*"The practice of psychotherapy should be interesting, appealing, and charming."*
— MILTON H. ERICKSON, M.D.

# NYSEPH NEWSLETTER

The New York Milton H. Erickson Society for Psychotherapy and Hypnosis
P.O. Box 1390 Madison Square Station, New York, NY 10159 (212) 473-0499

FEBRUARY 1987 VOLUME 3 - NUMBER

## EDITOR'S NOTE

"Develop your own technique; be your own natural self", Milton Erickson said. Kay Thompson and Michelle Ritterman, each in her unique way have done just that - and gone far beyond. Being with Dr. Erickson made it possible for people to discover parts of themselves they didn't know they had - or, as Satir puts it, "to become more fully human." What we say about others is a reflection of ourselves and part of ourselves is in what we see. Ritterman says of Thompson: "Kay Thompson is really the most like Milton of any of his students, but not a copy of him. She knows what he knew and works like he did, only it's her version. It's her own thing."

Both women have gone far beyond the usual range of professional standards. Those of us who know Kay Thompson know what a fighter she is. Only one example is her seven-year battle on behalf of the Penna State Dental Association against the Goliath of Blue Cross and Blue Shield.

Michelle Ritterman, the author of *Using Hypnosis in Family Therapy,* sees the family as a hypnotic unit and works on the level of the family unconscious. She has expanded her horizons and perceives the family as being affected by a broad range of social, cultural, and political inductions that are often unrecognized. Her interviews with torture victims in South America, Denmark and Africa (which she will discuss in Interview Part II in our next issue) have brought a sobering depth to our understandings. Her parameters of the family have expanded; she sees the world as a family.

Erickson's effect on people was to bring them into full connection with their lives. His words spoken in the little office under the far-ranging shadows of Squaw Peak reverberate and resonate into action. In effect, Ritterman and Thompson in addition to being brilliant hypnotherapists put their money where their mouth is.

What we learn from each other in our mutual journeys goes far beyond technique or professional skills. We learn from each others' willingness to be our own natural selves.

That is why we have invited Thompson and Ritterman to come to teach what Erickson was about.

Jane Parsons-Fein C.S.W.

## INTERVIEW WITH MICHELLE RITTERMAN, Ph.D.

**Michelle Ritterman** *received her Ph.D. in clinical psychology from Temple University and completed her training at the Philadelphia Child Guidance Clinic. She began studying with Erickson in 1975 and has published numerous artticles on the use of Ericksonian hypnotherapy techniques in family therapy. Dr. Ritterman authored* Using Hypnosis in Family Therapy, *the first comprehensive integration of Erickson hypnosis and family therapy, and she has also written on problems of forced exiles and victims of torture.*

**JP:** How did you become interested in hypnosis?

**MR:** I wanted to be a poetess and I think I've always communicated with people about their problems on an unconscious level, via a kind of poetic communication that is analogous to Erickson's story-telling. When I was a student at The Philadelphia Child Guidance Clinic I was with Jay Haley and Sal Minuchin when Herb Lustig showed the video of Erickson working with Monde. Before that I had thought hypnosis was controlling other people. Erickson was doing quite the opposite and I wanted to learn from him.

**JP:** That's interesting: Virginia Satir stayed away from him because she had heard that if you shook his hand you went into trance. She didn't yet know that she herself was a master hypnotist and had been in trance many times.

**MR:** Well, I didn't find Erickson to be interested in dominating people. Maybe he'd played with that when he was younger, but in my opinion he was a master at getting you to be fully yourself.

Continues on page 2

KAY THOMPSON, D.D.S
"The Therapeutic Uses of Language"
March 14-15

MICHELLE RITTERMAN, PH.D.
"Using Hypnosis in Family Therapy:
Breaking the Spell of Dysfunctional Rapport"
May 16-17

CONTENTS

## Michelle Ritterman, Ph.D.

Continued from page 1

**JP:** So you worked with Erickson after you were involved in family therapy?

**MR:** Yes. I discovered family therapy at the University of Wisconsin in a funny kind of way. They were behaviorists at the Psychology Department and their theory at the time was that we did not yet have enough information to do clinical work, so research had to be done on animals. Meanwhile, Carl Whitaker was across the street working with schizophrenics. I got introduced to family therapy by Harry Harlow and his student Soumi, who were doing family therapy to rehabilitate the monkeys that had been destroyed by the horrible methods used to study animal behavior. I didn't realize that they were copying Whitaker. I thought I made up the idea of family therapy watching them working with monkeys. I then applied to be an intern at the Child Guidance Clinic in Philadelphia, and I stayed on for six or seven years.

**JP:** And you went out to Phoenix during that time?

**MR:** Yes, Haley sent me to Erickson. I think he sensed that I needed to work from an intuitive model. It took me a year to get up the courage to see Milton, a year to get ready.

**JP:** Do you have any particular memory of how you came to begin to integrate structural family therapy and hypnosis?

**MR:** Well, I would do family therapy sessions the way I had typically done them, and then I would decide to use hypnosis in the session. That was the way I began. I started a project with the Children's Hospital of Pennsylvania using hypnosis with hemophiliacs. Then I heard about LeBaw in Colorado who taught a mother to hypnotize her hemophiliac child so I decided to bring the families in routinely and get the parents to hypnotize the child.When I moved to Seattle I watched a video tape of mine for a workshop in which I was going to discuss a strictly family-therapy model. All of a sudden about the twentieth time watching this tape through, I said, "My God, look at this". I started playing it back. I could see that what was much more interesting than the techniques I was using at the time, was the fact that the family was inducing the symptoms in the symptom-bearer right there in the room before my very eyes. They were doing it in a very systematic and Erickson-like manner. They were actually following the steps of the Erickson-Rossi induction model. It all came together when I was actually seeing it. The groundwork was laid for me to transcend the two separate models at that point. When the material presented itself to me I was able to see it with new eyes. It became the cornerstone of my understanding of symptoms and how to diagnose them.

The pathological model has never been useful to me, but I didn't have a clearly articulated alternative to it. Now I have a very clear alternative. I began to understand that the symptom is multi-faceted; not only is a family giving suggestions to its members, but the individual's mental set makes him/her receptive or not receptive to certain bad or good suggestions. That mental set is part of the suggestive process as well. You can get family members to stop making their destructive suggestions and the individual won't necessarily change. Or you can have the individual effect his or her mental set and go back into the family and get obliterated. So understanding the microdynamic, the slow-motion back and forth between these somewhat autonomous but related units and looking at the suggestive process made it a lot easier for me to intervene.

**JP:** Erickson had a direct dialogue with the unconscious and left it there. When you use hypnosis with families and work at the unconscious level, do you bring the unconscious material into conscious awareness or leave it unconscious?

**MR:** There's a significant difference between Erickson and me. He was much more an advocate of amnesia than I am. From time to time I will use that kind of amnesia, but I use it much more sparingly. I think he believed in the natural healing powers of the unconscious mind more than I do. The unconscious mind has been very programmed too, and I find that if you leave things in the unconscious only, people often produce other destructive responses from the same mould unless they are given more encouragement and are affected on more levels of their life including the conscious and interactional.

I think Erickson believed more that by generating a new attitude the individual could withstand anything. I don't. I think people can be crushed by brutality or insensitivity or by confusion or by the disintegration of their own family, and I think certainly social forces of the whole spectrum from repression to neglect, can be devastating to them no matter how well-glued they are as individuals. So I'm much more into helping people find many, many ways of standing up against things that are toxic to them.

