

The Milton H. Erickson Foundation

NEWSLETTER

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INTERVIEW

An Interview with Francine Shapiro, Ph.D.

by Deborah Beckman, M.S.

Background: Francine Shapiro is internationally recognized for development of Eye Movement Desensitization and Reprocessing (EMDR). Originally from New York, she now practices in California. Shapiro is Executive Director of the **EMDR** Institute Inc. (www.EMDR.com), founder and President Emeritus of the EMDR Humanitarian Assistance Programs (www.emdrhap.org), and Senior Research Fellow at the Mental Research Institute in Palo Alto. Her professional publications include numerous books, book chapters, journal articles as well as video and audio recordings.

Deborah Beckman (DB): Who in your family was an important influence?

Francine Shapiro (FS): The primary influence in my childhood was my grandfather who was a cantor in the synagogue. He died when I was about ten years old but the memory of him has stayed very close. He would give free lessons to the boys for their Bar Mitzvah when they couldn't afford them. He would walk miles to get clothing and food and then he would walk further distributing them to the poor. His dedication to service and his compassion was strengthening and profound. He represents opening your heart and opening the hearts of others to possibilities and, for me, to be the very best I can be.

DB: What qualities within yourself have allowed you to pursue work as a therapist and in developing EMDR?

FS: I feel grateful having qualities that have allowed me to do this work--the ability to be articulate, the intelligence level, the energy level, the stubbornness, the persistence. Whatever wiring there is that allowed it to come together, that allowed me



Francine Shapiro, Ph.D.

the strength to continue to do what needs to be done, I'm grateful for it. When you see what EMDR can do, it was not a choice. I didn't have a choice, I couldn't turn back, I couldn't say, "Gee, that was nice," I simply couldn't go do something else once I saw the healing that can take place. Once you can see the pain that's out there, you really don't have a choice in the matter, so the challenge just developed for me. You've simply got to stand up for what you believe in.

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CENTENNIAL OF MILTON H. ERICKSON, M.D.

The Milton H. Erickson Foundation will celebrate the centennial of the birth of Milton H. Erickson, at the Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, to be held December 5-9, 2001, at the Phoenix Hyatt Regency and Phoenix Civic Center Plaza, in Phoenix, Ariz. The Congress theme will be "Ericksonian Footprints: Past, Present and Future."

The faculty for this meeting includes the foremost leaders in Ericksonian Hypnosis, including Betty Alice Erickson, Stephen Gilligan, Carol Lankton, Stephen Lankton, Ernest Rossi, Michael Yapko, and Jeffrey Zeig.

The Congress program was designed by Stephen Lankton and includes a special new Ericksonian Footprints Track. Congress workshops will be presented Friday, Saturday and Sunday. A Fundamental training program will be offered. Accepted Short Courses will be given on Thursday, December 6, from the Milton H. Erickson Institutes, both national and international, as well as from other professionals worldwide.

A special hike is planned to the Squaw Peak Mountain Preserve on Wednesday, December 5, for the dedication of the Milton H. Erickson bench that

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EDITOR'S COMMENTS

"What does [a] person need to learn to become a master of his or her own freedom of thinking?" This intriguing question is raised in "Ethical Directions" (p. 10). When does a person loose freedom of thought? Under what conditions do people become so trapped that they find themselves slaves to their own

Those who have suffered many vears of alcoholism have described entrapment of this type. When people behave as their own worst enemies, hopes for success in a job, with a family or for lasting self-respect are gradually replaced with a seemingly inescapable tendency of the mind to turn to nonproductive thoughts and behaviors. Now imagine, how much more hopeless the situation would seem for someone raised in an alcoholic family, with alcoholic grandparents, and who married an alcoholic wife, also raised by alcoholic parents. If such a person were to come to you for help, what would you do?

In his book, My Voice Will Go With You (1982, Norton & Company), Rosen reports a unique intervention used by Milton Erickson, M.D., to help a man with a similar background. The success of the intervention is implied in the fact that the man's daughter, now grown into adulthood, flies to Phoenix to meet the person who helped cure her parents of alcoholism. How did he do it? Erickson explains that he told the man to, "...go out to the Botanical Gardens. You look at all the cacti there and marvel at cacti that can survive three years without water, without rain. And do a lot of thinking" (p. 80). What magic did that cactus garden hold? My first thought was that the solution to this man's problem did not come from Erickson nor from the cactus plants, but rather, the solution came from the resources of his own mind (c.f., the Lankton's Answer from Within). However, after reading several of the articles contained in this issue of the Newsletter, I no longer hold that same opinion.

It is typical of Western thought to reduce both problems and solutions to a single line of reasoning in which there is one problem that is eventually followed by one solution. When this type of reductionism rules our



Dan Short, Ph.D.

thinking, it seems logical to assume the existence of "a cure" that takes place at a specific moment in time, at a specific place. When viewed from a reductionist perspective, many of Erickson's case reports seem mystical as if some strange magic has occurred. What remains hidden is the wider context, the logical relationship among numerous interactive variables. Unfortunately, nonlinear relationships often remain unnoticed during the type of logical analysis commonly used in Western medicine and problem solving. As stated eloquently by Burns, "Taking a reductionistic perspective may lead to a clear understanding of the minutia. but may also come at the cost of missing the big picture and the interrelationships of its many variables" (see Connections, p. 4).

While reading comments by Elaine Shapiro, Ph.D. (see front page interview), I was particularly interested in her description of how she discovered the relation of eye movement and information processing. occurred while taking a walk through the park (often a good place to think about things). Shapiro furthermore reminds us that anyone can become aware of eye movement if attention is focused correctly. This insight leads me to wonder how much we miss on a daily basis. How much more sense would we be able to make of seemingly "impossible" outcomes if we were able to view reality from a different perspective?

Perhaps the "cure" did not come from within the patient, or from the cactus, or from Erickson. Perhaps there was not a single moment in time during which the man made his

recovery from alcoholism. I am more inclined to think that this individual returned many times to this garden, perhaps when he would have otherwise gone to a bar. I also suspect that Erickson had visited this garden and that its beauty had inspired him. As stated nicely by Argast in this issue's case discussion, "Using the therapist's own personal experience enhances the power of the post-hypnotic suggestion and the patient can vicariously "piggy-back" on the therapist's experience" (see Case Report, p. 16). And, after reading the article by Burns, (see Connections, p. 4) I am inclined to think that while sitting in the garden the man felt physically better with less need for chemical sedatives (in the Connections article. notice the information about hospital beds that face gardens). In other words, the recovery from a lifetime of alcoholism came from this man's readiness to change and his willingness to follow someone else's advice. from Erickson's confidence in his prescription (which would represent his own unique experiences in the Phoenix desert) and from the opportunity created by the garden, a place to go and sit undisturbed, a place to walk and enjoy the benefits of physical exercise, a place to be inspired by the resilience of thirsty cacti.

Freedom of thinking first requires freedom of explanation, which is difficult to achieve either within the context of a single insight coupled with a single interpretation or within the confines of theoretical doctrine. While reading this collection of articles, I encourage you to look beyond what you already know. When attention is focused correctly, a single sentence (or word) can provide a new perspective, a vision that in some way better illuminates "the big picture."

CENTENNIAL continued from page 1

will be built this summer. In addition there will be an evening celebration for the 100th birthday of Milton H. Erickson, M.D. More information will be included in the Congress brochure available in April 2001.

See the ad and registration form on page 3 to register at the special rate of \$299 (\$50 off the current fee of \$349!). This offer is valid until June 27, 2001, and is not valid with any other offer.

If you would like to receive a brochure for the Congress, contact The Milton H. Erickson Foundation, Inc., tel., 602/956.6196; fax, 602/956.0519; E-mail, mhefvol@aol.com. Information also will be available on our web site in upcoming months, visit: www.erickson-foundation.org/whatnew.htm

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CONNECTIONS

Expanding the Boundaries of Therapy

by George W. Burns, M.A. Subiaco, Western Australia

At a conference I recently organized, one of the presenters said of his therapeutic model, "It is the only therapy I have ever learned and the only one I have ever needed." His comment reminded me of Mark Twain's statement that if you give a person a hammer he or she is likely to see every problem as a nail.

Therapy, like many scientific disciplines, has opened itself to the criticism of increasing myopia. Taking a reductionistic perspective may lead to a clear understanding of the minutia, but may also come at the cost of missing the big picture and the interrelationships of its many variables. As with the example of the colleague I mentioned above, it is easy to become so absorbed in our own theoretical model that we neglect, or even openly shun other therapeutic approaches. Our vision can become so tunneled that we are rarely cognizant of important developments in other peripheral, yet related, disciplines.

The history of healing, up to the time of Rene Descartes, was grounded in a philosophy of human interdependency with all the elements of the environment. Indeed, all shamanic or traditional healing systems are still based on this premise. By separating mind and matter, Western science has followed a path that permitted it to discover penicillin, the Salk vaccine and other crucial medical advances, but has it thrown out the baby with the bath water?

One aspect of Erickson's work that I admire is this ability to see the big picture. Previously, Freud steered therapy into the inner workings of the mind, rejecting our broader relationships, even claiming that the natural environment is destructive. While Erickson was an astute observer of mental processes, he also saw people as interactive beings involved in dynamic relationships with others and with their world.

VOLUNTEERS NEEDED FOR DECEMBER CONGRESS

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The Milton H. Erickson Foundation is looking for full-time graduate students to assist the staff and faculty at the upcoming Eighth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, December 5-9, 2001, at the Phoenix Hyatt Regency and Phoenix Civic Plaza.

Volunteer duties include assisting with registration procedures, continuing education, assisting faculty in meeting rooms, and monitoring meeting rooms. In exchange for the registration fee, volunteers are asked to send a \$100 deposit that will be refunded after successfully completing volunteer duties

Full-time graduate students and interns are the first to be accepted as volunteers. Professionals will be accepted once the meeting draws closer if there is need. Volunteers are assigned on a first-come, first-served basis. Accepted volunteers MUST attend a mandatory volunteer meeting on Wednesday, December 5, 2001. To volunteer, please submit the following:

- A letter requesting to volunteer.
- A letter from your university stating that you are a full-time graduate student as of December 2001. Interns should send a letter from their supervisor stating their status as of December 2001.
- ⇒ A completed registration form.
- A \$100 deposit (To be refunded after successful completion of volunteer duties.)

Send all of the above information to: The Milton H. Erickson Foundation, Inc., Attn. Ann Webb, Volunteer Coordinator, 3606 N. 24th Street, Phoenix, AZ 85016-6500. For more information contact, Ann, at the Foundation: tel, 602/956-6196, ext. 201; E-mail, mhefvol@aol.com

By setting clients to accomplish tasks involving participatory interaction with nature such as climbing Squaw Peak, sitting on a lawn or growing a garden (Zeig, 1980), he stepped beyond the realms of usual psychiatric and psychological practice. In these ways he seemed to pre-empt subsequent research in environmental psychology, ecopsychology, social geography and even architecture that are now offering confirmation of his intuitive therapeutic interventions.

Patients whose hospital beds view out onto gardens and trees spend fewer post operative days in hospital, require less pain killing medication and are rated more favourably by nursing staff than patients who look at no more than a brick wall. There is evidence that interactive encounters with natural environments enhance positive affect, rapidly reduce levels of stress, improve parasympathetic nervous system and increase physical wellbeing. Likewise, contact with nature has been shown to enhance self-esteem and self-confidence as well as improve relationships (Burns, 1998).

Twenty years ago, Bateson lamented that most of us have severed the unifying bond between biosphere and humanity, seeing this as a major cause of mental dysfunction. For him, mind was not confined by the cells of a brain or limited to the processes of the subconscious but was rather "a reflection of large parts and many parts of the natural world outside the thinker" (Bateson, 1980).

