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The Milton H. Erickson Foundation NEWSLETTER

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Inside This Issue

Interview

Scott Miller, PhD

Interviewed by John Lentz

Scott D. Miller, Ph.D., is the director of the International Center for Clinical Excellence, an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioral health services. Dr. Miller is the author of many research articles and 15 books, including his most recent, Better Results: Using Deliberate Practice to Improve Therapeutic Effectiveness (APA, 2020) and The Field Guide to Better Results: Evidence-based Exercises to Improve Therapeutic Effectiveness (APA, 2023). He conducts workshops and training in the U.S. and abroad, helping hundreds of agencies and organizations, both public and private, achieve superior results. His engaging presentation style and command of the research literature, consistently inspires practitioners, administrators, and policy makers to make effective changes in service delivery.

Scott Miller

John Lentz: In 2005, Jim Walt initially interviewed you for the Foundation newsletter in your then role as the co-director of the Institute for the Study of Clinical Change. (See Vol-25 No-2 in the Newsletter Archives at https://www.erickson-foundation.org/newsletter-archive. – Ed.) During that interview, you discussed your "crisis of faith" in your early training to become a therapist dealing with psychology's central dogma: that there is a specific way to evoke change by using a technique or relying on the teachings of a school of therapy.

When I interviewed you in 2018 for *In the Spirit of Psychotherapy* column, you were the director of the International Center for Clinical Excellence. (See Vol-38 No-3 in the Newsletter archives at https://www.erickson-foundation.org/newsletter-archive. – Ed.) I was not aware that in 2015, you won the Brodie Award for best LDS nonfiction for your autobiographical, *The Book of "A" Mormon: The Real Life and Strange Times of an LDS Missionary*. I just finished reading it and can understand why our newsletter's executive editor, Rick Landis called it "A modern *Catcher on the Rye*." I was captivated by it. And in your telling of your experiences as a missionary, I heard a repeat of dealing with a "crisis of faith" when you were instructed to follow a dogma that conflicted with your personal experiences, understandings, and values.

Scott, I was impressed with your writing and openness, with how you slowly allow the reader to discover their own revelations, because all that really made for a compelling read and took the reader on an emotional journey.

Scott Miller: Thank you. That means a lot to me. Mark Hubble, also a psychologist, is a person who I have worked with for many years. Mark would often say to me, "This section isn't angry enough. You need to be angry." And I would say, "I am trying to tell this from a 19-year-old's perspective. We do not need to tell people how to feel."

JL: Well, you did let the reader have their own observations and come to their own conclusions. Based on that, I have a couple of questions for you.

First, did the church ever excommunicate you?

SM: No. And I've never asked to be removed from the church's records. I thought that was an unnecessary step. I didn't need to make a statement. After that amount of time, I didn't really care about that.

JL: As an LDS missionary, you had to memorize your talks. Did you ever realize that the talks were organized to be highly manipulative?

SM: I certainly believed that those presentations were supposed to be persuasive. I also thought that this was the way we were going to learn the language we needed so that we could communicate with people. I recognized that the talks were intended to be persuasive. Now, I see that the actual impact was not persuasive at all, and it all assumed something that was false, which to deliver that message, you had to be inside

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Editor's Comments

One of my favorite "current" songs is called, "The Broken Road," by Rascal Flats. It tells a story of a man looking back over his life—the mistakes, lapses in judgement, and heartaches, given and received. From his current perspective he realizes each one was a "beacon star" that led him to where he now finds himself. Without each course correction, he could not have ended up where he is today. Given that my personal quest is to explore the unanswerable question, "What does it mean to be human?", the song draws my attention to the course corrections. A course correction has a vector; it is where we make an adjustment in our direction that lines up better with an intended goal. And what determines that goal for each of us can ironically be influenced by the generation in which you were born.