**JP:** And the many many ways in addition to hypnosis are what?

---

Let them discover the nature of their own behavior

Milton H. Erickson

---

**MR:** Conscious, analytic, being able to notice the cues that bring you into your symptomatic trance. I look at the symptom as a trance state that is not helpful to the person, a state that is occupied by destructive thoughts, fantasies, feelings, and events. I try to help people notice what things get them into that bad place - what they're suggestible to, what they're susceptible to. I help them immunize themselves against it and I'll use the conscious mind there. The conscious mind can notice when the person is going off and catch it. Once the person learns to catch himself/herself from going into a dysfunctional trance, he/she can instead put himself/herself in an alternative trance. *I teach them how to use the very signals that have previously put them into the dysfunctional state to trigger an alternative state.* So, use all of those same cues, don't throw them away, don't fight them, don't hate them, notice the trigger and slip into an alternative state then allow this alternative state to take over. At this point therapists may be able to bow out. If the person then puts a new dysfunction into the alternative state the therapist will have to meddle around again. But if not, and in many cases you can leave the person alone, he or she will then have to begin to evolve an alternative way of behaving. In this way I'm similar to Erickson who said you create the circumstances under which individuals can respond spontaneously and change themselves. I help the person clear away a space habitually occupied by behaviour which is no longer useful. They do the rest..

**JP:** How do you help them bring new patterns into their reality in such a profound way that they can maintain the change over time.

**MR:** I have come to appreciate how enduring some patterns are and I'm much more discriminating about what longer-term and very brief therapies can do. I'm going in the direction of feeling the profundity and the difficulty of overcoming patterns ingrained by incest or by torture, or by seeing a family member killed, as often happens in a lot of countries in the world today. You can help people get over a specific symptom quite quickly, you know. They can pass an exam, they can sleep better, but the kinds of complex patterns that come out in intimate relationships are not always something I think brief therapists can deal with. Intimacy to me is perhaps the single most important variable that therapists can help with in a world in which nuclear war has taught us that even physical bonds are transient. How can we as therapists nourish emotional bonds? I think that's where we're so lucky and privileged, we are to at least attempting to foster those connections in a world which leaves them for last.

**JP:**What concepts are basic to your approach?

**MR;**The idea of structure is still basic to my thinking. Patterns and hierarchy are words that are central to me. "Who's in charge of what?" is the first question I ask. I look for who has the power over what, so I'm still a structuralist interactionally. I look at that question in terms of mental sets too.

There's a hierarchy in thinking. One idea will take precedence over others and the therapist has to hunt down the rule-setter idea, the idea that all other ideas follow from that is "the rigid mental set." So I look for a hierarchically arranged pattern.

The other thing is that I'm very interested in a model based on order with fairness. I have a strong sense of justice: I think behind a symptom there often is some injustice or imbalance or unfairness going on. That's not the case every time, but it's extremely common. I think of three elements in a symptom: there is a loss of stature vis-a-vis other people - some feeling that one is inferior, one is inadequate, one down, and there's a hierarchical element to that loss of dignity. The second element associated with this is pain; it hurts. The third thing is a feeling of being out of one's own control Thus, loss of self-control, pain and being one-down are the three components I look at and I try to understand if there's been an injustice done to symptom-bearers. Not that they don't participate in keeping themselves down, because in many cases there are lots of ways they do. Nevertheless, I think it's order without fairness that produces most symptoms. I don't just see it as feedback loops. I see it as inequality.

**JP:** Can you explain that a little more?

**MR:** I was taught to help the family reorganize on a patriarchal family model which is known to produce incest, wife abuse and child abuse at an alarming rate. Nevertheless, we were promoting the very model that has churned out those symptoms. There was the homeostatic feedback loop idea, which I never bought, although I didn't have an articulated alternative. I think there's inequality in the family because there's inequality in the society for women. Therefore, I think there has to be some understanding in the family of what the woman is up against in the world. That affects her in the home. That affects the man in the home too.

**JP:** So your hypnotic relationship with the family, is as I understand it, a very special relationship, and an intimate relationship. I'm wondering how that relationship differs from the team behind the one-way mirror, the therapeutic team that calls in on the telephone. Even though your using your training in terms of strategic and structural, it seems that there is an element in which you are very deeply involved with the family system, in a relationship way, not separated by a screen or a team.

**MR:** I use my understandings of strategy to learn more about the symptom strategy-what is the person accomplishing with this symptom? What's the method to this madness? I try to understand that and then help the person or the family find ways around that. Then I strategize with them about how to deal with the strategy of the symptom. The intimacy with them is extremely important to me. I have been criticized for being too involved with my clients, and I'm pleased to say I've maintained that nasty habit. There can be danger in that too. What's good about the classic Child Guidance approach is that it teaches you how to get distance and get out. You must know how to maintain your own boundaries to work closely with people.

**JP:** It seems to me that you have to have both.

**MR:** Yes. And I think often women need skills in getting out, because we know how to get in. And men need to know how to get in close, just to counter the social influences which are always inviting them out. What I liked about Erickson was how "in" he could get; it was exceptional in my experience among male therapists who are trainers. I never felt closer to anyone than I did to him. I felt he taught me to trust. I felt totally accepted in his presence - I had never felt that in my life. I felt acceptable and accepted. And that was a very, very intimate experience. It still gives me chills. I have psychophysiological responses to him. He addressed the entire body/mind/being of a person. That was what was great about him.

**JP:** When you work with families, do you consider that you're in a trance yourself?

**MR:** I go in and out. I immerse myself in them and I try to work from that position as much as possible. But when I feel that they're starting to get me organized into maintaining the symptom in any way, I withdraw at that moment. Then I behave actively in some way or other.

**JP:** Isn't the nature of trance to be a part of and apart from?

**MR:** Yes, back and forth. Otherwise you'll just get entranced by them, organized by them into maintaining the symptom. However, if anybody is emulative of anything I'm doing, I want to put a word of caution in here. People copy Sal Minuchin setting up interactions every second, more than he does. He started setting up interactions, at least this is what he told me, because he was hard of hearing and he couldn't hear content anyway, he missed a lot of it. So you have a generation of therapists who aren't hard of hearing who aren't using their hearing! It's like you see people sometimes imitate Milton. He was paralyzed! And they look paralyzed when they are doing hypnosis. You get people handicapping themselves. I am truly near-sighted, I really work better close-up. Some people don't, Some people can't deal with it. *But I think the essential part is to care - not to think of therapy as a compassionless science. Because that to me is dangerous, not only to the individual but to the therapists themselves.*

**JP:** If I were somebody who didn't understand anything about hypnosis, how could I benefit from going to work with Michelle Ritterman?

**MR:** What I offer is around the issue of receptivity, and around the issue of the feel of the context, the ambiance, the tone. I don't think many people have addressed the collective unconscious of the family. You'll go into a family and it will have a certain feeling-tone; in some families there's raging hostility going on; in others, there's a kind of withdrawn, inhibited quality. I look for the collective quality, the ambiance, because I think that will have to shift to produce any individual changes, because that's the character of the spell, if you will. When you focus on the symptom and are dealing with the symptom, they will get into the collective unconscious state which is the milieu in which the symptom thrives. Once you are in that state, dealing with that symptomatic issue, then you are trying to effect the feeling-tone of that collective group. That is a family trance. And that family trance has psychophysiological properties as if the family were, what Minuchin calls, a multi-bodied organism. At that moment you're looking at the collective, thematic, emotional milieu of the symptom, and the best way to understand that is through the hypnotic model.