If we are, as Bateson suggests, a part of "the pattern which connects," then maybe we need to examine what happens not just in our patients' heads but also in their lives outside the walls of our office. Perhaps we need to broaden our view of what influences our clients' behaviors and how they can be modified. Perhaps we need to expand the boundaries of therapy to examine the broader research in our own discipline as well as in other related areas. There is strong evidence that happy and healthy connections with our environment can result in happier and healthier states of affect, cognition and behavior. It leads one to question: How can we start to employ these connections therapeutically?

References:

Bateson, G. (1980). Mind and nature: A necessary unity. New York: Bantam.
Burns, G. W. (1998). Nature-Guided Therapy: Brief integrative strategies for health and well-being. Philadelphia: Brunner/Mazel.

Zeig, J. K. (1980). A teaching Seminar with Milton H. Erickson. New York: Brunner/Mazel.

Archives Update

Milton H. Erickson Foundation Archives is working in cooperation with the University of Bremen in North Germany to provide an opportunity for a student internship. Corinna Wenzelburger, a gradstudent of psychology completing her final year of studies in clinical psychology and counseling, was awarded a scholarship from the University. Prior to coming, she had already completed an internship at a family counseling center in Germany. Wenzelburger describes her interest in Ericksonian approaches as being piqued early in her training when she read My Voice Will Go With You (Rosen, S., 1982, New York, Norton). That experience began a path of interest that led her to more extensive reading and then to a one-year training at the Milton H. Erickson Institute in Hamburg. While there, she says that she "...fantasized how wonderful it would be to work with original material and recordings of Erickson's work." She also tells us that she "began to inquire where this would be

and then was lucky to meet Dr. Zeig while he was teaching in Austria. He agreed to help with the arrangements, and my plans became real when I received the scholarship."

Currently, Wenzelburger is working with a collection of 200 original audiotapes (made of Erickson during 1974-1978) donated by Ernest Rossi. Wenzelburger explains, "It is my task is to listen to the tapes, to write short summaries about the topic, to identify what materials from the tape has already been published and of course to preserve, catalog and archive them."

The library is open to scholars who make arrangements to visit the Foundation. Whereas ongoing cataloguing of materials and preservation has been the top priority, the Foundation expects to continue to explore ways in which materials can be made more accessible to students and scholars. The cooperative undertaking with the University of Bremen has been valuable in advancing that progress.

Centro Milton H. Erickson de la Ciudad de Buenos Aires

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

On July 25, 2000, the Centro Milton H. Erickson de la Ciudad de Buenos Aires quietly celebrated the third anniversary of its founding by Carmen Milan, M.D. Milan first became interested in Ericksonian psychotherapy in 1987. After studying and practicing Freudian analysis for 13 years, she was looking for new methods that would help her achieve more effective results with her patients. She found accordance with the work of Milton H. Erickson and her own style of working, beliefs, and understanding of psychotherapy. She began attending Ericksonian Conferences in the U.S. organized by the Milton H. Erickson Foundation, as well as seminars by Jeffrey K. Zeig, Ernest Rossi and others organized locally by Jose Carlos Gomes in Sao Paulo, Brazil. Through these experiences she began to form relationships internationally with Ericksonian practitioners. It was with the encouragement of this peer group, particularly Dr. Gaetan Nadeau, director of the Milton H. Erickson Institute of Quebec that led Milan to establish her own institute. In order to create the center. Milan first had to obtain agreement from the Instituto Milton H. Erickson De Buenos Aires to establish a second institute within the same city.

Carmen Milan's independent nature and continued belief in Freudian theory serve as an example of the importance of the individuality of the therapist, which Erickson promoted. Milan's commitment to respect the unique contribution of each therapist, combined with what can be learned from Erickson, is an integral part of her training program.

Although Milan began the Center by herself, the faculty now includes Ana Maria Corrao, Lic. Psych., and Sonia Szenejko, Lic. Psych. Both received training from Milan before they began teaching at the center. Corrao has been working in the treatment of pain since 1988; now she works with hypnosis and currently teaches classes on that subject, both independently and collaboratively with Carmen Milan. Szenejko, in addition to being a therapist, is also a plastics artist who uses drawing, painting and modeling with her patients. Corrao and Szenejko together teach a nine week program for pregnant women, using Ericksonian approaches and hypnosis to assist with pregnancy and labor.

Two other additions to the staff are Cecilia Davidek, who has a degree in communications and works on the organization of classes and seminars of invited teachers, and Fabian Weissbrod, an engineer who worked with Milan to create and update the Center's Website.

Milan also works collaboratively with other students who have attended the courses she teaches. With two such colleagues, Ricardo H. Perez Brindisi and Maria F. Paiva Ramade, both psychologists from Uruguay, she co-founded the Centro Milton H. Erickson de Montevideo in September of 1999.

Carmen Milan did her original training in psychoanalysis in the Argentine Psychoanalytic Association. In doing Freudian psychoanalysis, Milan found it particularly uncomfortable to work with children, and limited her practice to adults. Her discovery of Ericksonian techniques allowed the expansion of her ability to work effectively with children, which she continues to do in her current practice. In Argentina, where psychoanalysis is still the predominant psychotherapy, she felt establishing a center would help her increase chances of promoting Erickson's approaches, as well as allowing her to develop a network of relationships with colleagues internationally and locally who were interested in doing the same kind of work.

As Milan learned about Milton H. Erickson, she found his approaches to psychotherapy and his developments and use of hypnosis had a big impact on her professionally and personally. She believes that in order to assist others, one needs to first be "satisfied with our life, to face up to the challenges of life in a positive way, (although we don't like them and also we can suffer) and to really enjoy the beautiful things of life." She credits the way Milton Erickson was in his own life as a good example of this concept.

The Milton H. Erickson Foundation Newsletter

Carmen Milan, M.D., believes the mission of her Center, and any center promoting Ericksonian approaches, is to "give people the opportunity of taking from Erickson what is useful to them." When incorporating what can be learned from Erickson into one's own therapeutic style she feels it is important that, "One should be very clear what are Erickson's contributions, and what

are personal developments, even though inspired by Erickson." She feels this is particularly true for those teaching this approach. Milan is an independent thinker and worker. In utilizing and teaching Milton Erickson's approaches to psychotherapy, she also sees the importance of maintaining the integrity of the individual therapist.

Instituto Erickson Madrid

The inauguration of the Instituto Erickson Mardrid, took place in October 2000. In a simple celebration the Mayor of Pozuelo, Mr. Jose Crespo, and Jeffrey K. Zeig, Ph.D., uncovered the plaque in front of the offices dedicated to educational activities, a library, a reading club, video commentaries, and both group and individual therapies.

Teresa García Sánchez is the director of the Instituto, and works alongside her colleagues, Isidro Perez, Rodolfo Ramirez, Carmen Puerta, and Alfredo Pardeiro. For information on the Instituto Erickson Madrid, please write to them at: Instituto Erickson Madrid, C/ Línea, 2, Pozuelo de Alarcón, 28224 Madrid, Spain; tel, 91 352 87 61; E-mail, ericksonmadrid@mailcity.com

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THERAPEUTIC FRAMEWORKS

Play as Therapeutic Metaphors: Ericksonian Play Therapy

by Hideo Tsugawa Kibi International University, Japan

Editor's Note: The following is a summary and English translation of an award-winning article published in Japan: Tsuawa. (2000). Play as therapeutic metaphors: Ericksonian play therapy. The Japanese Journal of Brief Psychotherapy, 9, 18-38.

"Why are children born? They might be born to play. They might be born to romp," these words are found in Ryojinhisho, an old Japanese songbook. Throughout history and across varying cultures, childhood and play have been closely associated. During play, children naturally strive to develop solutions to problems. Play facilitates the expression of emotion and the focusing of attention. Even more importantly, play is a metaphorical device producing rich experiences that add to the life and skill of children.

Play therapy is an approach that incorporates these features of play. Axline (1947), the originator of Child-Centered play therapy, presented eight principles of play therapy, one of which requires the therapist to adopt a nondirective attitude. Many schools of play therapy have adopted this nondirective style of interaction. This approach provides children with the experience of behaving freely. For some, nondirective participation is a useful metaphor that brings changes and solutions. But for others, it is not sufficient. For example, children who have experienced trauma or abuse are not likely to initiate their own healing and instead require the direct participation of the therapist (Gil, 1991). While nondirective play is an important experience, this approach is not useful as a metaphor for all problems and symptoms.

Ericksonian approaches to therapy recognize the metaphorical quality of problems and symptoms. In a like manner, the Ericksonian practitioner provides therapeutic experiences in

the form of metaphor. Zeig (1992) calls this process "gift-wrapping." A gift is presented to the client in which the therapist wraps up the goals and solutions. Symbols, anecdotes, tasks, and hypnosis are generally chosen as the "wrapping." When working with children, play is used as a gift, a wrapping used to present goals or solutions.

Respect for individuality is another key principal in the Ericksonian approach. Ericksonian therapists tailor their interactions in accord with the unique situation of the client or family. When therapists use tailoring in play therapy, their participation in play becomes more flexible and more effective. An example of an Ericksonian approach to play therapy is illustrated in the following case example.

Naomi, a seven-year-old girl, was brought to therapy by her mother. Her mother explained, "She cannot attend school because she is unable to separate from me." Naomi was invited to play and during the following conversation she indicated that she feared arriving to school late and having her classmates stare at her. Whenever Naomi was delayed, she would enter the classroom bent down behind her friends. The initial intervention consisted of an indirect suggestion to her mother to take Naomi to school early. In a follow-up phone conversation, her mother reported, "For the rest of the spring semester, I have taken her to school early in the morning and she goes to school easily." During the next session, the therapist told Naomi a story about a boy who feared being stared at while riding the bus. As a solution, the boy was instructed by his doctor to walk onto the bus backwards. By presenting this story, the therapist suggested an understanding of her predicament. At the same time, the story implied change is possible. Next the therapist asked, "Naomi, have you had the experience of walking into your classroom backwards?" Naomi was surprised; her expression showed that she noticed something. All the chairs in the playroom were arranged like her classroom with stuffed dolls as her classmates. Her mother and the therapist also sat in the chairs as classmates. So she tried

to go into the playroom/classroom backwards, after which she said, "No problem!" The therapist reinforced her progress stating, "Great! But don't you feel a little fear?" to which she replied, "No, I'm okay." The therapist then asked solution-focused questions (de Shazer, 1985) such as, "How were you able to do so well? How did you cope with the fear?" She answered, "I watched my feet only." The playroom was compared to her classroom and a game of entering the classroom was begun. Naomi, her mother and the therapist played going into the classroom using various strange and unique techniques such as coming in with a skip, while spinning, imitating a fashion model, imitating a gorilla, watching only her nose, and while doing a somersault. This produced laughter and suggested to Naomi the possibility of distraction (Erickson & Rossi, 1976). This play provided the opportunity to practice entering the classroom. The purpose of this type of rehearsal is to reduce

anxiety and tension in the problem situation. Because it was done as play, it yielded superior results. During a follow-up meeting, Naomi reported, "Now when I go into classroom, I laugh unconsciously. Because I remember the games for how to go into the classroom."

However, three days before the next appointment, her mother called the center in a distressed state of mind. Naomi had been attending school successfully but after being lectured by her grandmother for her previous absences. Naomi developed the hallucination that a bug was crawling into her ear. By the next morning, she felt that insects were inside her body and refused to go to school. The therapist was encouraged by the fact that she had not had any previous episodes of hallucination and that it occurred in response to situational factors (i.e., the interaction with grandmother). Furthermore, Naomi thought her experience was strange, thus indicating that she had the mental facility from which to judge the appropriateness of experience. Because Naomi was ashamed to talk to the therapist about the

continued on next page

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insects, the therapist chose not to take the problem up directly. Zeig (1980) has suggested the amount of indirection is directly proportional to the perceived amount of resistance. Playing with a large white ball, the therapist told stories of cold hands and fingers becoming numb. These stories suggested that humans have the ability to change sensations. A competition was begun to see who could experience the most numbness. The hypnotic induction was accomplished naturally, through play. The hypnotic anesthesia was also introduced using a naturalistic technique (Erickson, 1958). Later, during a phone conversation, her mother told the therapist, "Naomi hasn't been talking about insects since the last session. She seems to have forgotten about it. I have kept your instruction and have said nothing to make her remember it." During her fourth and final visit, Naomi confirmed that she no longer had concerns about going to school. The therapist validated this idea by indicating that there was no longer a problem and the therapy was ended.

