

## INTRODUCING THE INSTITUTES

### *Instituto Milton H. Erickson Brasil Sul Porto Alegre, RS, Brazil*

An Interview with Ricardo Feix, M.D.  
by Roxanna Erickson Klein, Ph.D.

**Roxanna Erickson Klein (REK):**  
*Tell us about your background.*

**Ricardo Feix (RF):** I came from a Catholic family with a tradition of community service and community spirit. My parents instilled a strong work ethic. They have been recognized for their dedication to their community. My sister is a human rights lawyer. Another brother is also a lawyer for the state. Two more sisters are in health care, and another is a newspaper columnist. I am 46 years old. My wife of 12 years, Marilia, and I have four children. I am not a rich person, but I am wealthy in knowledge. Love, honor and knowledge are most important to me, after health and peace.

**REK: What type of work have you done in Brazil?**

**RF:** My basic orientation is anthropological. After receiving my M.D. degree, 21 years ago, and then completing a residency in a very poverty stricken area of Brazil, I decided to study Public Health from both a research and epidemiological perspective. I am still doing a lot of work in public health research. To be more effective, I attained my Masters degree in Public Health. I have spent ten years developing a chemical dependency treatment center. My interest in Ericksonian approaches is what I consider to be the third phase of my professional career.

**REK: Your chemical dependency center, Centro do Dependencia Quimica, sounds like a unique program.**

**RF:** Ten years ago I created a substance abuse center, which has grown to include an interdisciplinary staff of 42 persons. We are one of the three largest programs in Brazil. Our center is certified by the state. It also is accredited by the universities to train graduate students in the field of substance abuse. Additionally, we work with state and local agencies.

We work with chemical abusers, including illegal substances such as

cocaine and marijuana, as well as abuse of legal medications. The program is voluntary. Our facility is located within a general hospital and has 27 in-patient beds as well as out-patient services. Most of our patients live in circumstances of poverty. Seventy percent are on social security, 20 percent are on other specially funded programs of one sort or another, and the remaining 10 percent are private patients. We recently have been selected as a research facility for a major international study to investigate the profiles of abusers who seek treatment. It is an honor to represent Brazil in this important investigation.

Because of my history in public health orientation, we have created an epidemiological model with a cognitive orientation. The emphasis of this model is on prevention and minimization of impact of the harm caused by the identified problem. We have an educational program targeted to the community as well as running therapeutic groups for those who have been affected by chemical dependency. These community programs also involve groups for individuals, couples and children.

**REK: How did you become interested in Ericksonian approaches?**

**RF:** I have done a lot of social research. One study focused on how people change or resist change. It involved a survey of 45 cities and looked at the health policies. Brazil is now in a time of major change in health care policy. We are developing a more complete system of primary health care. The study I performed looked at how health care workers resist change within the health care system. I examined attitudes, beliefs and behaviors. I was interested in how individuals and groups of people change.

Erickson focused a great deal on how people change. His approach struck me as not only effective, but as fitting well with my own philosophy about social and cultural influences and ways of understanding the multiple dimensions of human beings. I found Erickson's work to be very inspirational as well as providing a framework for ideas and work in which we already were involved. I had treated a large number of people for substance abuse. Some were infected with HIV and AIDS and most lived in poverty. Although I use



*The Founders; Ricardo Felix, M.D., M.S.,  
Marcia Alencar, Lyc.Psy., Victorio Velloso, M.D.*

epidemiology as a framework, I did not have a therapeutic model.

In 1994, I experienced a great moment in my professional development. I took a course from Jeffrey Zeig and learned about the work of Milton Erickson. I was already a successful professional, but I suddenly understood there is so much more I could do. I felt the possibilities for change in my heart and mind. I was already using many of Erickson's ideas, but understanding his work better somehow allowed me to experience a change within myself, in my own capacity to help others.

At that time I was working at the hospital in the mornings and had my practice in the afternoons. My private practice, which also involved work with substance abusers, had grown rapidly. I had some patients who had confidence in me because I was not a psychiatrist. In my work, I was looking for techniques to assist with somatic and psychological problems.

My education has left me with solid roots. I do not hasten to make rapid decisions. I always go slowly. At the time that I met Zeig, first in 1994, and then again in 1995, I already was using classical hypnosis. After working with Zeig, I began to expand my repertoire and use Ericksonian approaches. I also studied with Rossi in Belo Horizonte.