If you're trained in hypnosis and you work with individuals, you know that if their state of mind is calibrated at a certain place, it doesn't matter what suggestion you give them, what event you set up, it will all turn to dust before your very eyes, unless they are receptive, unless they alter their own thermostat, so that they're able to take in something new nothing you offer will penetrate. They have to make that adjustment first. So does a family. That basic idea of *understanding the collective state of receptivity is what people can learn from me.*

**JP:** What I hear you saying is at times the family trance can be used as a defense against any change.

**MR:** Where the family is "in" on a symptom, that's exactly what it is. It's its typical stance, blocking out any possibility of change. And it is not just the family members and each of their individual analogues to the rigid mental set of the individual. It's the rigid mental set of the family unit. As a hypnotist understands that about individuals, hypnotists have often failed to understand the suggestive power of families. On the other hand, family therapists tend to understand that there's a structure that blocks them out, but they don't tend to understand that that structure operates in part on an unconscious level. The hypnotist and family therapist really need to pool their information.

**JP:** So you're bringing hypnosis from the level of individual to the level of family in the same way that in the old days we went from working with one person to working with the whole family.

(PART II will appear in the next issue)

## "The Timeless Unconscious: Using Corrective Regression to Reclaim the Self"

**Presented October 7, 1986**
**by Nancy J. Napier, M.A.**

In the case called the February Man (see Erickson and Rossi, Hypnotherapy: *An Exploratory Casebook,* Irvington, 1979) Milton Erickson created/inserted a supportive adult figure into the history of a subject whose early experiences were emotionally sparse. By using age regression and weaving this figure into the personal history of the patient he created a foundation for relationship and bonding. Erickson demonstrated that the unconscious is timeless — people may experience past and future as the present thereby broadening their psychological history and the possibilities for change.

With this in mind, I would like to share with you the work I have been doing that is a variation on the February Man theme: using corrective regression and drawing on the timeless nature of the unconscious to bring about varying degrees of psychological cohesion and well-being.

In hypnosis it is possible to partialize experience, to dissociate parts of the self. Specifically, the child within is evoked and the work focuses on the process of creating an empathetic, supportive relationship between the adult client and the child within.

The development of this work arises in part out of my study of the approaches of Kohut, of Alice Miller and of Joseph Chilton Pierce. The self psychology approach of Heinz Kohut focuses on the development of a cohesive sense of self, and leads to self-esteem, healthy ambition, and the ability to empathize with others. A positive sense of self is either enhanced or diminished through interactions with significant others — selfobjects. When selfobjects are non-empathic, responding abusively or insensitively, the child suffers an injury to the developing sense of self, creating "narcissistic vulnerability." Corrective regression work addresses the healing of this vulnerability, and the development of a solid, cohesive sense of self. In the hypnotic state, the adult client becomes the primary selfobject for the child through empathic, nurturing responses and develops an ongoing relationship of support and love for the child. The developing relationship creates an internal environment of self-acceptance, leading to greater self-esteem, lessening rage, actualizing potential, empathizing more deeply and accurately with others.

Another important influence on this work is that of Alice Miller. In *The Drama of the Gifted Child,* Miller describes that, as children, we tend to internalize negative "mirroring" — the messages conveyed about us from selfobjects, as when we are humiliated or punished for being "bad". We then turn these responses in on ourselves and onto others, including our children.

When the client first encounters the child within, s/he often experiences ambivalent feelings about that child, as the adult part projects these negative self-reflections onto the child part. As the adult observes the impact of these reflections on the child, listens to the child's truth, a new perspective emerges. The adult part recognizes that the rejections, labels, and unjust attacks are a reflection of the internal state of that external person rather than a true reflection of the child. The adult becomes the principal mirror for the child within, reflecting respect, love, acceptance, and trust — the elements of a caring, nurturing relationship the child deserves, and has always deserved, and is now experiencing for the first time. The client's source of validation is internalized rather than externalized.

In his book *Magical Child,* Joseph Chilton Pearce describes the crucial importance of the presence of a safe, reliable matrix (usually the mother) from which the child ventures out into the world and to which she returns. In the corrective regression work, the adult becomes this matrix, a secure "home base" for the child within.

Repeatedly, I have observed clients approach the child within with reticence, anger, sadness — or with a desire to have the child disappear altogether. As the adult listens to and explores the child's reality, I have observed these same clients discover, consistently, a child within whom they love and want to know better. They realize an accompanying increase in self-mastery, self-acceptance, self-soothing, and compassion, coupled with a developing ability to provide for themselves what was lacking before.

This work does not revise history or deny what happened. It creates — then and now — an element of psychological reality and experience that has been lacking. That element is a supportive, empathic and protective relationship with a reliable, trustworthy adult who has learned to listen and respond appropriately to the child within...and who supports the development of a sense of self that is secure, positive and affirming.

## MULTIPLE PERSONALITY DISORDER

**Presented December 2, 1986**
**by Robert Mayer, Ph.D.**

The phenomenon of Multiple Personality Disorder evokes wide disparity of opinion among professionals ranging from perceiving it as a doorway to new understanding of the human mind to disbelief and accusations that the patient is faking. This is due to a number of factors. First, multiplicity and dissociated states do not fit well with Freudian Theory and are not usually taught in schools and training institutes. Second, hypnosis, the most valuable tool for the diagnosis and treatment of multiple personality disorder has also not been part of the training of professionals. Third, the phenomenon of this disorder challenges all our ideas of what is real and who we are. When you think about it for a few minutes, the concept that a person can contain two or more other people in his/her body, who may or may not know each other, is not an easy concept to accept. In addition, these alter personalities can differ as to their chronological age, their sexual orientation, their gender, their handedness, their e.e.g's, their psychopathology, their functioning, and even their allergic response.

Finally, the etiology, which is severe sexual, physical and psychological abuse before the age of six, also causes a resistance to conceptualizing the disorder. This was certainly true with Freud who abandoned his original seduction theory in favor of the oedipal complex because he couldn't believe that so many children could be abused by respectable middle class Viennese burghers.

In actuality, the disorder is relatively easy to understand and thus accept. Multiplicity is a hypnotic disorder. In the face of severe trauma the child, who is skilled in self hypnosis or dissociation, uses it to defend him/herself against trauma. In doing this the child can avoid pain and can create other personalities to share the pain, become a companion, or perform any other psychological or structural function. Over the years these alter personalities develop into complex people with separate existences. What was a useful defense as a child becomes a destructive pathology as an adult.

Treatment consists of making the proper diagnosis, isolating the personalities, abreacting the traumas, and merging the personalities. This of course is easier said than done, but is usually successful. In fact studies show that the multiple has a 90% chance of achieving integration or merger.

Since it is a hypnotic disorder, hypnosis is the method of choice to diagnose and treat the patient. These patients are quite easy to hypnotize, and usually work well in that modality.

For more information about M.P.D. contact Robert Mayer, Ph.D., Association for the Study of Dissociative Disorders, 40 E. 10th Street, New York, NY 10003, (212) 677-2922.

# INTERVIEW WITH KAY THOMPSON, D.D.S. - PART II

*Richard Green, D.D.S. is a participant in the 40-week NYSEPH Training program in Ericksonian approaches to hypnosis and psychotherapy and participated in Part I of this interview. Kay Thompson D.D.S. worked for 27 years with Milton Erickson who encouraged her in her work in clinical hypnosis. She is a graduate of the University of Pittsburgh School of Dental Medicine.*

*This interview was done by telephone to Dr. Thompson in Pittsburgh on a May morning prior to NYSEPH class.*

**JP:** There are many different approaches in hypnosis. Can you talk about the distinctions you make between the Ericksonian approach and other hypnotic approaches, and how dentists can utilize this approach as compared to other hypnotic approaches.