The concept of play is wide and ambiguous. It contains elements such as games, playing with toys, creative activities, and sports. Caillois (1958) systematically classified play using four major principles: competition, chance or luck, imitation and giddiness. However, these classifications define play only in terms of external behavior. In contrast, Henriot(1973) views play not as activity but as states of consciousness. From this perspective, it is the experience of play that determines its significance. For example, even when presented with fascinating toys, a child may not want to play. When it is understood that play is determined by the subject's consciousness, the importance of the therapist's participation is more apparent. The experiential possibilities for play are not fixed but can be changed by including the child in play constructed by the therapist.

In the clinical setting, it is important to recognize that the reality of play is derived in part from the interaction between memory and feelings, but equally as important, includes the interaction of therapist and client. When the therapeutic approach is based on this understanding, play therapy is no longer limited to the use of a playroom or toys. While these can lead to play, it is important to construct therapy as play through human interaction. This allows the child to develop a practical understanding of pertinent situational factors and his or her role in relation to others. While it can be said that play therapy is the approach that utilizes the reality of play for therapy, Ericksonian play therapy is the approach that builds on the reality of the child while permitting the therapist the flexibility to provide assistance when and where it is needed.

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NEWS

In 1998, the Milton H. Erickson Gesellschaft for Clinical Hypnosis. Germany (MEG) began honoring contributors to hypnosis with a special award called "The Milton H. Erickson Preis der MEG." This honor is accompanied with a financial award of 10,000 DM. In 1998, this tribute was conferred upon Vladimir Gheorghiu, PhD, Professor Emeritus of the University of Giessen in Germany (see Vol. 19, No. 1). In 1999, the honor was given to Per-Olof Wikstrom, DDS, from the Swedish Society for Clinical and Experimental Hypnosis, who edited the journal Hypnos.

In 2000, the award was presented to Moris Kleinhauz, MD, from the Israel Society of Hypnosis during The 15th International Congress of Hypnosis, held in Munich, October 2000.

The donator of this prize is Ulrich Freund of Bad Orb (see Leading Contributors p.13). The intention of the prize is to honor the work of those, who have promoted hypnotherapy through research and teaching throughout their lives. This honor is a highly respected and coveted award within the European professional community. MEG is in the fortunate position of being able to award this generous prize because of Ulrich Freund's commitment to the advancement of the scientific uses of hypnosis.

It is interesting that the recipient of this prestigious award began his interest with an irreverent use of stage hypnosis. Since then, of course, he has been significantly involved in creating legal restrictions against the use of stage hypnosis as well as encouraging its legitimate use among licensed professionals.

The following speech was given in English at the ceremony in Munich. The actual presentation of the award was done by Nicole Erickson, a granddaughter of Milton Erickson.

There are several reasons, why Moris Kleinhauz is this year's recipient of the Milton Erickson Prize of the MEG. The most important one is that Moris is, in a way, partly responsible for the fact that this Congress is being held here. It was one night in Heidelberg, during the first European

Ericksonian Congress in 1989, over an excellent bottle of Swedish Vodka (courtesy of Peo Wikstrom) that we formulated the idea, which we finalized in Konstanz in 1990, to have an Ericksonian Hypnosis Conference take place immediately preceding the 12th International Congress of Hypnosis (of which he was the President). This was to be held in Jerusalem in 1991 but eventually was held in 1992.

The two Conferences were organized as a Joint Conference. Thereby, MEG began its connection with ISH. This engagement led eventually to this Congress being held here today. Further reasons are as follows:

- Moris Kleinhauz is known as the "Father" of hypnosis in Israel.
- He is the founding president of the Israeli Society of Hypnosis (IsSH), founded in 1962. IsSh is one of the oldest existing hypnosis societies.
- He is one of the first, and most experienced trauma therapists, thanks to his efforts during the 1973 war, where he used hypnosis to treat hundreds of soldiers suffering from battle trauma.
- He achieved world-wide attention of the international hypnosis community in 1974, by bringing a 16-year-old girl out of a weeklong trance. She entered the trance during a stage performance, and was ignored by the performer, and remained in trance.
- This incident was instrumental in helping Morris to bring the Israeli Parliament to pass the Law of Hypnosis in 1984, prohibiting all lay and stage, nonprofessionals from practicing hypnosis. Hypnosis was therein limited to physicians, dentists, and psychologists.

We would like to present just one early highlight from a colorful biography, full of stories: Morris was born in Chile in 1927. He became interested in hypnosis as a medical student using young girls at the seashore as his first subjects. He thereby became the stage hypnotist of the sea resort. So when Morris lectures about the dangers of stage hypnosis, you can be sure that he has learned from first-hand experience!

"This honor is a highly respected and coveted award within the European professional community."

In 1949, he began to use hypnosis in the hospital, as he had to overcome the screaming of twelve women giving birth. Suddenly, they all became quiet. Thereby, he realized that hypnosis was not only useful with young girls at the seashore! In 1952, Morris immigrated to Israel, and began his life-long practice of clini-

cal hypnosis, the work for which we are honoring him here today.

Morris, the M.E.G. is extending you the Milton Erickson prize for your outstanding, life-long contribution to the furthering of hypnosis and hypnotherapy. The prize is donated by Ulrich Freund in the sum of 10,000 DM.

ETHICAL DIRECTIONS

Educative Hypnotherapy

by Bayard Velloso Galvão, Lic. Psyc.

Milton H. Erickson Institute of

São Paulo

Hypnosis is a state of focused attention, where one or more cognitive phenomena occur with higher or lower intensity, depending on the communication between hypnotist and subject (or the subject with himself). These factors also are impacted by the person's history of thinking (and learning) and his physiology.

Education is the formation of man. Its higher function is to facilitate freedom of thinking, which would be the capacity of the individual to recognize his principles of thought (therefore feelings, too) and to alter them as he wishes. Insufficient information to deal with life's difficulties may result in the repetition of ineffective patterns and there might even be a break in the association and/or articulation of thinking.

To think in terms of educative hypnotherapy is to understand human beings as passive and active subjects of learning. Thinking is the subjective reproduction of the movements of reality and its possibilities, which are subjective productions of the reality. In other words, thinking, mind and spirit are the same thing and are changeable through new experiences (e.g., new learning in psychotherapy). Change occurs in a normal state of attention, in a trance or by the elicitation of hypnotic phenomena.

Therefore, in educative hypnotherapy, a car crash is understood as the *possibility* of many undesirable learnings such as: life is dangerous, I'll never drive again and so on. It's the learnings that one had from happenings that makes the difference. Subsequently, this learning forms the basis of psychotherapy. It is important to remember that when thinking is altered, emotions also change.

The ethical practice of educative hypnotherapy requires us to consider three basic questions: 1) What does this person need to overcome their problems? 2) How is it that, in his or her unique way of thinking and learning, this person can learn different ways of solving such a problem? 3) What does this person need to learn to become a master of his or her own freedom of thinking? Some problems are more urgent than others. Good sense is indispensable in helping one to decide which comes first. The first question is divided into two events, the diagnosis of the problem and its resolution. The second question addresses the process of utilizing the individual reality of the patient to make common that which the therapist considers therapeutic. The third question addresses issues of expediency. After all, it is easier to give a fish to a kid who is hungry than it is to teach him how to fish.

Hypnosis may be the most powerful way of demonstrating the connection between thought and emotion. The use of hypnosis should lead to a consideration of the type of feeling that is most appropriate for a particular individual. Hypnosis is not about morality. It's about being aware of who we are and making certain not to become slaves to our own limited comprehension of others. It's about freedom of thinking and living. This is why before using hypnosis one needs to have a good understanding of his or her feelings. It's not easy but it is doable.

11

DATE 2001	TITLE / LOCATION / LEADER CONTACTS
3/29-4/1	Shaping the Future of Psychotherapy/Washington, DC/Invited Faculty 1.
4/4-8	Hypnosis 2001: 5-day Intensive on Ericksonian Problem Solving Approach / Pensacola Beach, Fla./ Stephen Lankton,
410.44	MSW, DAHB 2.
4/9-11	Pain and Trauma and Therapist's Growth / Pensacola Beach, Fla. / Lankton 2.
4/13	Settling the Unsettled: Integrating Approaches to Anxiety Disorder / Logan, Utah / Jeffrey K. Zeig, Ph.D. 3.
5/4-6	Ericksonian Techniques / Vienna, Austria / Zeig 4.
5/17-20	ASCH Regional Workshop-Basic, Intermediate, Advanced / Albuquerque, N.M. / D. Corydon Hammond, Ph.D., Steve Gurgevich, Ph.D., Thomas Wall, Ph.D., B.W. Newton, Ph.D. 5.
505.26	Gurgevich, Ph.D., Thomas Wall, Ph.D., B.W. Newton, Ph.D. 5. Ericksonian Therapy / Hamburg, Germany / Zeig 6.
5/25-26 5/27-28	Depression and Couples / Heidelburg, Germany / Zeig 6. 7.
5/27-28 5/29-6/3	The Use of the Therapist's Self in Ericksonian Therapy: A
5/29-6/3	Tribute to the 20 years of Jeffrey K. Zeig, Ph.D., in Italy /
	Rome, Italy / Invited faculty 8.
6/21-24	ASCH Regional Workshop-Basic, Intermediate, Advanced /
U/ 21 - 27	Arlington, Va. / Invited Faculty 5.
6/25-29	Breaking the Patterns of Depression: Strategies for Treating
	Individuals, Couples and Families / Greenwich, Conn. (Cape
	Cod Institute) / Michael Yapko, Ph.D. 9.
7/2-31	Intensive Training on Ericksonian Techniques (Spanish) /
	México, D.F. (Serves as credits for Masters degree on
## c*	Ericksonian Psychotherapy) 10.
7/9-13	Ericksonian Hypnosis / Greenwich, Conn (Cape Cod Institute) / Zeig 9.
7/15-20	Institute) / Zeig 9. 2nd Annual Couples Therapy Training Workshop for
1113-20	Therapists / Parador de Cervera (near Bilbao), Spain / Rita
	Resnick, Ph.D., Robert Resnick, Ph.D., and invited faculty. 11.
7/15-20	2nd Annual Couples Therapy Training Workshop for Couples
, . 	/ Parador de Cervera (near Bilbao), Spain / Resnick, Resnick,
	and invited faculty. 11.
7/22-8/3	30th Annual Gestalt Therapy European Summer Residential
	Training Program / Parador de Cervera (near Bilbao), Spain /
	Todd Burley, Ph.D., Resnick, Resnick, Edwin Nevis, Ph.D.,
' #J00 0#	Sonia M Nevis, Ph.D., and International visiting faculty. 11.
7/23-27	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Fundamental / Phoenix, Ariz. / Brent
	B. Geary, Ph.D. 12.
7/30-8/3	Intensive Training in Ericksonian Approaches to Brief
.,55 015	Hypnotic Psychotherapy - Intermediate / Phoenix, Ariz. /
	Geary, Ph.D. 12.
8/1-31	Intensive Advanced Ericksonian Techniques (Spanish) /
	México, D.F. (Serves as credits for Masters degree on
	Ericksonian Psychotherapy) 10.
8/6-10	Intensive Training in Ericksonian Approaches to Brief
	Hypnotic Psychotherapy - Advanced / Phoenix, Ariz. / Geary,
000.00	Ph.D. 12.
9/20-23	ASCH Regional Workshop-Basic, Intermediate, Advanced/ Schaumburg, Ill. / Invited Faculty 5.
10/3-7	Schaumburg, Ill. / Invited Faculty Hypnosis 2001: 5-day Intensive on Ericksonian Problem 5.
10/3-/	Solving Approach / Pensacola Beach, Fla. / Lankton 2.
10/8-10	Pain and Trauma and Therapist's Growth / Pensacola Beach,
_0,0 10	Fla. / Lankton 2.
10/15-19	Intensive Training in Ericksonian Approaches to Brief
	Hypnotic Psychotherapy - Fundamental / Phoenix, Ariz. /
	Geary 12.
10/18-21	ASCH Regional Workshop-Basic, Intermediate, Advanced /
	Dallas, Texas / Invited Faculty 5.