When I was young, I could expect that two or three outside events during my lifetime might radically change the course of my sought-after professional life. It was a slower time. My goals were out there in the distance. Since the advent of the internet and highspeed personal computers, young people today can expect those changes to happen every two or three years. It no longer makes sense to rigidly hold on to fixed concrete goals that belong in the distant future. It is a very different process today where the need to assess where you are *now* and what course correction is needed *now* takes precedence.

When I am talking with young people at family or community gatherings, instead of asking them what profession or career they want, I ask what they want the profession or career to do for them. If they understand the problem that they want the profession or career to solve for them, they can make easier course corrections, as their options invariably change with time and circumstance. Each contributor who has an article in this issue provides hints as to how they answered that question.

In our *Featured Interview*, our interviewee, Scott Miller gives more than just hints. He offers readers an intimate invitation to meet the man behind his mission—satisfied in his quest for professional excellence. Interviewer, John Lentz, delves into a formative time when 19-year-old Miller was discovering the questions that created a series of major course corrections that eventually led him to his life's work, including presenting at this year's Evolution of Psychotherapy Conference, held in Anaheim, California, December 12-17.

The *International Community* column features Mark Jensen, past board member and current president of the International Society of Hypnosis, discussing the motivation behind his mission to connect the global international community. Interviewer, John Lentz, once again brings out the man behind the accomplishments and gifts.

Marta Nowak-Kulpa presents *The Two Dragons: Ericksonian Hypnotherapy to Assist the World's First Life-Saving Face Transplant* as our *Case Reports*. As always, Eric Greenleaf follows the report by identifying the deeper human connection that underlies the process of the interventions. In doing so, reveals a bit of himself to us. Beautiful.

John Lentz also interviewed Mary Frances O'Connor for *In the Spirit of Therapy*, which highlights how the spiritual dimension can expand our understanding and processing of grief. O'Connor intimately reveals how her acceptance and understanding of the cycle of life through many different lenses helped her and others through difficult times of loss.

Shedding light on the holiday season, Stephen Lankton and Carol Hicks recall special gifts both received and given in our *Facets and Reflections* column: *A Marriage Ceremony and the Gift of a Christmas Tree*. And the past and present continue to come together in our *Unearthed from the Erickson Archives* column where elements that came before have projected the trajectory for heuristic course corrections that lead us to where we are today.

John Lentz's book review of *The Uber Psychologist: Enhancing Compassion* by Maverick McGovern shows that course corrections can be offered as subtle and not-so-subtle gifts. McGovern is a psychologist also working as an Uber driver who chronicles his gifting experiences and messages to approximately 100 of his passengers. He freely gave his passengers compassion and insight, often within what could be considered Ericksonian communication. The book also reflects the motivation that directed the giving of these gifts.

In his 50th anniversary tribute, Jeff Zeig recalls what led up to his first meeting with Erickson and the connection that resulted in both Erickson and Zeig giving the gifts of caring and commitment to each other. Their motivations for their gifts are reflected in the journey that connected them together.

Since the Evolution Conference is around the corner, I continue to be enthused not only by the promise of experiencing the fast-paced evolution of ideas presented, but also being able to witness in person how each presenter and keynoter inevitably demonstrates the evolution of their own a *priori* motivators that have provided the impetus for their own course corrections. Over my years of attending Evolution, I have gotten the sense that with every passing decade, the greats in our field have added even deeper levels of nuance and clarity to their perspectives. Their course corrections have included not just direction shifts, but expansions as well. This excites me, because we have reached the point where the interconnections between schools of thought have become as apparent as their differences in our pursuit of discovering what it means to be human.

Rick Landis, Orange, CA

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In The Spirit Of Therapy

Interview with Mary Frances O'Connor, PhD

By John D. Lentz, D.Min.

Mary-Frances O'Connor, PhD is an associate professor at the University of Arizona Department of Psychology, where she directs the Grief, Loss, and Social Stress (GLASS) lab. She earned a PhD in clinical psychology from the University of Arizona in 2004 and a faculty appointment at UCLA Norman Cousins Center for Psychoneuroimmunology. She returned to the University of Arizona in 2012 and served for three years as director of clinical training in the psychology department. Her research program focuses on the wide-ranging emotional responses to bereavement. In particular, she investigates the neurobiological and psychophysiological aspects that vary between individual grief responses via functional neuroimaging, immune, and endocrine analysis.