**KT:** I think that the primary distinction in Erickson's approach is the tremendous amount of background that went into the work that he did - his absolutely phenomenal capacity to observe and to understand human behavior. I expect that anybody who has that kind of background and understanding can do very well in hypnosis without having to have a course in it. I think that Erickson's second quality was suiting the treatment to the individual. He used no set approach or technique; he spoke whatever language that individual needed. Therefore there was no system of hypnosis upon which he would rely. People who learn "hypnosis" today want a system, they want a formula. The only thing that I learned from him is that there is no formula. There is no system. It has to be a totally variable utilization.

**JP:** Would this not then be somewhat threatening? I mean, if I were in dentistry, or in the medical profession and I had a busy practice, how would I approach it in terms of training myself to be able to tailor my hypnotic approach to each individual that comes in?

**KT:** I think it would be threatening to professionals, until they realize that they do that *anyway*. We respond to individuals based on the input that we get from them. We respond to the rigid, terribly structured individual by satisfying his needs, by explaining, details, by being very careful about our approach to him in terms of his understanding. Somebody who is more laid back, more pliant and flexible is able to kind of sit back and learn with a more informal approach. We learn how to interact with people of varying personality types in the everyday running of our practice. Therefore, recognizing that this is just another step up on that same ladder should alleviate those apprehensions, especially when we recognize that it makes us better able to do the job that we set out to do.

**JP:** So what you're saying is that the Ericksonian way of thinking is becoming more aware of what you already do, more aware of how you're already using your own unconscious. In effect, what you're doing is becoming more observant of yourself observing.

**KT:** That's right.

**JP:** You talked about the study of psychology in part of the interview.

**KT:** What I was referring to was that most dentists feel that in order to "practice psychological techniques" to effect a change in behavior, they have to go back and become psychologists, and they can't accept dealing with an intervention as being within their realm. I think they can effect those same types of changes in behavior without the need for becoming a Ph D.. psychologist.

**JP:** Can you give me an example of that?

**KT:** Working with hypnosis to control gagging. If you teach hypnosis and you teach the patient as Erickson taught me, that it really doesn't matter why patients have the problem as long as they want to change, then you can teach them to go into trance and to control the gag reflex, without having to take them back to the time when they were seven years old and went into the hospital and the doctors did the T&A and they were terribly, terribly ill after that T&A, and as a result, in a defensive maneuver, they developed that gag reflex. A psychologist might want to and might have to go back and find the reason for the problem, and give the patient insight about it. Hypnosis does not have to be an insight-oriented behavior change.

**JP:** Now, in terms of post-hypnotic suggestion, and utilization, would you then, with such a patient give some kind of hypnotic suggestion that could take that skill that they learned in your office and bring it into their life in the future in terms of their ability to function better?

**KT:** Anybody who learns that type of skill has an understanding that if they can do *this*, which they were absolutely convinced they could not do, then there are a lot of other things that they can also do, and it's back to Erickson again. As I said in 1980 Erickson was just as pleased and thrilled and delighted when the 3000th person went into trance as he was when the 110th person went into trance. In the same way, no matter how many times you see a baby first learning to walk and take his first steps, you are equally thrilled when *any* baby takes his first steps; it isn't just your own first child that does it. It could be somebody else's child, but you still have that thrill, that satisfaction, when a child takes a first step.

**JP:** And so, what's an example of how you would utilize it in terms of post-hypnotic suggestion?

**KT:** Well, in terms of using the same analogy, the patient can be told after he learns to control the gag reflex, "And isn't it neat that now you know that you can control that habit that you thought you were never going to be able to do anything about? And I wonder what other kinds of things there might be in your life that you decide it would be more convenient to be able to control?'

**JP:** So that you really can utilize everything that you do in your office on behalf of their future well-being?

**KT:** Yes. Stimulate their curiosity: If they can do this, "Boy, I wonder what else you can do!" That way you don't have to be specific, you don't have to try to change their life; you just have to insert the curiosity about what other ways it might be useful.

**JP:** Richard had asked me a question before that didn't come up, but I think it might be useful here. He said, "What if I just talk? Some people are afraid of the word hypnosis, and the word trance. In my practice sometimes I just talk about learning to become more comfortable and more relaxed." What do you have to say about that in terms of discussion of hypnosis per se?

**KT:** I think that is absolutely appropriate. There are some people who need to have experienced trance before you can tell them that that's what they've experienced. Otherwise their perception of it would interfere, and I see nothing wrong with acknowledging that a person has achieved trance two or three times before I teach it to them. I think also that this is where metaphor comes in, because stories imply intention. We've learned to listen to stories throughout our lifetime, and we assume that there is an intention in that story. So when we tell stories we get the kind of narrowing of the range of consciousness and focusing that is very similar to the hypnotic situation. And we can take advantage of that individual's expectation about story-telling to utilize the same benefits they would get from officially structured type hypnosis.

**JP:** The business of hypnosis being hard work: how do you describe that to people in terms of the aftermath? And if it is tiring why should they want to do it?

I have a lot of opinions about that. I think that pain prevents us from being able to get the data on normal healing. People talk about normal healing, but it's my conviction that pain interferes with healing. When you have pain, you have to expend a great deal of energy dealing with the pain and so you don't have time to spend that energy on healing. Or when you're taking drugs to control the pain, then you are so fuzzy, that you don't have enough time to spend that energy on healing. And so I think that the only true healing is healing in the presence of trance, where you can control the pain and still focus the energy on the healing that is necessary—you can direct all of the internal components of your body to zero in on the necessity of the healing. I think that you cannot do that in the normal tense distracted state, and so the delivery of oxygen and the delivery of the necessary nutrients for healing can be focused via hypnosis better than any other way.

Doing that focusing however, and doing that tremendous amount of monitoring and concentrating is very energy-depleting. And so the individual needs frequent periods of recharging, resting, regenerating.

**JP:** In the first part of this interview, you used a statement: "Before I went back to school and felt more comfortable," what does that mean?

**KT:** In the dark ages when I taught my first hypnosis class, thirty years ago, nobody else in the city of Pittsburgh acknowledged that they used hypnosis. As I got to be reasonably proficient at it I was asked to see patients with low back pain, which was not related to an oral problem. I was not comfortable doing that, and in order to be comfortable and satisfy the perceived need in this area, I decided to go back and study psychology.

**JP:** How do you deal with somebody who abreacts in deep trance?

**KT:** In thirty years I've had only three people abreact, only one of which was in an office...the other two were in classes. I explain to the persons who are going to be on the other side of the abreaction that this is a real compliment to them, that that patient feels comfortable enough and has a need to get rid of that particular traumatic memory by re-experiencing it, and that all that's necessary for that doctor to do is to quietly reassure patients, tell them that they can have as much of that as they need to be comfortable and that it will be over very, very shortly and that they can be absolutely amazed at how much better they are going to feel when it's over. The only problem with that kind of situation is if the doctor perceives it as a problem and panics. Doctors are supposed to be always in control of the situation, nothing is supposed to upset them. Therefore, if they are able to deal with this in a realistic, matter-of-fact way, *not* intervene by delving into it and asking nosey questions, but simply reassuring the patient that this was something he/she needed to do and that it will be over quickly, and that he/she will feel much, much better when it's over, then there will be no problem at all.

**JP:** On the wider applications, can you speak about how important it is for people to be aware of their use of language?

**KT:** I think it is extraordinarily important because we who practice in the health profession become calloused. We do not acknowledge the symbolic implications of language that we utilize, we do not hear how much we say to the patient that gets into their fear of the unknown, and we become immune to the responses that the patient gives us that we should pay attention to. I think that when a patient demonstrates that he or she is having pain, there are a number of responses that the doctor can give. One of them is that he can ignore it; one is that he can acknowledge it and take some physiological step, as in using an anesthetic; and reapplying a certain amount of the anesthetic. Finally, he can in addition to his skill in the physiological sense, also meet that person's needs through the use of language. But that means a giving on the part of the doctor and there are too few people who choose to do that today.