DATE 10/22-26	TITLE / LOCATION / LEADER Intensive Training in Ericksonian Approaches thypnotic Psychotherapy - Intermediate / Phoen	
11/29-12/2	Geary, Ph.D. ASCH Regional Workshop-Basic, Intermediate Orlando, Fla. / Invited Faculty	12.

Contact Information:

- 1. Psychotherapy Networker (formerly Family Therapy Networker) Symposium; 8528 Bradford Road, Silver Spring, MD 20901; tel, 301/585-5545; E-mail, GeoWoolley@aol.com
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- 3. Gwena Couillard, Ph.D.; E-mail, Gwenacou@cc.usu.edu

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CONFERENCE NOTES

The First World Congress for Systemic Management will be held May 1-6, 2001, in Vienna, Austria. The Congress will feature experts in cybernetics and systemic thinking who will present their most effective methods and research results dealing with new management tools, self-management methods, teamwork proceedings and organizational development/self-organization. The presenters include Jeffrey Zeig, Humberto Maturana, Peter Senge, Stafford Beer, Stephen Lankton, Ernest Rossi, and Stephen Gilligan. For information, see: www.isct.net/worldcongress

"Fields of Conflict - Fields of Wisdom: New Perspectives on the Dynamics in Families, Organizations, Ethnic Groups and Nations," will be featured at the Third International Congress for Family and Human Systems Constellations, May 1-4, 2001, at the Congress Center, Wuerzburg, Germany. In addition to lectures and workshops specifically focused on constellations, international experts in ethnic, religious and political conflict will present their work and explore the relevance of the constellation perspective for them. Presenters include Bert Hellinger, Arnold Mindell, Amy Mindell, Margret Rueffler, Vamik Volkan, and Don Beck. For more information, contact The Wuerzburg Institute for Systems Constellations, Dr.med. Albrecht Mahr and Brigitte Mahr, Mittlerer Dallenbergweg 37 a, D-97082 Wuerzburg, Germany; phone, +49.931.7840100; fax, +49.931.7840101; E-mail, A.u.B.Mahr@t-online.de

The Use of the Therapist's Self in Ericksonian Therapy: A Tribute to the 20 years of Jeffrey K. Zeig, Ph.D. in Italy in the year of the 100th birthday of Milton H. Erickson, will be presented May 30-June 1, 2001, at the Centro Congressi Di Capri, Island of Capri, Italy. Keynote Addresses and workshops will be presented by Jeffrey K. Zeig, Michael Yapko, and Camillo Loriedo. Invited Address and workshops also will be presented by Betty Alice Erickson, Brent B. Geary, Bernhard Trenkle and others. For information, please contact Società Italiana Milton Erickson, Via Tagliamento, 25 - 00198 Rome, Italy; tel, +39.06.8542130; fax, +39.06.8542006; web, www.ipnosii@tin.it

The Fourth European Conference and the 15th Hungarian National Conference on Family Therapy 2001 entitled, "Through Time and Space," June 27-30, 2001, will take place at the Budapest Convention Centre, in Budapest, Hungary. Topics include: Family Therapy in Medicine; Family Therapy and the Social Sciences; Changing Approaches to Research in Family Therapy; Family Therapy in Different Cultural Context; Narrative, Language and Psychotherapy; Passions and Addictions; Couple Therapy, Sex Therapy, Pharmacology; The Systemic Approach in Non-clinical Contexts, and many more. In addition the Conference will offer a Scientific Program containing plenary lectures, workshops, posters and papers. For information and registration, contact the Hungarian Family Therapy Association, Kútvölgyi 't 4., H-1125 Budapest, Hungary; Phone/fax, +36.1.200.9844; Phone, +36.1.391.0313 or +36.1.391.0314; E-mail, familyth@matavnet.hu

Michael D. Yapko, Ph.D., and Jeffrey K. Zeig, Ph.D., will be presenting separate workshops at the Cape Cod Institute in Greenwich, Conn.

Dr. Yapko will present Breaking the Patterns of Depression: Strategies for Treating Individuals, Couples and Families, June 25-29, 2001. Dr. Zeig will present Ericksonian Hypnosis: Advanced Techniques for Beginners, July 9-13, 2001.

For information and registration, please contact Professional Learning Network, LLC, 270 Greenwich Avenue, Greenwich, CT 06830; tel, 888-394-9293 or 203/422-0535; fax, 203/629-6048; E-mail, prolearning@behavior.net; web, www.cape.org

International Congress for Psychotherapy in China, "Psychotherapy: Dialogues between East and West," will be held August 20-24, 2001, in

Kunming, China. The Congress is sponsored by the German Chinese Academy for Psychotherapy. Eminent figures from all fields of psychotherapy and researchers from the extended field of human and social sciences in the East and West will share their expertise and discuss perspectives and experiences in this East-West dialogue on psychotherapy. For more information, please contact the Congress Bureau, KunmingKongress 2001, Prof. Ille Oehlhaf, Agathenstr.3, 20357 Hamburg, Germany; tel/fax, 0049 (0)40 41355196; E-mail, KunmingCongress@aol.com; web, www.dcap-psychotherapy-china.de_or contact First Affiliated Hospital of Kunming, Prof. Dr. Zhao Xu Dong, Xi-Chang-Road 153, 650032 Kunming, China; fax, 0086 (0) 871 5336015; E-mail, zylyx@public.km.yn.cn

The British Society of Experimental and Clinical Hypnosis in collaboration with the British Society of Medical and Dental Hypnosis, announces *Joint Conference 2001*, June 14-17, 2001, to be heeld at the Craiglands Hotel in Ilkley, United Kingdom. The Conference includes a Scientific Program, Keynote Addresses, and Workshops in pain control and anxiety disorders.

Call for Papers: To submit a paper for presentation, send a typed abstract of no more than 100-200 words to: Dr. Richard Brown, Raymond Way Neuropsychiatry Research Group (Box 19), Institute of Neurology, Queen Square House, Queen Square, London WC1N 3BG; Tel, +44 (0) 20 7837 3611, ext. 4272; Fax, +44 (0) 20 7278 8772; E-mail, R.J.Brown@ion.ucl.ac.uk Include your name, address, telephone and fax numbers, E-mail address, and information regarding your profession and hypnosis society membership.

Milton H. Erickson: A Name that is Getting Around

Erickson's numerous contributions to the practice of hypnosis and therapy, are well documented and will most likely be remembered far into the future. But what about the general public? Will Erickson's name become as well known as other major figures in psychology/psychiatrity? This possibility is now becoming more likely.

In Jonathan Kellerman's latest bestseller, about the fictional psychologist Alex Delaware, he writes, "We can always do what Milton Erickson did with his Jesuses--give him carpenter's tools and have him fix something." (Monster, NY: Ballantine Books, 2000, p. 267). In another recent novel by a noted French author, Alexandre Jardin,

Erickson is credited extensively as much of the content is based on an Erickson premise (Autobiographie d'un amour: Roman, by Alexandre Jardin, Paris: Gallimard, 1999). And now it seems that Hollywood has even taken an interest in Erickson. Universal Studios is making plans for a movie titled, K-PAX, which stars Jeff Bridges and Kevin Spacey. The set decorator has announced his intentions of using a certificate of completion of hypnosis training from the Milton Erickson Foundation. This certificate will appear in the office of a psychiatrist colleague of Jeff Bridges. What does this all mean? Perhaps nothing. Or, perhaps these are signs of the continued spread of the influence of Milton H. Erickson.

Milton H. Erickson Institute of Arkansas at Halcyon Ranch

The Milton H. Erickson Foundation extends a special thank you to Ron Boyle, M.D., the director of The Milton H. Erickson Institute of Arkansas at Halcyon Ranch.

Dr. Boyle recently held a workshop at which each attendee made a generous contribution to the Erickson Foundation in the name of the Arkansas Institute. We would like to thank the following: Jay Byerley, Mark Clark, Bart H. Danford, Dee Davis, Jake Engles, Betty Everett, Stuart Harris, Bill Hefley, Sue Lanier, Robert McComb, Susie Muirhead, A. Karen NiDanaan, Brian Reasoner, Susan Reasoner, Joan Shepard, Nita Span, and Tammy Walters. We appreciate your donations and we are grateful for your support of the Milton H. Erickson Foundation archives.

LEADING CONTRIBUTORS

Ulrich Freund

by Burkard Peter, Dipl. Psych.

Translated by Corinna Wenzelburger

Ulrich Freund is an important representative of the professional community of hypnosis in Europe. His contributions to Ericksonian hypnosis and to the Milton H. Erickson Gesellschaft for Clinical Hypnosis, Germany (MEG) are evident in his various roles and activities.

In 1990, Freund founded and directed the MEG branch in Frankfurt, one of 15 German Institutes in which training in clinical hypnosis is offered. These branches are the backbone of the MEG. To be a director necessarily requires a great deal of work, involvement, and dedication. The various challenges are monumental. Because he will soon turn 65, he decided on his own initiative to share directorship of the Frankfurt branch with Dr. Manfred Prior.

Freund, who has a diploma in social pedagogy as well extensive study and experience in the professional uses of hypnosis, is a very popular and well-qualified trainer within MEG. His training dates back to one of the first groups in Munich during the late 1970's. He became a member of MEG in 1985.

Since 1988, he has organized MEG's yearly congress in his hometown, Bad Orb. He is the director of the Küppelsmühle Clinic of Bad Orb, a rehabilitation center for cardiology and orthopedics, and has developed an Ericksonian approach to help people overcome the trauma of surgery.

Freund's long-time associations and strong community connections optimizes opportunities for MEG to hold important educational events in Bad Orb. His ability to focus on meetings there enables MEG to further utilize its resources. This ultimately helps extends the knowledge of Ericksonian approachs to hypnosis and hypnotherapy throughout Europe.

From 1996 until 2000, Freund was a member of the MEG Board of Directors. He was respected for initiating changes and developments as well as for his clear thinking and decisive views. During this time, he was also editor of the MEG newsletter, called the MEGaphon, which is sent twice yearly to 35,000 subscribers in Germany, Austria and Switzerland. The MEGaphon is the megaphone of MEG and strict editorial guidelines are critical because of economic factors. The layout and content must be proportionate to the enormous expenditure involved in the publication. Freund's knowledge and expertise as an editor and writer is best described by queries from professional journalists, who receive the MEGaphon on a regular basis. They asked if the MEG newsletter was in "professional" hands.

Freund is the generous benefactor of the important "The Milton H. Erickson Preis der MEG" an award of 10,000 DM. One of the reasons for his generosity is that he has found a professional identity in MEG. His "second home" is with the European Society of Fairy Tales. Freund is a prominent expert on fairy tales from all over the world as well as a highly gifted narrator. It is fascinating to listen to him and to hear the many ways he can weave and integrate his narrations and metaphors into a variety of therapeutic approaches.

Freund is a modest person, who does not boast about his achievements. It is even now more appropriate, since he has completed his service as a member of the MEG Board of Directors, to write about him as one of those who has contributed so much to the recent history of hypnosis and hypnotherapy in Germany.