Dr. O'Connor also researches difficulties adapting following the death of a loved one, termed Prolonged Grief (now included in the revised DSM-5). She believes that a clinical science approach toward the experience and physiology of grief can improve psychological treatment. Her recent book, The Grieving Brain: The Surprising Science of How We Learn from Love and Loss (2022, HarperOne) has garnered praise from peers and literary critics alike and has led to speaking engagements around the world.

John Lentz: I enjoyed hearing your presentation at the 2022 Evolution of Psychotherapy Conference last December when you talked about psychoneuroimmunology and the different biomarkers between depression and grief.

Before we get to that, I have a related question for you. You spoke respectfully about Elisabeth Kübler-Ross in your online videos. After the controversy concerning the accuracy of her work and her interest in attempting to contact the dead through mediums, I don't know that anyone really knew what to make of her work. At that time, many mental health professionals just tossed out anything she said. It was too difficult to sort through what was useful and what was not. You have said positive things about her, so you must consider some of things she said still important. Would you comment on this?

MARY FRANCES O'CONNER: I do still find many of her contributions important. I have tried to contextualize her in the time and environment in which she was working. So, a lot of my respect is that she was willing to tackle death and dying at a time when psychiatry was certainly not talking about it. Even medical people were having a difficult time talking about it. Also, so much of her work was groundbreaking and her writing was often directed to people who wanted to know things. That she was willing to talk to the general public was part of what made her beloved for so long. And I see myself sometimes doing the same thing. I have a lot of respect for someone who tries to break new ground and put that information out there for public and professional scrutiny. I hope in 50 years, someone stands up and says, "You know, I have a lot of respect for Dr. Mary Frances O'Connor. She got a lot of things wrong, but wow, she was really trying."

Mary Frances O'Connor

JL: Can you tell us what you feel she got right?

MFO: She initially interviewed people who were facing their own death and then eventually she interviewed bereaved people. Her putting forward the idea that grief was something other than sadness was revolutionary—that grief could include anger was unbelievable at that time. But nowadays, we often think that grief could include anger. It's obvious, right? But it was not so obvious in her day. She had a special way of talking about acceptance—that there is a way to acknowledge what has happened and to stop struggling with trying to understand it. We are still talking today about how we can develop acceptance. We may talk about mindfulness meditation now but we're still talking about acceptance. So, what was powerful was that she identified that there were components to the experience of grief. I don't know if we would agree with her descriptions of the experiences. Did she get all of them? Did she get them in the right order? We might disagree, but as far as the phenomena of what grief feels like, she added a richness to our understanding that just wasn't there before.

JL: What do you see as the spiritual impact or dimension of grief?

MFO: I see several different spiritual dimensions. Some of this comes from being introduced to this topic by Roman Politsky, a graduate student of mine, who came to graduate school in clinical psychology after having earned a Master of Divinity degree. He was already engaged with religion and religious belief and how they affect mental health. And so, when I think about a spiritual dimension, I think of a few things. One is that, as most of your readers will probably agree, religion and spirituality are, of course, not the same thing. Many people turn to religion when they lose a loved one, in part because a lot of our rituals around death and around grief are based originally in our family's history of religion. And so, it is often a time that religion comes up because we have funerals, and we sit shiva and so forth. It can be difficult for some people if they no longer hold the same religious beliefs that they once did.

Being confronted with death and loss often brings up very existential questions like: Why are we here? How could this happen? Those are often addressed in a religious context. And if not in a religious context, then a spiritual context. So, that sort of questing for answers about those existential questions that human beings face has a spiritual dimension to it. Is that helpful?

JL: Yes. So, are you saying that complicated grief is going to also have complicated spiritual directions and criteria?

