similarities to Ericksonian Therapy in a Redecision approach. Both emphasize the importance of a phenomenological approach with respect and care directed toward the patient. Redecision therapy also incorporates the use of imagery and the careful use of language.

JG: You have always traveled and I guess that has been a part of what you want to do.

MG: Absolutely. I am addicted to travel. I love it. I think that is the voyeur in me. I absolutely love just standing there and watching people in a totally different world or a much different world.

JG: You have traveled a fair amount through third world countries. Do you see living conditions getting better or getting worse?

MG: There are differences. I just came back from Laos. They are so poor. I think they are probably, in some ways, better off. Everybody's equally poor in the village and so I am sure children do not feel poor. They do not go to school with rich kids. They go to school with the kids in the village. Nobody has any toys and so some of them have rags that are made into dolls. I do not know that that is so

bad. They are certainly badly off medically. They die in their 40s. On an average, life expectancy is up to about 50. So it's all so relative, and it's such a big topic.

JG: You have also traveled to Japan. Have you seen a greater equality between genders in Japan?

MG: As everywhere, my criteria is: Do both men and women have the opportunity to lead lives unencumbered by other people's cultural scripts? For example, my cleaning man has a sister who is a college professor. That is a family in which the generation of young adults seems free. In Japan, such freedom does seem to exist on a larger scale for women than in the United States. There are women in most professions. I don't know whether the same is true in business. As in the United States, previously women were "taken care of," their need for food and shelter supplied. Perhaps some would rather settle for that, especially if it is first-class care.

JG: Mary, this has been an enjoyable time talking to you. I have been wanting to ask you a lot of these questions. People want to know what you think and believe. I think you have done a remarkable job of being a teacher and a mentor for both men and women therapists.

Editor's Note: For a brief description of Redecision Therapy and its basic principles, see Therapeutic Frameworks, p. 10.

DONATIONS

The Milton H. Erickson Foundation, Inc., would like to thank the following colleagues for their generous donations since the last issue of the Milton H. Erickson Foundation Newsletter: David P. Armentrout, Ph.D.; Margaret L.F. Ballard, MSW; Deborah Gay Beckman, M.S., LPC; Vito E. Bertuglia, M.S.; Mark L. Clark; Elizabeth Cole; Bart H. Danford; Diana Davis; Betty Everett; Rue Anne Hass, M.A.; Mark E. Jackman, M.A.; Sue Lanier; Robert McComb; Jack and Susan Schaefer; Joan Shepard; Lawrence W. Shivertaker, M.D.; Tutsie Silapalikitporn, Ph.D.; Nita M. Spann; Patricia Sumner; Tammy Walters, M.S. We thank you for your continued support of the Foundation and its activities.

The Foundation is engaged in a massive project of making new masters of audio and videotapes in the Erickson Archives to preserve them into the new millennia. For those interested in participating in The Archives Fund Raiser, the Erickson Foundation has bricks from the former Erickson home on East Cypress Street still available. With a donation of \$25 U.S., you will receive a commemorative brick; with a donation of \$100 U.S., you will receive a limited edition commemorative brick (numbered and signed by Mrs. Elizabeth Erickson); and with a donation of \$250 U.S., you will be sent a limited edition commemorative brick and a pencil sketch of Dr. Erickson's, "Home of Hypnosis," 32 W. Cypress Street in Phoenix. In the United States, please add \$7 U.S. for postage and handling charges. All foreign requests, please add \$20 U.S. postage and handling charges. Please contact the Milton H. Erickson Foundation at 602/956-6196 ext.210 for more information. We thank you for your help in preserving audio and videotapes of Milton H. Erickson, M.D.

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