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The Ericksonian Approaches to Hypnosis and Psychotherapy is a discussion list dedicated to friendly and professional interchange. Therapists from more than a dozen countries discuss a wide variety of topics related to Ericksonian work. To apply for membership in the list, just go to the following web site: http://EricksonList.listbot.com

"Living well is the best revenge" Milton Erickson (1976)

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Dr. Alman weaves his 20+ years of consulting and workshops with the training he acquired through his 4 years with Milton H. Erickson, M.D. into a profound, unique learning experience for professionals. Dr. Alman's introduction to selfhypnosis and Dr. Erickson was because of his own pain problems which brings further depth and validity to the concepts he teaches.

Since earning his Ph.D. in psychology in 1979, Dr. Alman has become an internationally known author, clinician, healer, trainer and researcher. He is in private practice in San Diego where he works with individuals and offers workshops for professionals. He also teaches for the Milton H. Erickson Foundation.

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The Milton H. Erickson Foundation Newsletter

LEADING CONTRIBUTORS

Harriet Hollander, Ph.D.

Interviewed by Lori Greenleaf, M.S.

Harriet Hollander received her Doctorate at the University of Pittsburgh, has a private practice, and is the Founding Director of the Milton H. Erickson Institute of Central New Jersey and a fellow of the American Society of Clinical Hypnosis. She is also Clinical Assistant Professor of Psychiatry at the University of Medicine and Dentistry of New Jersey. She has developed training programs in clinical hypnosis, has taught hypnotherapy and introduced medical students to pain management through hypnosis. Her varied research interests range from a comparison of direct and indirect methods of assessing hypnotizability to studies of emotional and cognitive handicaps among juvenile offenders. She has worked extensively with children who have learning and attention difficulties, obsessive-compulsive disorders and Tourette's syndrome. She frequently presents at professional meetings and has made important contributions to hypnosis and hypnotherapy.

Lori Greenleaf (LG): How did you become interested in hypnosis?

Harriet Hollander (HH): My first exposure to hypnosis resulted in a lengthy avoidance of it! A well-known hypnotist made the error of selecting me from the audience for a demonstration. I was a graduate intern but I was not as compliant as I evidently appeared to be. This hypnotist used a authoritarian approach to induce a hypnotic state. I resisted all of his direct suggestions--my hands unclasped easily, my outstretched "rigid" arm bent, and I did not get sleepier and sleepier. After that experience, I decided never to be involved with the practice of hypnosis.

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Then, twenty-five years later, I read about Milton Erickson in Hypnotherapy (Erickson & Rossi, Irvington, N.Y., 1979.) I immediately recognized the therapeutic potential of permissive and cooperative hypnosis for psychotherapy and its particular application to psychological resistance. I scheduled a training visit with Erickson but before I could see him, he passed away.

LG: I understand that you visited Bali. Could you talk about the influence that it had in your work with hypnosis.

HH: I went to Bali, and with a local guide, visited native healers and healing ceremonies. I was particularly interested in their utilization of trance states during healing and their approaches to treating dissociation disorders. I presented a paper on these healing approaches with Eric Greenleaf, Ph.D., who conducts seminars in Bali, at an Ericksonian Congress. I encourage all therapists to broaden their perspectives and to take advantage of learning seminars offered in other cultural settings.

LG: What are your current interests in hypnosis?

HH: I am currently addressing the challenge of Post-traumatic Stress Syndrome. Much more is known about the neurophysiology of PTSD but relief of symptoms stemming from early trauma can be elusive. Hypnotic interventions can be effective. I have also explored ways to incorporate bilateral eyemovements from EMDR within hypnotic experiences. This novel approach maximizes the natural advantage of hypnosis with the utilization of safety imagery and ego-strengthening through reframing, re-dreaming, and accessing of personal resources.

LG: What do you see as a future role for hypnosis?

HH: I believe there is a resurgence of interest in applications of hypnotic interventions for certain medical conditions. I don't see hypnosis as an "alternative" treatment but as a complimentary adjunct to medical care. The mind-body relationship will continue to be a fascinating subject for research. Forging a team relationship with the medical profession could be an important step in the practice of clinical hypnosis leading to significant improvement in patient care. Research abounds showing this mind-body relationship and the value of hypnosis in medical problems. Hypnosis has so much to offer!

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SPEAKING OF RESEARCH

Benefits of Hypnosedation

by Holly Forester-Miller, Ph.D., LPC Durham, NC

Editor's note: The following is a synopsis of the findings reported in the following article: Meurisse, M., Hamoir, E., Defechereux, T., Gollogly, L., Derry, O., Postal, A., Joris, J., and Faymonville, M. (1999). Bilateral neck exploration under hypnosedation: A new standard of care in primary hyperparathyroidism? Annuals of Surgery, 229(3), 401-408.

This study was conducted at the University of Liege, Belgium between 1995 and 1997. researchers were looking for a surgical approach for primary hyperparathyroidism that would eliminate the costly pre- and intraoperative procedures that accompany using local anesthesia, but reduces the risks associated with using general anesthesia.

The researchers offered patients the option of hypnosedation - hypnosis along with local anesthesia of the collar incision and minimal intravenous sedation titrated throughout surgery.

All patients seen at the surgical clinic with hyperparathyroidism were given information about hypnosis and conscious intravenous sedation. They were asked to consider this option as an alternative to general anesthesia. Of 121 patients undergoing bilateral neck explorations, 31 agreed to undergo the procedure with local anesthesia and hypnosedation. They ranged in age from 25 to 85 years.

A hypnotic state was induced within ten minutes utilizing eye fixation and progressive muscle relaxation. Post-operatively, restoration to a fully conscious state was obtained within several seconds. All of the patients with hypnosedation had altered perceptions of the surgical time. They perceived the approximately hour-long surgery to have taken only 15 to 20 minutes. None of

"Post-operatively, restoration to a fully conscious state was obtained within several seconds."

the patients needed conversion to general anesthesia and no complications were observed. Patient comfort and recovery, and surgical conditions were evaluated on visual analog scales as "excellent".

The authors found no drawbacks to using hypnosedation. Some of the numerous advantages they presented

- -There is no need for invasive or noninvasive preoperative localization studies.
- -Surgical conditions are considered excellent, requiring a short operative time with minimal blood loss.
- -Patient and surgeon satisfaction is very high.
- -Hypnosedation reduces the incidence of side effects associated with general anesthesia and allows for rapid postoperative recovery.

It is interesting to note that although the patients were selected on the basis of their own request, the proportion of patients operated on under hypnosedation increased from 17.5 % in 1995 to 42.5% in 1997. The researchers observed that as the anesthesiologists and surgeons became more familiar and comfortable with hypnosedation the patients' apprehension regarding hypnosis decreased.

The researchers concluded that this surgery "may be performed safely, efficiently, and in a very cost-effective manner under hypnosedation. Therefore, we propose its consideration as a new standard of care" (p.407).

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Suggested Reading:

Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures and EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma by Dr. Shapiro, the originator of the EMDR method.

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CASE REPORT

Mary

by Richard Landis, Ph.D. San Juan Capistrano, California

Mary was a 44-year-old, white female who was referred to me for pervasive, lifetime anxiety. Mary remembered frequent events of feeling fearful and alone as a child with her negative, gloom-and-doom father and with her controlling and abusive first husband whom she had divorced fifteen years earlier. She was unable to express any opinions that disagreed with her father's. While her current marriage was to a very supportive man, it was a highly regimented and structured relationship with little spontaneity and fun.

It seemed to me that Mary had no confidence in her ability to endure making mistakes. I wanted her to experience the difference between what she saw as disrespectful violation of artificial perspectives and demands created by her father and exhusband and the whimsical bending of norms.

To this end, after she and her current husband agreed to an "absolute commitment" contract, the following prescription was made:

"I want you and your husband to enjoy a delightful Sunday brunch at the Ritz-Carlton Hotel. You are to walk in at 1:15 p.m. without reservations and request a table. When you are seated, you are each to take a dinner plate into the dessert room. I want you to discover as many of the different flavors and textures of the desserts. To do that, I want each of you to take only one bite's worth from each dessert. You are to cut the tips off of each different pie and cake and line the pieces on the rim of your plates, one inch apart so as not to blend the flavors. You are to take only one teaspoon of pudding, trifle, or mousse."

I continued in excruciating detail to describe how, after they returned to their table, they were to taste each portion, compare flavors and textures, guessing ingredients. I gave identical instructions on how they were to put bite-sized portions from the cold tables, hot tables, smoked fish table, lamb Wellington table, etc. onto to the rims of their plates. I also instructed them to ask for a different

table sometime during the meal.

My intention was to have my client, and her supportive husband, violate every norm but to respect the rules. Because the Ritz Carlton Hotel is one of the top resort hotels in the world, the staff is used to eccentric behavior and readily caters to it. The waiters and staff accommodate with good humor.

At the session after the Ritz Carlton experience, the couple was laughing and describing what a wonderful time they had. Their greatest surprise was that after they returned to the dessert room, after their original sampling, the desserts looked as though they had been attacked by a hoard of locusts. They realized that by their taking only a taste of each dessert rather than whole portions, they gave tacit permission for others to do the same.

The week following the assignment, my client began to disagree with her father's negative opinions.

DISCUSSION

by Terry L. Argast, Ph.D. Laguna Niguel, Ca.

Richard Landis's case highlights two of the fundamental elements in the Ericksonian formula of using tasks in psychotherapy. First, is the element of the challenge, where Erickson creates a distraction from the presenting problem and develops response potential. A good example of this is the case of the woman who requested hypnosis to deal with an "airplane phobia." Before proceeding with the treatment, Erickson requested an absolute commitment from her by having her verbalize a promise to do anything Erickson requested, "Good or bad, the worst or the best. You are a woman and I am a man. Even though I am confined to a wheelchair, we are of the opposite sex."

When discussing this case with Ernest Rossi, Erickson said,"I made her give a commitment, a total commitment. The thing is, you couldn't do therapy with her except with the actual problem present. You can't remove a wart unless the patient brings the wart into the therapy room" (Erickson & Rossi, 1979, p. 314). He viewed her problem, as one of trust,

so the promise to do whatever Erickson requested was symbolic of her clinical issue.

The challenge is frequently given to the patient in a conscious state and then the patient is given time to make a decision or act. When the patient did not respond positively to the challenge, Erickson might not work with the person concluding that they were not ready or did not have the motivation to change (O'Hanlon & Hexum, 1990, p. 260).

The second part of the formula is the actual task or ratification of the change. The challenge produces a significant amount of internal energy, which Erickson was prepared to discharge with the task. He usually gave very precise instructions and showed the patient the way out of the symbolic problem he has created with the challenge. All tasks Erickson gave were doable and in doing them created no more anxiety than had already been experienced (Rossi, 1980, pp. 450-452). In giving the instructions

for the task, the more detail the better. The details tend to deepen the hypnotic state and create a situation where they rehearse in their mind what they are being instructed to do. Landis is familiar with the Ritz-Carlton brunch because he has been there. Using the therapist's own personal experience enhances the power of the post-hypnotic suggestion and the patient can vicariously "piggyback" on the therapist's experience.

References:

Erickson, M. H. & Rossi, E. L. (1979). Hypnotherapy. New York: Irvington.

O'Halon, W. H. & Hexum, A. L. (1990). An Uncommon Casebook. New York: W.W. Norton & Company.

Rossi, E. L. (1980). Innovative Hypnotherapy: The Collected Papers of Milton H. Erickson, Vol. IV (edited by E. Rossi). New York: Irvington.

The International Conference on Thinking XI

Creating the Future: Paradigm Shifts in All Disciplines

The International Conference on Thinking XI, hosted by Ottawa University, will be held July 21-27, 2003, in Phoenix, Ariz. It is the oldest and most respected inter-disciplinary academic conference in the world. The Conference will review past, present, and anticipated paradigm shifts in all major academic disciplines. The Milton H. Erickson Foundation is a nominal co-sponsor.