MFO: To my knowledge, there is only a small amount of work on complicated spiritual grief, but I'm not positive about that. There's grief in general, grief that all of us experience, which includes many of those questions like, "Did this person's life matter now that they're gone?" and "How do I understand loss in terms of a bigger world in the circle of life?" And so, spiritual elements are a part of the typical grieving process for many people.

And then there also may be reasons those aspects of spiritual functioning or spiritual quest can complicate grief and it becomes Prolonged Grief Disorder. Again, I would not say that spirituality is only a part of Prolonged Grief Disorder. But because Prolonged Grief Disorder has experiences that go with it—like feeling bitter, feeling life has lost its meaning—those experiences are often related to how we feel about spirituality. And so even within Prolonged Grief Disorder, some of those symptoms can have a spiritual dimension as well.

JL: So how is it that in dealing with grief all the time as your specialty, you're clearly not depressed? In fact, you're upbeat, vibrant, and exciting to talk to. What do you do to be okay when you deal with grief all the time?

MFO: This is a question I often get. It is because I work with how people deal with loss, that I'm so aware of the preciousness of life, the preciousness of relationships. That is the moment where I get to connect with you, and we get to discuss interesting ideas. I feel grateful for that, because it was not a

In The Spirit Of Therapy

given that today we would both wake up and have this conversation. And so, because death and loss and grief are so central in my everyday life, it has given me a bigger context for how to understand the world and meaning and compassion for the people around me. It's not an act I'm putting on. I struggled with depression for a long time after my mom died. And because I discovered for myself how I think death fits into the cycle of life, I navigate the world with a lot more joy.

JL: I can tell that, and I appreciate your openness. I'm amazed at how articulate you are in the things that you're saying. You parse differences that make sense.

MFO: Thank you. I do try to do that when I'm interviewing bereaved people. I try to listen very closely to see if it is an experience that I've heard about before, or if they are describing something different. I ask myself: How can I better understand their subjective experience? And perhaps that kind of listening has helped me to unpack how grief can feel differently in different situations.

JL: What is involved with research you've done on psychoneuroimmunology and biology of grief in the brain? And what new developments are you finding that interest and excite you?

MFO: As we started to look at brain images, I got excited about the way that neuroscience affects grief research. As people were lying in an MRI scanner looking at photographs of their deceased loved one, it became more and more clear that grief is often about yearning. It's about that motivation, that desire to have our loved one back, to have things back the way they were. I think it became clear to me that when we bond with another person, we become one with them. There's a *We* there. And when people say, "I feel like I've lost part of myself," I don't think that's a metaphor. I think that's part of how the brain encodes *We*. When that other person is gone, we are missing something. And so, I'm very curious how the brain comes to understand that we have changed. And as we go forward, that research will help us to understand the brains overlapping understanding of you and me, and how it can learn that person is no longer on this planet, and yet they are a permanent part of our life. They are an everlasting relationship in our mind, in our memories, in our heart, and in our values.

So, understanding how the brain can do this, especially in typical grieving, might help us to understand better when things go awry, when people are not adapting well. Is there something going on in the brain that's perceiving reality differently? Will we be able to intervene and help the person get back on a natural grieving trajectory?

JL: As we come to the end of our interview, is there anything else you would like to say?

MFO: I say at the beginning of my book, *The Grieving Brain*, that neuroscience is just one lens through which we could look at grief and grieving. I obviously think it's an important lens or I wouldn't have spent so much time doing it. And neuroscience is a conversation of our times. It's a way that we now talk about behavior, thoughts, and feelings. So, it's important to include. But I don't think neuroscience is the only lens to use when looking at grief and grieving. I don't think it's more important than thinking about the spiritual or religious dimensions or the anthropological dimensions or the arts-expression dimensions. What is important is that the conversation keeps happening, that we keep describing our experience and asking other people about their experience. And if adding another lens to that conversation is a way to keep the conversation going, then that's the goal.

JL: Thank you for taking the time for this interview. I love the way that you think and express yourself and how you look through so many lenses.

MFO: You're so very welcome, John. And thank you.