Later, I went to Las Vegas to attend the *Evolution of Psychotherapy* meeting. It was one of the greatest professional learning experiences I have ever had. I have continued to study in workshops as well as buying many books, and audio and videotapes. **REK: Your Institute has a unique structure. How did this come to be?**

**RF:** Three years ago my colleagues and I founded the Erickson Instituto in Porto Alegre. I invited Marcia Alencar, a licensed psychologist, to join me. She is a family therapist, so she brings a different orientation. We then invited Victorio Velloso, M.D., my father-in-law, to join us in this endeavor, and he participated in the planning. Sadly, he died before we

could complete the formation of the Institute. My sister, who is an attorney, helped us with the papers so that we could have everything done correctly. This allowed us to include him as a part of the Institute, even now.

We are actually a dual entity. I worked with the Erickson Foundation in developing the Instituto Milton H. Erickson Brasil Sul in Porto Alegre. This is the educational arm. The financial arm of our entity is the Centro Victorio Velloso Lida. With this name for our group, I am honoring two legends and the persons who first taught me hypnosis. I feel that each of these persons we chose to honor feels satisfaction with our accomplishment.

My wife Marilia is the director of the Centro Victorio Velloso Lida. She has a Master's degree in social science, and a good background in management. As we were in the planning stage, Victorio Velloso was in the

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final days of his life. He died at the age of 84, on the year the Institute was formed. We are grateful he was able to share with us and to be a part of the planning process.

We act as a role-model for our students in the manner of the Foundation. We teach with our business and financial arm. A most important aspect for us is that there must be love for what is being done. In an organization like this one, a person's heart must be in it. It then becomes a beautiful combination, a ray of light.

**REK:** *Tell us more about Victorio Velloso.*

**RF:** My late father-in-law, Victorio Velloso, was a well-known psychiatrist in Brazil. He practiced for more than 70 years and even studied at the Pavlovian School in Russia. Velloso did much to educate his profession and the public about the use of hypnosis. In Brazil, the major psychological orientation is Freudian, and Velloso fought a battle for more than 40 years to bring respectability to the professional use of hypnosis. He wrote educational articles for local newspapers about the use of hypnosis, Pavlovian reflexes and autogenic training. Velloso also founded a professional hypnosis society for dentists and psychologists in Rio Grande do Sul. He taught more than 40 courses and also did supervision. He remained true to his orientation of classical hypnosis. At the time of his death in 1997, he was working with classical hypnosis via the Internet.

**REK:** *What a remarkable and inspirational professional he was! What are current directions for the Institute's activities?*

**RF:** We founded the Institute in July 1997. In October, our first undertaking was to put together an international workshop in Porto Alegre titled "The Art of Healing with Hypnosis." This was the first international hypnosis workshop in South Brazil. This one was very successful. We had 145 enrolled, most of whom were M.D.'s and psychologists. We were especially pleased because several other people had attempted to put on a workshop in hypnosis and not had much success. We got a lot of good feedback about how satisfied people were. The Institute's emphasis is on the need for ongoing education in hypno-

sis with an orientation to Ericksonian approaches to psychotherapy and education.

I value my professional reputation in Brazil, so I have proceeded very slowly to ensure that high quality is maintained. However, the Institute has been active. During 1998 the Institute created two programs of continuing education in Ericksonian hypnotherapy in Porto Alegre. The workshops were three days each during April and May. We conducted a study and supervision group for physicians during March through December. Along with Marcia Alencar, we created a group to help prepare students for the college examination. This group focused on motivation, memory, and relaxation. The director in Florianópolis, Sofia Bauer, M.D., led four workshops for Ericksonian Hypnotherapy and she facilitated a weekly study group that continued throughout the year.

During 1999 we intend to continue with the program of education in "Ericksonian Approaches to Hypnosis, Psychotherapy and Education" in Porto Alegre and Florianópolis.

**REK:** *Thank you for this very interesting and stimulating interview. Your work is important and a model to admire.*

**RF:** I am grateful for the opportunity to let people know about some of the work that is being done in Brazil.

ments are helpful: 1) a holistic approach; and 2) generative change. Generative change is useful by planting small seeds of change and capitalizing on those changes. State-of-the-art sex-offender treatment programs are holistic in their approaches, which is especially important for the sex offender who has multiple skill deficits, offense patterns and problems.

The field of sex offender treatment is relatively new. It is continuously expanding with the development of new innovative techniques and strategies. As Honey Fay Knopp (1996) summarizes: "Our discipline needs to construct solid therapeutic and legal models to carry us into the 21st century" (p. 236). She emphasizes a holistic picture by building bridges to other disciplines. The future of contemporary sex offender treatment is the integration of other models, theories and ideas into the current paradigms.

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