The first Thinking Conference was held in 1982 at The University of the South Pacific, Suva, Fiji, with 250 scholars from more than 40 universities in 14 nations. The Conference drew scholars from all major disciplines, from anthropology to zoology. Some of the presenters included: Howard Gardner, Professor of Psychology at Harvard; Mihalyi Csikszentmihalyi, former University of Chicago professor of psychology, author of the bestseller "The Flow;" Peter Senge, professor of management at MIT, author of the best selling "The Fifth Discipline;" Charles Stevens, Neurophysiologist and one of the leaders in brain research; Edward de Bono, pioneer who advocated the teaching of thinking skills in the 1960s; Laura Jannsson, sport psychologist, Finland former European diving champion and member of the Finnish Olympic Committee; Sir Edmund Hillary, the first man to set foot on the summit of Mt. Everest, and many more.

Call for Papers and Proposals:

To submit a paper or proposal for this Conference, please contact The International Conference on Thinking, Ottawa University, 13402 North Scottsdale Road, Phoenix, AZ 85254, Attn. Dr. William Maxwell; tel, 602/749-5207; E-mail, willgaia@aol.com

Registration for this Conference began in January 2001. Registrations will be discounted by 20% if paid before June 30, 2001. For more information and to register, contact Ottawa University, 13402 North Scottsdale Road, Phoenix, AZ 85254; tel, 602/749-5207; E-mail, willgaia@aol.com

VIDEO REVIEW

EMDR: Working with Grief

by Francine Shapiro, Ph.D.

Distributed by Zeig, Tucker & Theisen
Publishers

www.zeigtucker.com

In the videotape Working With Grief, Francine Shapiro, Ph.D., founder of EMDR, explains to her hosts, Jon Carlson and Diane Kjos, the basic principles underlying the EMDR approach and the eight-stage protocol that it employs. Shapiro demonstrates the method with a client named Angie. Following the demonstration, the interviewers question

Shapiro about the process used with the subject.

At the beginning of the session, Shapiro gives a brief explanation of EMDR to Angie, a recovering addict struggling with the unexpected death death. Throughout the interview EMDR is used to link the past with present-day memories and to offer the possibility that new learning will occur during trauma resolution.

In the second stage, Shapiro

"While using eye movements, Shapiro encourages Angie to recall target memories, hold them, allow associated thoughts and feelings to surface, and then, let them go."

of her lover. Angie's first statement reveals the guilt she feels associated with the death. The first stage of the protocol focuses on the client's history with her lover and the unexpected assesses the client's negative beliefs about the experience and elicits from the client a more positive perspective that she would like to have at the end of the session. The client is then checked for negative emotions and physiological discomfort. Scales are used to identify the amount of discomfort from the memory and to clarify the client's belief in the elicited positive statement. The scales are used again later to assess the client's progress, and to assure that bodily discomfort is not present when remembering the trauma.

The next stage is the desensitiza-

tion process. While using eye movements, Shapiro encourages Angie to recall target memories, hold them, allow associated thoughts and feelings to surface, and then, let them go. Shapiro closes the session with Angie by explaining to her what to expect in the following sessions and assigns her a homework task to complete before the next session.

For the student who is seriously interested in learning more about EMDR, there is no better education than to view Shapiro herself using this valuable method. In 52 minutes the client was empowered to use her own inner resources to resolve the trauma quickly and efficiently. This video is a powerful demonstration of the speed and effectiveness of EMDR. The viewer can only marvel at the intensity of the feelings the client expresses, and how quickly the process moved in resolving traumatic issues

Reviewed by:
Johanna Edwards, M.S.
Mesquite, TX

MEDIA OF NOTE

Evolution 2000

Konfrontace-Casopis Pro Psychoterapii (or Confrontations), a psychotherapeutic journal from the Czech Republic, has a special report from the Evolution of Psychotherapy Conference that was held May 25-29, 2000, in Anaheim, Calif. The article (third issue, 2000, p.129-136) by Stanislav Kratochvil, summarized the Conferences' events and presenters. Photos of presenters are included in the article. For a copy of this issue, contact Stanislav Kratochvil, Ph.D., Professor of Psychology, Psychiatric Hospital, 767 40 Kromeriz, Czech Republic; E-mail, kratochvils@plkm.cz

The Evolution of Psychotherapy Conference 2000, drew more than 5,000 professionals from more than twelve countries. The next Evolution Conference will be held in 2005.

Interview with Jeffrey Zeig, Ph.D.

The International Society of Hypnosis Newsletter (Vol. 24, No. 2, 2000, p.13) features an interview with Milton H. Erickson Foundation Director, Jeffrey K. Zeig, Ph.D. The article, by Eric Vermetten, M.D., discusses the biography of Dr. Zeig, from founding and directing the Milton H. Erickson Foundation in 1979, to his books and publishing company, Zeig, Tucker & Theisen, to his training with Milton H. Erickson, M.D. For a copy of this issue, contact the ISH Central Office, Simone Pakin, Administration, Austin & Repatriation Medical Centre, Level 3, Centaur Building, Repatriation Campus, Locked Bag 1, West Heidelberg, VIC 3081, Australia; tel, +61 (3) 9496 4105; fax, +61 (3) 9496 4107; E-mail, s.pakin@medicine.unimelb.edu.au; web, www.ish.unimelb.edu.au

"Milton H. Erickson" to be Translated to Japanese

Japanese Publishing Company Kongo Shuppan, has contracted the rights to translate into Japanese, "Milton H. Erickson" (Sage Landar Publishers). The book will be translated by Yoshiyuki Nakano, a leader of the Japan Erickson movement. Kongo Shuppan is a leading publishing company in Japan, dedicated to the field of psychotherapy, psychology and psychiatry. The release date for this translation has not yet been set.

Publisher NIHEI SHA in Tokyo, also will be translating into Japanese, "The Letters of Milton H. Erickson." For information, contact Zeig, Tucker & Theisen Publishers, 3614 N. 24th Street, Phoenix, AZ 85016.

THE USE OF THE THERAPIST'S SELF IN ERICKSONIAN THERAPY

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Love's Hidden Symmetry: What Makes Love Work in Relationships

by Bert Hellinger with Gunthard, M.D, Weber and Hunter Beaumont

1998, Zeig, Tucker & Theisen Publishers

www.zeigtucker.com

In a time when a sense of hurry pervades our culture, when psychotherapists' attention is too often distracted by the press for quick results, and training more and more technique-driven and symptomfocused, it is a true delight to discover the work of German psychotherapist Bert Hellinger. He is 75 this year. He is an iconoclast who has hesitated to write down his insights, gathered from a career of therapy, because of concern his ideas would be oversimplified, misunderstood, or rigidified into lifeless generalizations. In his book, he quotes William Blake and Lao Tzu. His language has the patina of a lively spirituality balanced by the directness of a practical man with no patience for irrelevancies. The transcripts of his work with clients range from exquisitely delicate rituals in his family constellations releasing generations-old guilt, to crisp confrontations of clients mired in self-pity and inaction.

Like Erickson, he values the actions and experiences of life over the conversations about it, and constantly seeks to reawaken the giving and receiving blocked in his clients' lives. Like Erickson, his understanding of problems and solutions came from close observation of the human condition rather than from theoretical constructions. Rather than talk about multi-generational transmission of family dysfunction, he talks about fate. Rather than talk about the maintenance of systemic equilibrium, he talks about group conscience. How much richer, more flexible, and communicative are his terms? How much more evocative and generative are the concepts?

The transcribed conversations are passionate, not scripted. I particularly enjoyed his exchange with a workshop participant around the delicate issue of seductive children: "Little girls are supposed to be seductive. It's how they begin to experiment with and practice their sexuality. It's the job of the adults to not respond to that practicing with sexual behavior, to protect the kids."

There are two important technical differences from other approaches to family sculpture in how he constructs and processes the family constellations he creates in group therapy. In the setup, the only stimulus for unfolding emotional process besides the identity of the family member (father, older sister, adoptive mother, etc.) is their physical position. There is neither historical narrative attached to the identity, nor is there sculpting of evocative postures. Hellinger feels these tend to limit and stereotype responses, which he wants to encourage to develop intuitively from the constellations. In the processing, the designees are asked to empty themselves of personal identification and conceptual frameworks and follow the simple but rigorous discipline of responding to what comes up at a feeling level from their spatial position relative to one another.

The transcripts generated from this work are rich and moving rituals of release and transformation, opening the participants from blocked or frozen attitudes and feeling states. Hellinger's style is calm, focused, never overtly encouraging of catharsis. As in masterful improvisation and intense conversation, the work appears to unfold on its own. The scenes support his description of his work as uncovering love's hidden symmetry, restoring the balance of giving and receiving. The emphasis of flow along with the de-emphasis of personal narrative must make the group experience as rich for those not at the center of the work.

Wondering if some of the transpersonal qualities he unleashes in group ritual space could be harnessed in a dyad, I read part of one of the transcripts to a client and suggested we try a modified version of the family constellation. He designated two empty chairs as his parents, and positioned them at angles not quite facing each other, and designated the lamp on the desk as himself as a child. We took turns standing behind the chairs and sensing the imbalance, mutually arriving at the conclusion the chairs needed to face each other. This position felt right. He then noticed the lamp on the desk was too

high, and it shouldn't be on: "I'm working too hard! I'm only a kid!" We turned the light off and placed the lamp on the floor, at the feet of the parents. His sense of relief, if not resolution, was palpable. I was surprised how much of the power of the position-based family constellation could be unlocked even without the multiple intelligences of the group. The format itself seems to invoke both archetypal awarenesses and calm mindfulness, allowing telease from the blockages associated with tightly held justification of intense emotional states.

Love's Hidden Symmetry combines the exposition of central ideas in a lucid and persuasive style with transcripts of workshops and group therapy sessions that bring the family constellation work to life. The resulting text can both inspire and technically guide clinicians interested in his approach. It's a fine place to start in discovering the work of Bert Hellinger.

Reviewed by: Charles Holton, LCSW North Carolina

OKREVIE B 0

Effective Self Hypnosis: Pathways to the Unconscious

by C. Alexander Simpkins, Ph.D., & Annellen M. Simpkins, Ph. D.

Radiant Dolphin Press, San Diego, CA

Book and Tape set

Effective Self Hypnosis is a combination book and audiotape set, co-written and presented by experienced and skilled practitioners. They have utilized a logical and well thought out framework to bring readers a resource that will enhance both understandings and skills.

Directed to a wide audience, the book is written "for professionals who are interested in helping themselves or their clients, using some hypnosis facilitation, and for the person who is interested in developing skills in self-hypnosis to bring about changes" (p. ix). It is unusual that any book can meaningfully appeal to such a broad audience, but the Simpkins have accomplished this. They do, however, appropriately remind readers that many problems require the clinical expertise of a professional.

Like the book, the tape presents a sequential progression of information intertwined with well-crafted experiential exercises. The well-integrated building blocks bring together conscious awareness and understanding with that which is not so easily understood consciously.

Each chapter begins with a thought-provoking quotation that fits well into the chapter content. "Truth refines but does not obscure" (p. vii) attributed to Nathaniel Stone Simpkins (1836) is one such delight. Sprinkled throughout are illustrations, which also evoke imagination.

The simple, straightforward information is presented in ways that let the novice recognize the powerful potential of hypnosis. One of the unique strengths of the audio portion is the careful way in which they demonstrate that neither eloquence nor complexity are needed to develop strong and effective hypnotic responses. Paradoxically, this in itself is eloquent and complex.

The book is particularly useful in understanding the context of hypnosis practiced in the United States. It provides an overview of the modern history of hypnosis along with a brief "who's who," which is useful in gaining a perspective on some of the central debates among modern researchers and practitioners. These include the state/ nonstate debate and the universal potential / trait argument.

Overlying the simple straightforward presentation is a depth of wisdom that subtly glimmers. The organized structure makes the book a fundamental tool to promote the self-development of both the therapist and the lay reader. This is neither a stand-alone manual nor a recipe book; it serves as compass for a serious

Effective Self Hypnosis helps each of us "...to voluntarily do the involuntary, to deliberately be spontaneous and to regain rapport with your own inner self" (p. vii).