**JP:** So how is it possible to motivate people? I remember visiting in a hospital and having a top cardiologist say to the patient, "Well you don't have enough resources at your disposal" He was totally unaware of the implications the patient heard. How can people train themselves?

**KT:** Set up a tape recorder wherever you're working. Tape and then listen to what you say to the patient as though you were the patient and you will hear yourself saying things you did not mean. We know what we mean to say. Therefore, we have to listen so that we say what we mean to say.

**JP:** Can you give me any examples?

**KT:** With the dental example, patients for whom you try in a crown, and you want them to bite on the crown and make sure that it's totally seated, so that you can then tell whether they chew correctly, whether it interferes with their bite. You put a little stick in between the teeth and then you ask them to bite down to make sure that the crown is seated, and I always used to say, "Bite as hard as you can." And then one day a patient said to me, "I wish you wouldn't say that because that means that at some point it will hurt so bad I can't." And I really thought I knew what I was saying. But not when looking at it from the patient's perception. Another example is bleeding. We are always taught as children when we get cut, especially if there's some question that it might have been a rusty nail or a tincan, that we have to bleed.Bleeding is good—you have to bleed, you have to wash this out. But the converse instruction is never given. We are never told when to *stop* bleeding. Therefore, our unconscious has to take care of that itself. I maintain that in the doctor's omnipotent all-knowing situation, when a patient is bleeding, that we can make the critical comment, "It's all right to stop bleeding *now*," and because nobody else has ever told them when to stop, and we tell them, they will do it.

**JP:** What do you now say to the man with the stick in his mouth?

**KT:** "Okay, now I have to make sure that this crown is up as far as it will possibly go on your tooth, so that we can tell whether you close properly. So I want you to really close your teeth tight together and get that crown up there just as far as you can push it." I explain more. The general difference is,making sure that you communicate properly may take more work. Doctors have learned to use the fewest possible words - which is a type of economy that may be detrimental to the patient.

**JP:** Thank you, Kay.

## ANNOUNCEMENTS

**Jeff Feldman**

At the Third International Congress, Dr. Jeff Feldman was appointed Chair-person of the Erickson Foundation's Liaison Committee of Ericksonian Institutes and Societies. Any and all suggestions to facilitate professional networking among national and international groups are welcome. Please contact Jeff at 11230 Park Avenue, New York, N.Y. 10128.

**Nancy J. Napier**

Nancy J. Napier, M.A., offers training for professionals in healing the child within using corrective regression. She also offers workshops for the general public in healing the child within and in self-hypnosis. For further information write to 30 East 22nd Street, New York, N.Y. 10010 or call(212) 673-0297.

**Rita Sherr**

Rita Sherr, ACSW, is offering a self-hypnosis workshop that will run for four sessions on Monday evenings from 6-8 PM. For further information call (212) 873-3385.

**Sidney Rosen**

Sidney Rosen conducted a successful 3-day seminar in St. Etienne, France. The group of 50 participants from Switzerland and France voted to have him return for 2 more 5-day sessions, during the next year. He was excited to discover that hypnosis is very much in vogue now, in the country in which many of the pioneers of modern hypnosis — including Mesmer, de Puysegur, Bernheim, Liebault and Janet, worked.

Sidney Rosen's workshop on "Mind Reading" at the Third International Congress was attended by 50 participants including Betty Erickson. Betty has always been interested in circus people, and fortune tellers. Like her husband, she never found the need to resort to mystical or extra-scientific explanations of "mind-reading" phenomena.

**Jane Parsons**

Jane Parsons-Fein CSW will start a second Family Reconstruction Group in the Fall to meet monthly. She will also start a 10-session ($350) Satir Study group to meet Wednesdays from 6-8 beginning April 8. In addition to workshops she is giving at the Open Center, Omega & Interface she is developing a one-year Program for Professionals which will meet monthly. The Program will be based on an integration of the approaches of Milton Erickson, the Feldenkrais Method and the Satir Process Model. Those interested please contact Jane at (212) 873-4557.

*"The practice of psychotherapy should be interesting, appealing, and charming."*
Milton H. Erickson, M.D.

NYSEPH
P.O. Box 1390 Madison Square Station
New York, New York 10159

# NYSEPH-Sponsored Courses in Ericksonian Hypnosis: A Sequential Training Experience for Professionals in the Mental Health Field

The program of courses is designed to provide a systematic yet flexible training experience for practitioners interested in developing a thorough grounding in Ericksonian hypnosis.

This course is limited to mental health professionals with graduate degrees (M.D., M.S., Ph.D., M.A., M.S.W., D.D.S., etc.) in health-related fields from accredited institutions, and to graduate students in accredited programs in the above field who supply a letter from their departmental chairperson certifying their student status.

**Fee: $350 for ten two-hour sessions.**

### I. INTRODUCTORY

The course is designed to provide a comprehensive introduction to Ericksonian principles and techniques, as well as to enable participants to develop basic competence in the use of hypnosis. While didactic instruction is provided, the primary emphasis is upon direct supervision of practice exercise and inductions. The material covered includes but is not limited to: The preinduction interview; hypnotic induction methods including pacing and leading; utilization of voice quality and response language; utilization of resistance and hypnotic responses; dissociation; confusion technique; interspersal technique; reframing; metaphors; and the uses of hypnosis for therapeutic work, such as ego strengthening, habit control, phobias, and pain managemet.

### II. INTERMEDIATE

The course is designed to provide continued practice and consolidation of introductory skills as students integrate Ericksonian approaches into their own unique style. The material covered will include the use of language patterning, movement, double-bind, paradox, confusion, and the use of metaphor and other forms of indirect suggestion. The use of these techniques will be developed within treatment issues.

### III. ADVANCED INTERMEDIATE

A continuation of the intermediate course in which students define specific goals in the development of their hypnotic skills and artistry. In working toward these goals, participants are encouraged to develop a requisite variety of approaches and flexibility to individualize their treatment commensurate with the patient's needs, and to increasingly trust their unconscious. Case materials, demonstrations excercises and sometimes videotapes of Dr. Erickson are used to help facilitate this purpose.

### IV. ADVANCED

A concluding course designed to consolidate prior learnings. Advanced methods are examined, including time distortion, corrective regression, automatic handwriting, the advanced use of stories and metaphors, and further techniques of self hypnosis. Participants are encouraged to go beyond techniques and trust their unconscious in their efforts to utilize the conscious and unconscious resources of their patients.

## FACULTY BIOGRAPHY

Dr. Sidney Rosen, M.D., who graduated from the Medical School of the University of Western Ontario in 1948, is a board certified psychiatrist, certified psychoanalyst, on the faculty of the American Institute of Psychoanalysis (Karen Horney), and Assistant Clinical Professor of Psychiatry, N.Y.U. School of Medicine. For over 20 years he was Psychiatrist-in-Charge of Rehabilitation Psychiatric Service, N.Y.U. Medical Center. In 1979 he wrote the Foreword to *Hypnotherapy, an Exploratory Casebook* by Erickson and Rossi (Irvington Press 1979). The author of *My Voice Will Go With You: Teaching Tales of Milton H. Erickson* (New York, W.W. Norton 1983), Dr. Rosen is the Founding President of the New York Society for Ericksonian Psychotherapy and Hypnosis. He was on the invited faculty of the First and Second International Congresses on Hypnosis and Psychotherapy held in Phoenix, Arizona in December 1980 and 1983. He participated in workshops in Ericksonian Approaches at Cornell Medical School and at the American Orthopsychiatric Society. He has been selected for the faculty of the Erickson Foundation Seminars in Dallas 1982 and in L.A. in 1984. He was the Invited Keynote Speaker at the first International European Congress on Ericksonian Hypnosis and Psychotherapy in October of 1984. Dr. Rosen is in the full-time practice of psychiatry in New York City.