CASE REPORT

The Two Dragons: Ericksonian Hypnotherapy in the World's First Life-Saving Face Transplant

By Marta Nowak-Kulpa, Dipl. Psych.

Marta Nowak-Kulpa has a private psychotherapy practice and works in the Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology in Gliwice, Poland. In the Oncologic and Reconstructive Surgery Clinic, she is a member of the facial transplant team, helping patients admitted for surgery.

On May 15, 2013, at the Oncologic and Reconstructive Surgery Clinic, an entire face was transplanted for the first time onto a male patient, Grzegorz (aged 33), after he lost his nose, jaw, and cheeks in a machine accident at work. An immediate face replantation with the patient's own face was unsuccessful and left an open area close to the brain exposed to infections.

But three weeks after the accident, the life-saving face replantation surgery, directed by Professor Adam Maciejewski, took place because a donor face had become available.

After surgery, the patient's rehabilitation program began. I provided effective Ericksonian therapy, which included hypnotic, story-based, metaphorical conversation. This gradually led to improved vital signs, respiration, and muscle and nerve strength, and Grzegorz demonstrating normal vital activities.

The Therapy:

When the patient awoke from surgery he couldn't speak or see and didn't know where he was. The first time I saw him, his face was completely bandaged, and he was tied to the bed trembling and rapidly breathing.

I was as nervous as he was, but I learned how to calm myself so that I might also calm him. I said, "My job is to stay here with you, and I will do my job. And you will do your job at the same time. I will stay here, and you will stay in bed."

"You can breathe as you wish, and I am breathing as I like. Just like that. I can breathe as slowly as I need to calm down and feel better…and you can also do this."

"Just like that … You know how to calm down because you have done it many times.

It's easy if you remember how to do it. … Just like that."

"Everyone here is taking care of you. It is after surgery. Everything is fine. Just like that."

Intensive care monitors showed me that the patient's breathing had become regular and deep. His heartbeat slowed. The trembling ceased and calm resumed. We met every day, twice a day, for two weeks. Then, during his rehabilitation period, we met daily. I was one of the few people he saw.

I saw a dragon tattoo on his arm, so I told him the story of the two dragons (in Welch mythology it is called *The Tale of Two Dragons*) many times, piece by piece, gradually adding new parts gathered from our conversations.

Here is part of what I told him:

I will tell you something you can remember before you fall asleep, but you may well not remember it. In any case, you may need a piece of what it was. And it was a long time ago.

At that time, the dragon clans decided to connect. Supporters said that together they would create a large, safe family where all the neighbors would be like brothers.

The critics noticed that along with the young and healthy ones, the old and sick dragons would join the herd. Who will take care of them? they grumbled. The argument would last a long time. But there were people in the area who started to hunt us. We had to connect to survive.

It turned out that the ones some considered weak were helping everyone in a completely unexpected way. Thanks to their experience, they advised us how to effectively defend against the new threat. Many wounded dragons knew healing ways and herbs to heal our wounds. By allowing all the dragons to become involved, we were able to receive power from all of them.

The younger dragon listened attentively and sank more and more into the story of the victorious battle.

Commentary

By Eric Greenleaf PhD

The old navigation maps for sailors had large, unknown areas marked, Hic Dragones, "Here be Dragons." Marta Nowak-Kulpa's marvelous work helped bring a new face to a terrified and terribly disfigured young man, utilizing the very unknown territory he had to travel to survive and recover.

Immediate, caring hypnotic therapy helped this defaced man face the challenges in his life by using conscious and unconscious resources. Milton Erickson, asked by a researcher, "What is hypnosis?" replied, "Hypnosis is the stimulation of love in one person by the love in another." (Zeig, *An Epic Life*," Vol. 1, 2022)

Unearthed From the Erickson Archives

The Purpose of Psychotherapy

The following excerpt which was unearthed from the Erickson Archives is from a presentation Erickson offered in 1957. It seems to be a rebuttal to a presentation by Dr. M. We include it in the Newsletter because the contents will be valuable to students of psychotherapy.