Reviewed by:

Roxanna Erickson Klein, Ph.D., R.N. Dallas, TX

VOL. 21, NO. 1

When the Soul Kissed the Body: An Approach to Weight Loss Using Ericksonian Hypnosis and Solution-Focused Therapy

by Yvonne Dolan, M.A.

Available through the Milton H. Erickson Foundation, Inc.

To order: tel. 602/956-6196, ext. 210; E-mail, mheav@juno.com

Yvonne Dolan, M.A., is consistently one of the highest rated presenters at Ericksonian conferences. This audiotape set, "When the Soul Kissed The Body," was recorded at the Seventh International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, December 8-12, 1999, in Phoenix, Az. On these

"...you have a chance, as a listener, to experience Dolan's use of trance and language yourself."

tapes, she demonstrates and discusses her approach to weight loss. She also has written books on sexual abuse and on chronic and oppositional clients. She explains that her Ericksonian and solution focused treatment of weight control typically takes three to eight sessions, but that with some patients she works one session per year, for years. This two-tape set includes a live hypnosis session with a client, and a session with the audience.

Dolan begins a demonstration in which initial questioning of Rebecca, the client, about her goal is combined with naturalistic trance induction. She goes through about ten minutes of exploring thoughts and images, deepening the trance, specifically engaging the unconscious and tailoring the work collaboratively with Rebecca. Among other things Dolan demonstrates addressing Rebecca's motivation, creating something unique for her, identifying the cue, evaluating Rebecca's confidence that the solution will work, and strengthening the cue. There are clear questions and answers during a break, and she defines some of the technical terms for people new to them.

Midway through the second side you have a chance, as a listener, to experience Dolan's use of trance and language yourself. She addresses the audience and invites each person to think of some desired goal. She then proceeds with the same type of work as with the client, but of course without the interactive tailoring. This second go-round is both more generic and fuller. It is a nice review of her approach.

The rest of the recording is given to questions and answers of what she demonstrated and about solutions for specific problems such as when the therapist senses ambivalence, when the client lacks confidence, and setbacks. Occasionally a question from the audience is not clear, but usually the response is illuminating anyway. At one point, Dolan prematurely ends the talk. Don't stop the tape! She realizes her mistake and goes on with further helpful material. She explains in detail how she handles weight loss patients she thinks are anorexic.

Dolan does a nice job of explaining Ericksonian views of the unconscious and how those views affect her word to her patients. Overall, When the Soul Kissed the Body is a delightful combination of demonstration, explanation, technique, and theory.

Reviewed by: Ginger Enrico, Ph.D. Dallas, TX

Climbing the Peak

For those who have studied the work of Milton H. Erickson, the act of climbing Squaw Peak represents an important journey. For some there is the desire to better understand this interesting intervention used by Erickson. For others, climbing the peak is an important pilgrimage, undertaken with the hope of discovering something deep within.

Because of its unique place in the Ericksonian tradition, we have collected written accounts from those who have climbed Squaw Peak and wish to describe their experience. Some of these accounts are touching, some moving, and some entertaining. We have posted these narratives on the Web at www.ericksonnewsletter.org.

Others who have made the journey to Squaw Peak are invited to send us a short account of their own experience for posting on the Web. Send the text by mail or by using the textbox found at the web site.

FUNDS NEEDED FOR SQUAW PEAK BENCH DEDICATION

A bench will be constructed this summer, dedicated to Milton H. Erickson, M.D., on the Squaw Peak Mountain Preserve located in Phoenix, Ariz. The bench will be constructed one-third of the way up the main trail.

Dr. Erickson sent many of his patients to Squaw Peak as a part of their therapy and/or training. In December 2001, those attending the *Eighth International Congress* in Phoenix will be invited to a dedication ceremony on the Squaw Peak Park Preserve on the 100th anniversary of Milton H. Erickson's birth.

The Erickson Foundation must provide a stipend to the City of Phoenix for the bench. If you are unable to participate in the dedication, but would still like to help, you can send an ear-marked donation to the Erickson Foundation. All donations are greatly appreciated.

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Obituary for

William Howell Masters, M.D.

A great contributor to the behavioral sciences was silenced on February 16, 2001, when William H. Masters, M.D., died of Parkinson's disease at the age of 85. The ravages of the disease were such that Bill had lost his voice over the years, an ironic tragedy for one who spoke boldly to topics that others would not even broach.

I last saw Bill in December 2000, two months before he died. I visited him in a nursing home in Tucson, Arizona. It was not an easy visit. Bill's speech was halting and his words mostly indistinguishable. A walker was needed to support his Parkinsonian gait. A 24-hour attendant monitored his daily activities. The attendant said Bill kept abreast of the literature, constantly reading journals. He was able to autograph a copy of his last book, an autobiography that was self-published, but I could understand only a fraction of his responses to my efforts at conversation. Still, he seemed in good spirits; there was no sense of depression or resignation.

Although I had only met Bill on three prior occasions, these meetings created indelible memories that together provide this brief glimpse into his character.

I first met Bill at the 1994 Evolution of Psychotherapy Conference organized by Bernhard Trenkle. Even then, Bill's voice was weak and his steps unsteady, and yet, he completed all of his lectures with grace and determination.

The next time I met Bill was in Puebla, Mexico, where we were on the faculty of a conference organized by Vicente Martinez. Bill and I traveled home on the same flight. We were chauffeured to Mexico City to catch the plane to Phoenix from where Bill would get a connection to Tucson. On the two-hour drive from Puebla to Mexico City I asked Bill about his research and findings. We were not able to complete our discussions during the drive. We got on the plane together. Bill was in first class; I was in coach. But, Bill made his way back to sit with me in coach. We sent the young man who had the seat next to me to the front cabin for his first, first-class flight. Bill had more to teach me.

At our third meeting, I had dinner with Bill and his wife, Dody, in Tucson where I was lecturing for a local organization. Earlier in the day Bill took a cab to the center to hear me speak. That evening at dinner, he gave me thoughtful feedback about how to be a better professional, not just deliver a better speech. I have practiced what he taught me ever since.

Bill Masters was a peerless intellectual contributor to the health sciences. In his classic book Human Sexual Response (1996), he considers normal sexuality. While other investigators learned about sex by endlessly studying dysfunctional sexual patterns, Bill took a simple but radical stance: he researched functional sexual patterns.

Bill Masters caused a major paradigm shift in his field. He introduced a new and important dialog into our cultural context. He was a truth teller. Enduring the damning of his detractors, Bill spoke his truths with considered reason. He was a model professional -- one to be emulated, admired and learned from; one who will be missed.

Jeffrey K. Zeig, Ph.D., Director The Milton Erickson Foundation

Web News

The New Therapist has an online version of their magazine. Please visit: www.newtherapist.com for the latest issue. The November/December issue entitled, "The Hypnotic Edge," discusses the evolution of hypnosis from the 19th century to the early 21st century, and offers a few unusual angles from some of the world's leading hypnotherapists. The issue also contains an interview with Michael Yapko, Ph.D.

International Congress for Psychotherapy in China Butchotherapy: Dialogues between East and West "

August 20 - 24, 2001

The Congress will be held by the German Chinese Academy for Psychotherapy in cooperation with the Asian branch of the World Council for Psychotherapy, the International Federation for Psychotherapy (IFP) and the Medical College of Kunming.



Kunming, China

The Congress will take place in Kunming, the capital of China's southern proveince of Yunnan. It is situated on a plateau, 6300 feet above sea level. It is known for its rain forests, rice paddles, pagodas and impressive mountains. It fromtiers with Myanmar, Vietnam and Laos.

For further formation, contact

Prof. Ille Oelhaf, Agathenstr. 3, 20357 Hamburg, Germany Tel/Fax: 0049 (0)40 41355196 www.dcap-psychotherapy-china.de

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Interview

continued from page 1

DB: How did you first become involved in this field that you are now so well known for?

FS: I was actually a teacher in English literature and was about to launch my dissertation on Thomas Hardy's poetry when I got cancer. That shifted my attention to body issues. The whole field of psychology-neuro-immunology was just beginning. There was a lot of exciting work just coming out. I thought there seemed to be a limit to what was being achieved by the medical model. There were so many advanced technological medical interventions but it seemed to me that there had to be more and better ways of handling our own stress--a mind-body connection. So I decided to find what these things were.

I left New York and entered the Professional School of Psychological Study in San Diego. I thought that school had the best faculty. Some of them were not mainstream psychology; some came from a Buddhist tradition. Some were well-known in family and brief therapies. It was a good meld. In addition, the work I had done in literature turned out to be

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an excellent springboard for clinical work. It helped me see nuances of language and texture.

DB: What is EMDR?

FS: EMDR is really an integrative comprehensive approach. It is not a technique, it is an approach. It has been primarily tested and researched for treatment of Post-traumatic Stress Disorder (PTSD). But most of the things that bring people into therapy are based on early life experiences. It's basically early experiences that lead to anxiety responses, low selfesteem and dysfunction. Many models say that people should just "change the way they're thinking" and they will change the way they're feeling. Some models say that if people have coping skills they will be able to deal with their feelings.

EMDR says the perceptions of the time of trauma are stored in the brain and can become a foundation for the pathology. To make sense of anything that happens in the present time, present perceptions have to link into a memory network. This memory network contains the earlier experiences from childhood where the experiences and feelings got locked in. If one felt humiliated in childhood, while in a group of people, that

continued on next page

person might still have problems

walking over to a group of people. The present experience becomes linked with the earlier experiences. It's not "conditioned," it is a stored somatic memory.

There have been studies about the different types of memory systems. It is believed that many earlier experiences are literally stored with the emotions and physical sensations present in the person at the time.

Certain events often are associated with the diagnosis of PTSD. Major traumatic happenings like rape and natural disasters are two examples. So called "large T trauma." EMDR extends this model by recognizing that almost anything in life that has a lasting negative effect on one's self or psyche is, by definition, a trauma. If you were humiliated sometime in grade school, for example, we call it a "small t trauma" but it sure didn't feel small to you at that time. If that is not healed, the memory can cause problems in current life.

EMDR works because it draws together aspects of those traumatic memories and allows a rapid learning to take place. This form of therapy takes the client's history in a certain way and asks the clinician to look at the clinical picture in a certain way. We then prepare the client and implement a variety of procedures and protocols based on the principles of EMDR and of information process-

DB: Wasn't your dissertation the beginning of EMDR?

FS: Around the time I needed to start my psychology dissertation, I took a walk in the park and began to notice eye movements as I thought. That was 1987. The next year I did a controlled study of EMDR, which was published in the Journal of Traumatic Stress, 1989, 2, 199-223. It was one of the first controlled studies on the treatment of PTSD symptoms.

DB: What was on your mind when you noticed the eye movements? Did you know earlier that they existed?

FS: In truth, these types of eye movement had been noticed thirty years before. Dream researches looked at eye movements in the waking state, and reported that when people were disturbed their eyes started moving very rapidly. That was correlated with the shift in cognitive context (Antrobus, Antrobus, & Singer, 1964, Eye movements accompanying daydreaming, visual imagery and thought suppression. Journal of Abnormal and Social Psychology, 69, 244-

I had not read that before my work. People generally do not notice they are making those types of eye movements even when they are happening. We all make these movements. I think the difference was that I had spent the previous ten years finding those things that had a positive effect on mind and body. I was specifically looking for things that I was able to use to impact stress. My goal, after diagnosis with cancer, was to find out what those things were, to use them and then to get them out to the general public.

When I was walking along I noticed that some disturbing thoughts that I had been having had suddenly disappeared although I hadn't done anything deliberate to change them. So my curiosity rose; "What was going on?" I started paying very careful attention to myself. I noticed the thoughts as they came up. I also noticed when the eye movements were happening. Most importantly, I noticed the effects of the eye movements on thoughts. Then I started to do it deliberately.