Jeffrey Feldman, Ph.D., a clinical psychologist, is in independent practice in Manhattan specializing in short-term psychotherapy, hypnosis and stress management. He is co-director, Pain Management Center, Brooklyn, N.Y., as well as a consultant to the Children's Aid Society and other agencies. Formerly on the staff of N.Y.U. Medical Center and the faculty of Long Island University's Post Graduate Institute of Behavior Therapy, Dr. Feldman has presented papers on Ericksonian therapy at the 1982 American Psychological Association meeting, as well as at the Second International Congress on Ericksonian Psychotherapy and Hypnosis. He is Administrative Vice President fo NYSEPH.

Jane Parsons-Fein, ACSW, is a psychotherapist in independent practice in New York City specializing in individual, group, family and couples treatment. For twelve years she was a psychotherapist in the Department of Psychiatry of Mount Sinai Hospital and a member of the Group Therapy Department. She has trained with Virginia Satir and is a certified Feldenkrais Practitioner. She has conducted workshops in Ericksonian hypnotherapy at Esalen Institute, and given presentations at the University of California Medical School and various hospitals and medical schools in New York City. She is Vice President of NYSEPH and Editor of its Newsletter.

Rita M. Sherr, ACSW, is a psychotherapist in independent practice in New York City. She is one of the founders as well as the coordinator of the hypnotherapy Treatment Service at the National Institute for the Psychotherapies where she is also a member of the faculty and supervisor. She was formerly a member of the faculty of the New York Counselling and Guidance Service and a member of the staff at Hillside Hospital. For the past eight years she has been teaching courses, conducting workshops and supervising students in hypnotherapy. She is Director of Education for NYSEPH.

**Please return to: Rita M. Sherr, C.S.W., 440 East End Avenue, New York, NY 10024 — (212) 873-3385**

# A Musical Offering: The Power of Theme and Variation in Trance

*On Tuesday, November 4, 1986, Richard Evans, M.D. and John Stine, M.D. gave a presentation of which the following essay is an excerpt. Portions of jazz improvisation were interwoven with inductions and metaphor giving the audience a multilevel experience that was as creative, innovative and enriching as any of this writer's experience of jazz - or hypnosis. Ed.*

Artistic creation has always fascinated therapists, for their work, like that of artists, uses patterns of repetition and of novelty in subtle and powerful ways to command attention, enhance communication, and increase receptivity. Metaphor can be used to complement conceptual models in order to deepen our appreciation of the complex process of psychotherapy. We believe that an understanding of the complex patterns in Ericksonian psychotherapy can be enhanced by the use of one such metaphor, that of jazz improvisation. This metaphor can take us beyond the obvious subjective similarities between the experience of jazz and of therapy such as the calming effects of repetition or the movement generated by rhythm, to an appreciation of correspondent elements and patterns. Both therapy and jazz improvisation involve the movement, in cyclic as well as linear time, of continuously changing elements such as tempo, intensity, accent, rhythm, theme and movement. Each element can change along a complementary dimension (loud/soft, simple/complex, sudden/gradual, fast/slow, repetition/variation) so that degree of complexity is a function of how much is held constant and what is changed in any given series of movements. For example, a simple theme may be stated, repeated, inverted, varied, repeated and finally returned to its original form. All the while, tempo may be kept constant or varied while rhythm may stay the same throughout. While each element may have its own play, the complex relationship among all of them must be kept within a pattern which continues to command attention, provide satisfaction and move us into different states of awareness.

Its much easier to learn when you are happy
Milton H. Erickson

In the therapeutic context metaphor may be considered as a reference structure as well as a basis for utilization in a treatment session. Thus a therapist may refer to an aspect of music to illuminate an experience for a couple ('Neither of you have found your own resolution point in this argument') or the therapist may employ one or more of the elements noted above as a reference for his own behavior, such as an increase in voice tone or reduction of tempo in order to increase attention. Further, he may consider his own activity in a session as a continual movement between that of being a listener and of being a performer: first gathering sufficient information about theme mood or tempo to recognize a pattern, and then preparing an intervention which includes elements specific to the client's experience. The intervention may be improvised in the session or it may be "composed" at another time, as is done when trance inductions are prepared for a specific client before a session. In order to develop this further, we need next to consider the elements and techniques involved in jazz improvisation.

Popular songs (such as *Body and Soul*) provide a basis for the majority of jazz improvisations. An individual song may be considered a cycle lasting for a specified length of time (32 bars) having a definite tempo, melody, set of harmonic changes and rhythm. The song is considered to be a cycle because the end of the song makes both a melodic and harmonic reference to the beginning, thus providing a sense of satisfaction and finality. As the song moves through these 32 bars there are moments of tension (or restlessness) and moments of calm (or resolution) alternating with one another. The emotional tone of the song is determined by the balance of these moments as well as by melody, tempo and harmony. We may hear one song one hundred times and never lose interest or we may tire of another after the third hearing; the first song becomes a classic while the second lasts but a season. For most jazz players a classic song becomes the basis for improvisation. At each playing one or more of the patterns of melody, harmony, accent or tempo may be varied so that the song is never played the same way twice. For example, Ella Fitzgerald may sing *Body and Soul* as it was written; the jazz trumpeter Miles Davis may then play with a melodic line in a way that at some moments the theme is recognized and at some moments it seems lost. There is, however, always a return to the original theme at the end of the improvisatory cycle just as the original song in its own cycle "returns to the beginning". In this way the improvisatory experience provides both novelty and variation, together with the reassurance that we may finally return to the familiarity of a known theme. Through this play of theme and variation, keeping some patterns steady while changing others in either gradual or sudden manner, there is achieved the aesthetic balance which sustains attention and can move us to new states of receptivity.

I put him in a situation where he cured his symptons
Milton H. Erickson

How may the therapist draw upon this experience? The jazz musician, like the therapist, has been both listener and performer as he uses familiar song themes to weave new appealing patterns of sound. In similar manner the therapist first listens for repetitive cycles which are analyzed in terms of tempo, theme, duration, degree of organization or fragmentation, progression of moods and points of incomplete or partial resolution, noting the differences between, let us say, brief repetitive addictive cycles and longer cycles of mood shifts. Using this material as a starting point, the therapist may begin his own "performance" as an echo (pacing) until sufficient rapport is established to move on. He is then confronted by the question of the place within a behavioral cycle to intervene and what elements are the most appropriate to modify in either a gradual or a sudden manner. As a musical referent here we may contrast the small, gradual changes heard in the improvisation of jazz pianist Teddy Wilson to the abrupt departures encountered in the saxophone playing of John Coltrane. In the first case all patterns are held constant as Wilson plays around the theme, which is almost always recognizable. In contrast, Coltrane breaks away from tempo and rhythm as well as melody in what may be considered to be a major "pattern disruption". The fact that both of these contrasting approaches to improvisation are aesthetic and effective suggests the variety of interventions available to therapists who remain open to the message of artistic creation. In this state they can continue to utilize the patterns which emerge from an appreciation of the comparable realm of music and therapy.