ERICKSON: I am going to start by making a few general remarks. The first thing is the prevalent emphasis on knowing a great deal about psychodynamics. Much has been said on this subject. I would like to point out something that I consider of extreme importance in the field of psychiatry. I have encountered the illiterate, the grade school graduate, the person with less than grade school education, the person of high school or college education, the person who has been trained in psychology and psychoanalysis, and I have found that the psychopathology of illiterates is equal to the psychopathology of psychoanalysts—that the illiterate person didn't need any special training in psychodynamics in order to develop extremely complex psychopathology. Bear in mind that the naïve person does not need a great deal of instruction to be complicated in his reactions. We need to recognize that naïve people can be complex. Being aware of this fact, we can protect the patient from his own psychological proclivities.

When we deal with the patient, we ought to keep that in mind. The patient needs to use his entire training throughout his life, even use his illness in some way. Therefore, you as a therapist ought to respect that and teach him an adequate and good way of using his particular illness. Instead of just trying to correct the illness, ask him to develop an adequate way of using it.

Now Dr. M. mentioned that hypnosis shortens therapy by allowing the patient to become much more objective. It is so much easier in hypnosis to say that when you are sitting in a chair in the middle of a panel facing the audience and talking into a microphone to an audience, such a person can talk about the self in an impersonal way. Using hypnosis, you ask the patient to do the same. Patients can take an objective point of view toward themselves. They need not be concerned about the first-person pronoun. When I say something, I have a lifelong experience of knowing that I am talking about a man sitting at a table and I do not have to be self-conscious about that. In therapy with a patient, you use hypnosis to take advantage of the third-person pronoun because you have been taught by life experience to attach significant emotions to a first-person pronoun.

I frequently ask my patient to tell me not about themselves, but about that obese woman who thinks that she wants therapy, or that anxious man who think that maybe he wants therapy. In that way, I go along with the patient in reducing this matter of self-consciousness and provide an opportunity of being impersonal.

Now the next thing that I want to mention to you is this: Out of a lifetime of experiences that every individual has, we can rely upon a patient to do certain things. Dr. M. spoke about psychogenic sterility. The patient could also have psychogenic dysmenorrhea or have a psychogenic ulcer. And each could essentially start with the same sort of stimulus—that the person received certain unhappy stimulus of various sources and then that person has the opportunity of elaborating those stimuli in accordance with past learnings and past experiences. We should not expect every patient to elaborate stimuli in the same way. Furthermore, we have no idea of the complexity of body learning, the complexity of the individual condition that we all experience. Some of us can look at rare prime rib beef with the greatest of pleasure. And some of us can look at that same plate with rare prime rib and be reminded of an exceedingly unpleasant experience, even though there is a liking for rare prime rib, and so on. The individuality of the experiences adds up because a stimulus has a wealth of positive and negative meanings, and it is the sum total of those that affect the patient. Therefore, in the therapy of a patient you ought to recognize that you can say positive things and expect your patient to come forth with negative responses. It is your obligation to look at the patient, to observe the patient, to see what manner of response is being made.

Now "ego defenses," "ego boundaries," and "ego reactions," are very nice concepts. We can all use them. But we ought to bear in mind that ego is nothing more than a theoretical concept that you cannot weigh, you cannot measure, and you cannot determine its exact boundaries. But you can speak about the ego as a general concept. I have heard too many people talking about the ego as if they were talking about the right hand versus the left hand. That is the wrong thing to do. Your patient is likely to misunderstand when you get into the habit of using theoretical concepts in a definitive fashion.