It was at that intersection of my ten years' journey that I was fortunate enough to have my attention focused as it occurred. Everyone can notice eye movement if attention is focused correctly. People generally don't notice body muscle movements as they are walking along the street until attention is specifically directed to them.

DB: Tell us about the initial study?

FS: I recruited 22 victims of trauma from Rape Crisis Counseling and a couple of veterans who were referred to me for trauma resolution. I compared the method, as I was developing it, to a purely exposure method. The study seemed to show it be quite effective and attracted attention. However, clearly EMDR has developed and been refined so now the approach is more global.

I did some training in Israel the following year and did a number of presentations there including at the University of Tel Aviv. I was invited to present at the International Stress Conference in 1988.

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at various conferences, people contin-

ued to express interest, and request

worked with two research groups, I

felt ready to train, and started out with

36 people. Since the initial study,

there has been a great deal of research

that continues to substantiate the effi-

cacy of the approach. A meta-analy-

sis of all PTSD treatments (including

pharmaceuticals) showed EMDR to

be among the most effective, and to

be the most efficient (Van Etten, &

Taylor, 1998, Comparative efficacy

of treatments for posttraumatic stress

disorder: A meta-analysis, Clinical

Psychology and Psychotherapy, 5,

that the training has been so tightly

controlled--only you were able to

sions in California when I started

hearing reports of clients getting hurt.

When I was able to track down what

had happened, I discovered clients

were being treated by all sorts of peo-

ple--massage therapists and lay hyp-

notists. I found some of the people

who had been in my training had

turned around and started training

nonclinicians to do their own version

of what I had just taught them. I

refused to let it happen again. So I

had people sign an agreement in

which they recognized it was experi-

mental and not enough research had

been done. Additionally, trainees

signed an agreement that they were

not authorized to train others until

there was sufficient research or until

they were authorized to train by me. I

kept on going with restricted training

to make sure the people doing EMDR

were trained correctly.

run the training sessions.

DB: One of the criticisms is

FS: I had given two training ses-

As I continued to present on this

In 1990, after having

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DB: Tell us about how EMDR has grown.

FS: The clinicians that use it have been the ones who have spread the work. The first workshop, in 1990, was 36 people. Now there are 35,000 clinicians trained in 65 countries. Training restrictions were taken off in 1995 after the completion of eight controlled studies. Practice and training standards are set by the EMDR International Association (EMDRIA), which is an independent, nonprofit professional group. I am not even on the board. That helped to resolve the concerns that arose after my book was published in 1995, that anybody could say, "Oh, I'm teaching it," or doing it, whether or not they had actually been taught. So the EMDR International Association set certain guidelines for the way the training should be done. Today EMDR is being used in rape centers, and veterans' centers, and has been embraced by torture treatment centers around the world. Of course, it is also used in standard clinical practice for much more than PTSD. Except for purely organic conditions, most problems are experientially based.

DB: In this set of guidelines for training, do clinicians have to be licensed?

FS: You have to be a licensed professional to be trained in EMDR or be a student in a professional program under the supervision of someone with a license. The EMDRIA has other requirements. There are a certain numbers of didactic hours, supervised practice hours, course content and how long the person needs to have been practicing EMDR in order to teach it. There is a certification program where people take a basic

continued on next page

continued from page 21

course. There are a number of universities that also offer course work in EMDR, and these also require supervision hours. The University of Colorado, Psychiatric Program, in Colorado Springs is teaching it, as is the University of Pittsburgh, and the University of Syracuse in upstate New York. EMDRIA has a web site authorized course work (www.emdria.org).

DB: How has EMDR changed since it was first developed?

FS: What I first published was a two and half page description of a desensitization technique. Now, it has moved into more of a comprehensive re-processing model and it continues to evolve. The reprocessing and insight that people were getting and the connections they were making contributed to personal growth in a way beyond a behavioral conditioning model. At the time, I moved into the re-processing approach, Eye Movement Desensitization (EMD) was so well known that the best I could do was add "re-processing" on to it. That is really where the emphasis is now. So it became Eye Movement Desensitization and Reprocessing (EMDR). If I had to do it over again, it would simply be called Reprocessing therapy.

One problem is that people go back and think of that early 1989 article, a very simplistic technique and still think that is what EMDR is now. It's gone way beyond that (see Shapiro, 1995, Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures. New York: Guilford Press).

Other questions are asked about what eye movement has to do with trauma resolution. How could there be positive effects? Critics don't seem to be aware that there are literally dozens of volumes on the connections between eye movements and cognitive process. The brain is no longer a "black box." There is now a lot of new information about the biological processes that may help us to understand what is occurring and the research is quite compelling.

There are numerous controlled studies of EMDR with reports that after three sessions the person no longer has PTSD. Some pre- and

post-treatment brain imaging show changes in the brain. That is starting to give us a better idea of what happens in the brain when someone is traumatized and what happens when they are healed. EMDR has been used as the method to explore these internal responses. Different portions of the brain are activated when people recollect events with or without PTSD. After treatment, with as little as three sessions of EMDR, the process is repeated. Subjects are asked to think of the trauma and imaging shows that different portions of the brain light up. This clearly supports our work with EMDR and that after three treatment sessions, 80 to 90% of the subjects no longer have PTSD. This has been validated in one study after another.

DB: How have you grown internationally?

FS: The EMDRIA is a worldwide professional organization. The EMDR Humanitarian Assistance Programs is a separate nonprofit organization that does pro bono and low-fee training and intervention worldwide. It was actually started after the Oklahoma City bombing. One of our clinicians that worked for the Red Cross received a call from an FBI agent who asked for help because the mental health professionals they were using were so traumatized, "they were dropping like flies." We flew her to Oklahoma City to bring together the EMDR trained clinicians from Oklahoma. They banded together and offered their offices and network. We were able to rotate in clinicians from different parts of the US, providing services for four months. We started by offering help to the clinicians, then they brought in the front line providers and then other clients. We then offered a pro bono training to all Oklahoma clinicians to continue the work.

We have also had trainers do workshops in Sarejevo, the Mid-East, inner cities in the US, and throughout the globe. A beautiful example is the training in Northern Ireland. It was wonderful to work with both Catholic and Protestant clinicians together in the same room, each learning EMDR in order to deal with the "troubles." It was just fabulous. It is the goal of the Humanitarian Assistance Program to reduce violence and treat pain throughout the world. Suffering is caused by pain and then causes it in

DB: You're working with both sides?

FS: Yes, both sides. We want to treat the victim and to treat the perpetrator to be able to stop violence in one generation. I don't want to see our field leave anyone behind. No one is dispensable. Neither the most neglected, nor the most abused, should be left behind.

DB: How does EMDR work with perpetrators?

FS: We look primarily at what is "pushing" their behavior. So very many perpetrators have been victimized themselves. We identify the triggers that cause a perpetrator to become a victimizer and then process the early trauma memories that they have. They are able to put the appropriate responsibility for their trauma where it belongs. Then they are, in turn, able to take on responsibility for what they have done. Then they process the triggers and draw up templates for future action. Our followups show that this dramatically reduces relapse.

DB: How does EMDR work?

FS: It is a very integrated approach. It brings in aspects of psychodynamic therapy, cognitive and behavioral, experiential work and much more. I heard a presentation on the hallmarks of Ericksonian Hypnosis some years ago. I was checking them off and I was very happy to see that they too are incorporated in our work. I attempted to bring together the wisdom of the field because I believe it's all needed.

The procedures of this approach draw on the different psychotherapy orientations. We have the associations of psychodynamic therapy, beliefs of cognitive therapy and the stimulus aspect of behavioral therapy. It is all there. The earliest client memories set the groundwork. Then we ask about the present conditions, that increase the problems, and skills the person has and needs for the future. All these are important. You cannot separate the dancer from the dance.

The EMDR model works with experiences that became stored in the wrong form of memory; memories that were blended with emotion and sensation present at the time of the event. Those emotional elements interfere with the re-learning that needs to take place. EMDR prepares the subject to unblock those memories, linked with early trauma, and allows for re-processing in ways that permit learning and memory storage

to occur in a more healthful way.

The job of the clinician is to keep the processing system dynamic and there are many ways of doing that. It is not a simple technique. It is an approach to psychology and practitioners have to be guided by certain principles in order to implement it appropriately.

DB: The mind is healing itself in a wav!

FS: Yes, the mind is healing itself. My premise is simple; we are dealing with the brain, which is clearly a part of the body. The body has a tendency to heal itself if it is not blocked. If you cut yourself, the body has a tendency to close and heal unless you have a block or repeated trauma to the same location.

If you have a blocked reaction to experience, it will fester and not heal; if you remove the block, it will heal. That's what I believe to happen on a physical level. In mental health, something happens to us and it bothers us. Then we walk away, but we think about it, we talk about it, and we may even dream about it. Finally, a time comes when that the unpleasant event no longer "bothers" us. The memory becomes stored with the appropriate emotions. It guides us to future appropriate behaviors. But sometimes, useless negative emotions persist with the associated negative sensations. Growth is stunted. All of the useless thinking, emotions and behaviors are incorporated. instance, when a trauma occurs the negative arousal is still there, and reminders of it bring it back. Those are the hallmarks of PTSD. I believe literally those are stored somatic responses, and once they are processed, re-learning can take place. In EMDR, the simulation of that experience takes place but with reprocessing, what is useless can be discarded. It's important to emphasize, however, that most clinical complaints are based on earlier life experiences. The events are incorrectly stored in memory and cause the present problems. The processing allows learning and personal growth to occur at a rapid rate.

DB: How does development level affect trauma?

FS: This is very important. It simply isn't true that people traumatized at an early age "don't have the capacity to remember it." Our work clearly shows there is storage on a somatic level. There is not going to be cognition in the form of words, but

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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: John Arcidiacono, M.D., Graham Barnes, V. Alton Dohner, M.D., Charles Lonsdale, Carmen M. Michael, Ph.D., Charles Simpkins, Ph.D., Annellen Simpkins, Ph.D., and Louise Sturgess, Ph.D. Thank you for your continued support of the Foundation and its activities.

The Erickson Foundation would also like to thank Helen and Lance Erickson for their donation to help fund the dedicatory bench to Milton H. Erickson, M.D., on the Squaw Peak Mountain Preserve.

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 Fundraiser, 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 Hynosis," 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 the late Milton H. Erickson, M.D.

For information on donating to the Archives Fund, contact The Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix AZ 85016-6500; tel, 602/956-6196; fax, 602/956-0519. The Milton H. Erickson Foundation, Inc., is a nonprofit corporation, and donations may be tax deductible within IRS guidelines.

Interview

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there is somatic storage. There is research being done to show that what we experience creates structural changes in the brain. In EMDR, we work with appropriate assimilation of experiences regardless of when they were stored.

DB: Where do you expect to be 10 years from now?

FS: I'm hoping that the Humanitarian Assistance Program has the funding to be able to really do the work that is needed. We only go where we are invited but it takes money to get to the people who need help. It takes money to get clinicians there and to feed and house them. I'd like to see that we have the finances to do that more comprehensively around the globe. We have worked hardest on this area and have made great inroads in the protocol procedures for treating victims in major trauma areas of the world.

I think a lot of violence by children can be healed and would like to see EMDR used throughout school systems as well. We first would have to have enough education for teachers and to counselors to recognize warning signs. We have to process all the "small t" disturbances so that children can grow into a healthy and happy future.

I have a book coming out next year called The EMDR and the Paragon Prism (American Psychological Association Press). I have asked people with different orientations to view EMDR through the lenses of their own paradigm and describe what they think. I wanted them to say what they attribute treatment effects to. Others have used this type of outside view to better define their own fields and I think it is a very useful approach. I want our field to see how their views can strengthen the different protocols of EMDR. What I would like to see is integration for the greatest and most comprehensive treatment effects.

DB: Thank you so much for spending this time with me. You've given us all a lot to think about in regard to you and your important work.

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