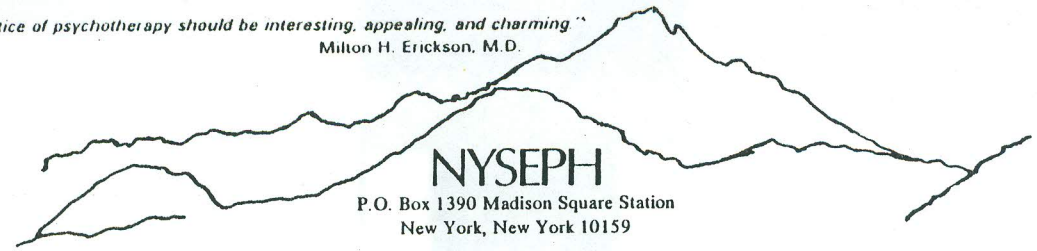
Richard Evans, M.D.
John Stine, M.D.

## CORRECTION

Leslie Szent-Miklosy suggested our interview with Dr. Carl Whitaker which ran in the February 1986 issue. Mr. Szent-Miklosy participated in the interview which took place in a taxi from Columbia University to Newark Airport. We regret that his part of the interview was not acknowledged at that time.

Editor

*"The practice of psychotherapy should be interesting, appealing, and charming."*
Milton H. Erickson, M.D.



NYSEPH
P.O. Box 1390 Madison Square Station
New York, New York 10159

In order that we can place you in the course appropriate to your skills and needs please fill in the following:

Name _____

Address: _____

Phone: _____

1. My educational background and degrees: _____

2. My additional study/workshop/training in psychotherapy and/or hypnosis: _____

3. My experience in the practice of psychotherapy: _____

4. My experience in the practice of hypnosis: _____

5. The context in which I am presently working: _____
   - Practice _____
   - Theoretical _____

6. My particular interests: _____

7. What I want to learn from these courses: _____

Time Available - Please list Preferences as (1), (2), (3) Beginners class starts Mon. April 20 6-8 pm

| | Mon. | Tues. | Wed. | Thurs. | Fri. |
|---|---|---|---|---|---|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

**Please return to: Rita M. Sherr, C.S.W., 440 West End Avenue, New York, NY 10024 - (212) 873-3385**

## Therapeutic Uses of Language

**Kay Thompson** completed her B.S. and D.D.S degrees at the University of Pittsburgh. She worked with Dr. Erickson for over 20 years. She has written extensively and has been conducting seminars and workshops on hypnosis and pain management, in the disciplines of medicine, dentistry and psychology, since 1960. Dr. Thompson is currently in part-time practice. She is an Adjunct Professor, Department of Psychiatry, School of Medicine, and on the Continuing Education Facutly, School of Dentistry, at the University of Pittsburgh. She is also a Clinical Associate Professor, Department of Community Dentistry, at the West Virginia University School of Dentistry.

"Erickson taught me how to listen, how to observe and how, to get ready; how to listen to what the person really is saying; how tohear; how, sometimes, to be able to communicate, to know that understanding is one of the greatest gifts we can give, even when we do not understand."

Kay F. Thompson

This workshop will explore:

- How strategy can be developed in hypnosis utilization
- How trances can be utilized in a way that integrates communication as the primary therapeutic tool
- How words are symbols for experience and meaning
- How questions and curiosity can be used to create different expectations and to manipulate cues
- How the unconscious can be accessed through words and stories
- How the language of trance can be a therapeutic tool for change
- How formal induction techniques go to informal trance in the language of communication

The session will include didactic presentation, demonstrations, case materials and group inductions.

| | |
|---|---|
| Schedule: | 9:00 am - 5:00 pm each day |
| Registration: | On the first day from 8:00 - 9:00 am |
| Site: | Southgate Tower<br>371 Seventh AVenue, New York City |

## Using Hypnosis in Family Therapy: Breaking the Spell of Dysfunctional Rapport

**Michele Ritterman** received her Ph.D. in clinical psychology from Temple University and completed her training at the Philadelphia Child Guidance Clinic. She began studying with Erickson in 1975 and has published numerous articles on the use of Ericksonian hypnotherapy techniques in family therapy. Dr. Ritterman authored *Using Hypnosis in Family Therapy,* the first comprehensive integration of Ericksonian hypnosis and family therapy, and she has also written on problems of forced exiles and victims of torture.

The workshop will explore:

- How rapport is characterized in the family
- How family members create dysfunctional rapport through abuses of the trance state
- How a symptomatic individual is sustained in the symptom by his/her family
- How role of social "hypnosis" influences family trances
- How family structure and ambience can induce seemingly automatic symptom-behaviors
- How hypnotic techniques can be utilized to elicit in the symptom-bearer an ability to function outside the eymptom
- How therapeutic counterinductions can activate new family structures and new family inductions

The sessions will include didactic presentations, demonstrations, case materials and group inductions.

| | |
|---|---|
| Schedule: | 9:00 am - 5:00 pm each day |
| Registration: | On the first day from 8:00 - 9:00 am |
| Site: | Shelburne Hotel,<br>303 Lexington Avenue, New York City |

## APPLICATION

PLEASE NOTE: Workshop attendance is limited to professionals who have completed a graduate degree (M.D., D.D.S., Ph.D., M.A., M.S.W., etc.) in health-related fields from accredited institutions, and to graduate students in accredited programs in the above fields who supply a letter from the departmental chairman certifying their student status.

Name

Telephone (Home) (Business)

Degrees Occupation/Student

Previous Training in Hypnosis

NYSEPH membership is $50 annually for professionals. If you wish to become a member so you can take advantage of the members' discounts, please add $50 to the total amount and check below.

NYSEPH Member

☐ Yes ☐ No ☐ Requesting Membership

## FEE SCHEDULE

Indicate which workshop(s) you wish to attend by crossing the appropriate amount below. Kindly pay attention to the postmark of your application.

| | Mar. 14 | May 16 |
|---|---|---|
| Thompson Workshop | **$250**<br>$230 | |
| Ritterman Workshop | **$225**<br>$210 | **$250**<br>$230 |
| Non-Member **(Bold)** | | Member (Light) |

Total amount enclosed (Students may deduct $25). Make checks payable to NYSEPH and return to Post Office Box 1390, Madison Square Station, New York, NY 10159. For additional information, call (212) 473-0499.

**Refund Policy:** Requests for refunds must be made in writing and are subject to an administrative fee of $40. A full refund, less the administrative fee, will be made *if the request is postmarked two weeks before the given workshop.*

## Book Review

*The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis* by Ernest L. Rossi, Ph.D.,W.W. Norton, New York, 1986., by Sidney Rosen, M.D. I have long awaited Rossi's compilation of most of the available research findings relating to mind-body communication and healing. The book is not at all disappointing. One gets a clear feeling of the tremendous amount of work that has been done in bringing this area out of the realm of anecdote into that of a real process that can be seen and measured. These findings lead us to a broader understanding of the area that we call "hypnosis", an area that is closely tied in with folk, shamanistic, and spiritual forms of healing currently under the banner of holistic medicine.

Rossi begins by discussing placebo response pointing out "there may be a 55% placebo response in many, if not all, healing procedures." Such a consistent degree of placebo response also suggests that there is a common, underlying mechanism or process that calls for mind-body communication and healing, regardless of the problem, symptom or disease.

After summarizing research, much of it within the last ten years, which demonstrates mind modulation of the autonomic nervous system, of the endocrine system, of the immune system and of the neuropeptide system, Rossi concludes that information theory is capable of unifying psychological, biological, and physical phenomena into a single conceptual framework that can account for mind-body healing, personality development and the evolution of human consciousness. He states "there is no mysterious gap between mind and body. State dependent memory, learning, and behavior processes encoded in the limbic-hypothalamic and closely related systems are the major information transducers that bridge the Cartesian dicpotomy between mind and body." He says "traditional psychosomatic symptoms are acquired by a process of experiential learning — specifically, the state dependent learning of response patterns..." This limbic-hypothalamic system coordinates all the major channels of mind-body regulation via the autonomic, endocrine, immune, and neuropeptide systems. Messenger molocules (neuro transmitters, hormones, immunotransmitters, etc.)...are the structural informational mediators of mind-body communication and transformation. He points out that "ongoing research is clarifying the precise pathways by which messenger molecules are mediating the mind-gene connection that is the ultimate basis of most processes of mind-body healing via therapeutic hypnosis, the placebo response, and the traditional practices of mythopoetic and holistic medicine.