The patient has preconceptions of what he wants in therapy. A patient comes into your office, and he expects certain things. And he expects you to do them in certain ways. Dr. M. mentioned the lady who asked, "Am I in a trance?" The question seemed to mean that if you can stand up, you are not in a trance. That was something that the patient had the right to determine. It was not a challenge by Dr. M., but a determination on her own part and she could work it in one way or another. I think it is awfully important when you do therapy with a patient not to challenge him or her because when you challenge a patient, you stand a chance of losing. Why should you lose in understanding a patient? You offer them a positive understanding. Dr. M. said, "If you can stand up, you are awake," and that is a positive statement. If you can't stand up, you are in a trance. Now it is up to you to find out which way. So, the patient could be pleased with whatever is discovered. But it was her job to find out. And then he simply took the fact that she found difficulty in standing up to indicate that if she wanted to, she could go still deeper into a trance. But again, it is a matter of wanting to, by using a permissive technique.

It is awfully important to use permissive techniques because your patient comes in with preconceptions and when you start fighting against those preconceptions, you are asking your patient to be an antagonist. You ought to use a permissive technique to enable a patient to take his permissive attitude toward you and as you permit him to keep this, he permits you to take that attitude away from him. And so, it becomes an even exchange. But because the patient came to receive more than he can give, it becomes a one-sided affair in the giving of the therapy that is determined by you rather than the patient.

Now mention is made of psychodynamics, and we often hear that emphasis. What do we mean by psychodynamics? Do we mean the Freudian school of psychoanalysis or the school of Karen Horney? And what school has the copyright on the term "psychodynamics"? Everyone who deals with people therapeutically ought to keep in mind that here is a human personality with likes and dislikes, feelings and anxieties, and distresses and worries. He ought to recognize the living human being who has a wealth of emotions. And you need not necessarily define these emotions as "oral introjection" or "anal fixation" or something of that sort. You ought to recognize that this person has love and hate and fear and anxiety.

Also, in examining the patient, I think there is too much emphasis placed upon trying to find out what is wrong with your patient's personality. I know very well that if a patient came to me and said, "I have sprained my right ankle," I would say, "Fine, now let me feel your left ankle," because I would first like to know his normal ankle feels like. Then I would examine the sprained right ankle. And when I deal with a patient, I like to know positive things. Maybe they do hate their mother but is there someone that they like? And maybe they do hate their job, but do they like to garden? There is a lot of things that you need to know about the patient that is of a positive character. Because when you know the positive character of your patient, then you will have an opportunity of better evaluating the negative aspects of his condition.

Dr. M. made mention of omissions and commissions. Your obese patient comes in and complains about being overweight. Well, of course, you can see that he weighs 350 pounds, and you don't need to use scales to find that out. But you are a medical person and you out to recognize that along with being 350 pounds he probably has trauma to his ankles, and you ought to wonder how tired he gets lugging all of that extra weight around. And if there is a possibility of hyperglycemia, does he comfort himself when he's tired by overeating?

So, you run through your mind every possible thing, not only from the purely

Unearthed From the Erickson Archives

physical or the physiological point of view, but what about his personal reaction? How does it interfere with his positive view of the landscape? How does it interfere with his liking for his job? You want to know the positive and negative effects of obesity that he is complaining about. When you inquire extensively, then you treat his hyperglycemia, and you can treat the personality aspect of that obesity.

There is another thing: When a patient comes to you with a particular complaint that he may have had it for a number of years; it is a familiar thing. He has become used to it. He likes it. It is part of his scheme of living. So, when you have a 12-year-old boy who comes and he has wet the bed every night for 12 long years, that behavior is part of his scheme of living. His parents have dragged him in to have you cure him of his bedwetting, to transform his entire scheme of living. You ought to recognize that you can say to that patient very readily and quickly, "Well, of course, there are a lot of conditions that warrant you to wet the bed every night." The patient ought to know that you understand there is a good, justifiable background for this seemingly offensive thing. And then it puts the patient in the position of recognizing maybe there is a reason for it. And then, he is in a position to join you and find out what that reason is, because it is much more important for the patient to take that attitude of, "let's look for the reason," and for you to assume that you can educate him in one, two, or three sessions.

I will teach you how to look for reasons. You want the patient to do the work because he is the one who has to do the work.