In treatment Rossi emphasizes what he calls "the ultradian healing response" in which "people are encouraged to become more sensitive to their natural ninety-minute psychobiological rhythms." He presents an exciting concept of "reframing symptoms into signals and problems into creative functions". The simple process of accessing these early symptom-causing state dependent memories is helpful in many cases.

Rossi states "every access is a reframe". "He presents a verbatim account of "a Basic Accessing Formula" for problem solving. It goes: "As soon as your inner mind knows that you can review some important memories of the source of that problem, you will feel yourself getting more comfortable as your eyes close." He divides therapeutic work utilizing indirect hypnosis into three stages. The first is the stage in which one gets a readiness signal for inner work. This readiness signal could be something natural such as the eyes closing. Second, there is accessing state-bound resources. This is facilitated by suggestions such as "Now your inner mind can continue working all by itself to solve that problem in a manner that fully meets all your needs. (Pause) There are memories, life experiences and abilities your inner mind can use in many ways that you did not realize before." The third stage is "ratifying problem solving in which the therapist gets a behavioral response to indicate the following: "When your inner mind knows that you have resolved that problem to the fullest extent at this time, and you can deal effectively with it, you will find yourself wanting to move a bit. (Pause) You will open your eyes and come fully alert." Along with these specific verbalizations Rossi has many other very interesting ideas in which he connects therapeutic hypnosis with ways of accessing new found sources of the problems as well as state-bound resources for problem solving. He discusses for example an approach called scaling" in which one attaches a numerical value to a symptom; one then makes the symptom worse and gets a numerical value for that; one then makes it better and gets another numerical value. He believes that by doing this the problem is made more accessible to the left hemisphere which is more facile in dealing with words and numbers than the right hemisphere.

Rossi suggests that "if we were to use a computer analogy we could say that the peripheral nerves of the CNS are "hard wired" in a preset, fixed pattern of stimulus and response just as is the hardware of a computer. The neuro-peptide system however, is like the "software" of a computer that contains the flexible easily changed patterns of information. The receptors and highly individualized responses of the peptide system are easily changed as a function of experience, memory and learning. Neuropeptides incidentally number over fifty at the present time and most but not all of them alter behavior and mood states. Some have been originally studied in other contexts as hormones, gut peptides or growth factors. Examples of neuropeptides are endorphins, somatostatin, substance P. interleukins, insulin, gastrin, and interferon.

Under mind modulation of the immune system Rossi presents a comprehensive survey of cancer, which he connects with an underactive immune system, of asthma and allergies, which he connects with a hyperactive immune system and rheumatoid arthritis which he connects with misguided immune system resulting in auto immune dysfunctions. In cancer he points out that most people do not develop cancer, even though cancer cells are continually produced. Therefore the body must have a natural immunological system which destroys single cancer cells before they can develop into clinically evident tumors. As evidence of this statement, he states that autopsies of practically all males aged 50 or over show evidence of prostatic cancer cells, yet actual clinical cancer is not evident in most of them. He summarizes that there are "a variety of immune system processes that protect against such tumor formations. These include the previously mentioned macrophages, T-lymphocytes, B-lymphocytes, as well as K (killer) cells NK (natural killer) cells and cytotoxic cells.

"A review of the newer approaches to therapeutic hypnosis that have been found effective in enhancing immunocompetence with cancer patients revealed at least five basic issues: relaxation, imagery, reframing, meditation, and reinforcing coping skills. Since stress depresses the immune system by the production of adrenotorticoid hormone, it was an important breakthrough to find that hypno-therapeutic methods emphasizing simple relaxation could lower the plasma level of these hormones."

This review does not do justice to the detailed reporting of specific cells, hormones, neurotransmitters, etc. and their interactions which Rossi outlines in a very conscientious generally easy-to-read manner. As Rossi states in his preface "it was really a struggle that required a lot of dogged determination to plow through the new medical and pschophysiological texts that were buzzing about mind-body relationships, stress, psychoneuroimmunology, neuroendocrinology, molecular genetics and the neurobiology of memory and learning." By having undergone this struggle Rossi has made available to the rest of us a great deal of information which we can either accept or utilize as a stimulus for doing further study on our own.

Sidney Rosen, M.D.

New York Milton H. Erickson Society
For Psychotherapy and Hypnosis
P.O. Box 1390 Madison Square Station,
New York, New York 10159
(212) 473-0499

Address Correction Requested
Return Postage Guaranteed



# NYSEF

## ıtions (1987)

The first Tuesday of every month
Place: Ethical Culture Society,
2 West 64th Street, New York, New York
Time: 8:30-10:30 PM
Fee: Members free; Non-Members $8.00

**February 3:** — "Smoking: The Unwelcome Cure". Shared methodology with participants.

Donald Douglas, M.D., is a Psychiatrist, Neurologist Associate at Lenox Hill Hospital

Cathy Ganz C.S.W., is a hypnotherapist specializing in Behavior Modification.

**March 3:** — "The Social Trance; The Roots of Self Deception"

Daniel Goleman, Ph.D., is a writer about psychotherapy in the *New York Times* Science Section, author of *Vital Lies, Simple Truths, The Psychology of Self-Deception,* Interviewer of Milton H. Erickson, M.D.

**April 7:** — "Hypnosis and The Family Trance: A look at Satir's Family Reconstruction Process."

Jane Parsons-Fein, C.S.W. is a psychotherapist, and hypnotherapist. She is the Vice President of NYSEPH and Editor of its Newsletter.

**May 5** — "The Time of Your Life; Time Orientation and Hypnotherapy."

Amnon Nadov, Ph.D., is Associate Director of Associate Trainers in Clinical Hypnosis

**June 2:** — "Application of Ericksonian Approaches in Health Care" formerly presented at The Phoenix Congress as "Nursing Hypnosis."

Dorothy Larkin, M.A., R.N. is on the Faculty of Associate Trainers of Clinical Hypnosis, is Pain Management Consultant of Cabrini Hospital, is on Faculty at NYU and private practice. She is Contributing author and Editor of *Clinical Hypnosis & Therapeutic Suggestion in Nursing*

Rorry Zahourek, R.N., M.S., C.S. is coordinator of Consultation and Education in Alcoholism at St. Vincent's Hospital. She is Editor of *Clinical Hypnosis and Therapeutic Suggestion in Nursing*

**Presentations**

Proposals for presentations are currently being received for the 1987-1988 season. Please submit suggestions to either Rafi Echeverria at 288-6767 or Tony Gabriele at 749-1367. In addition volunteers are needed to assist at monthly meetings. Please contact Rafi or Tony.

*"Discover their patterns of happiness."*
*—MILTON H. ERICKSON, M.D.*



Registration NYSEPH Membership

| | |
|---|---|
| ☐ Full Member | $50.00 |
| ☐ Associated Member | 45.00 |
| ☐ Student Member | 25.00 |

Name _____ Phone _____

Address _____

Degree(s) _____

Type of practice _____

Mail check to NYSEPH
P.O. Box 1390 Madison Square Station
New York, New York 10159

Are you already on our mailing list? ☐ Yes ☐ No