Dr. M. mentioned this matter of the patient's mental and emotional state. I don't think any surgeon ought to do an operation when he is drunk or when he is under the influence of drugs. I do not think that you ought to do therapy if you are as mad as can be at the patient. I think you ought to treat psychotherapy in the same way that you treat surgery. And be careful about writing prescriptions because I had doctors as patients, and I wrote them a prescription when I shouldn't have done it. I think we ought to bear in mind that you as the man who is sitting in the middle chair at the table can do things in moments of anger and rage, and disgust and despair that we wouldn't do under ordinary conditions. It is necessary for all of us in listening to a patient to keep in mind our own attitude. Now and then you may have a patient come in and say, "I hate you like sin and I want to keep right on hating you and I don't want you to like me." And the patient is perfectly honest and straightforward in telling you that. You ought to feel pleased that a patient has enough respect to tell you that he hates you, doesn't like you, but respects your intelligence. The capacity that the patient has of feeling freedom in expressing his views aids in the therapy. The more freely the patient can speak, the better.

The doctor who uses a specialist for everything should be a general practitioner. Shall it be a psychoanalyst who deals with oral introjection, and shall it be a psychoanalyst who deals with dependency and so on. We ought to recognize that the best way of dealing with people is to look upon them as complete, whole creatures, and we must deal with them that way. Only in extreme cases do we need to send the patient to a specialist. When the general practitioner has a patient come in with delusions and hallucinations, they can readily recognize that that situation is out of their field. The general practitioner can take care of a broken leg or a broken arm or broken ribs, but for a broken pelvis, he should call the orthopedist because that is a case for a specialist. That is the type of case that needs someone who has the requisite elaborate knowledge.

Dr. M. records show that his patient was not afraid of extra noises in the room. Whatever you suggest to your patient, the patient is likely to receive attentively. And if you let your patient know that you are as annoyed as can be at traffic noise out there, your patient is going to listen to that traffic noise instead of you. But if your patient discovers that you are giving your attention to him, then the patient is very likely to give attention to you. I try to teach my patients that the clock on my desk softly ticks. But if they listen to it, it will get louder and louder. And then when I start talking, I point out that the loud ticking has disappeared. But when I stop talking, they can hear it again. And so, the patient has an adequate lesson in giving attention in the right direction.

Another thing that Dr. M. brought out is this matter of the purpose of psychotherapy. What is the purpose of psychotherapy? In the ordinary process of normal, everyday living, we go through a multitude of experiences. As children, we fell down and skinned our knees, and the world practically came to an end at that moment. But what about a skinned knee two weeks later? Six months later, we forgot it. We are really concerned about that toenail that we hit and then that is the important thing. Normal, well-adjusted living means the process of progressively forgetting an unpleasant thing. There is a progressive syphoning off into the oblivious past multitude of things. I think Dr. M. should forget about Mr. R. and put him in the remote past as part of the experience of the past. You need to teach your patients that psychotherapy is examining life's experiences, open eyed and open minded, and wondering about and speculating about them and recognizing them as belonging to the past. For example, in 1940 so many things happened—some of them pleasant, some of them unpleasant—but those memories have been relegated to the remote past. And so, you try to teach your patients the orderly process of relegating things to the past.

The next thing that I want to emphasize is this: Every patient who is talking to you is saying only a small part of what he is thinking. There are a lot of associated ideas going on in his mind while he is talking to you about this or that. And you ought to be aware that when he says, "I went to bed every night," that he is also thinking about what his mother said, what his father said, what his sisters or big brother said or what his grandma or grandpa said and so on. All he is saying to you is "I went to bed every night," and so does his grandma and grandpa, mother and dad, brother and sisters, cousins, uncles, aunts and so on. You hear only a small part of the patient's thinking. When you talk to the patient, you are only telling the patient part of your own thinking. You ought to be highly selective in speaking to the patient, giving him the thoughts that are most pertinent to the probable thinking of the patient. And the more carefully you select your ideas to fit the probable thinking of the patient, the more adequately you can meet the patient's needs.

Dr. M. spoke about the dissolution of the transference and how few patients really want to hear that record played again. I don't make tape recordings of my sessions with patients, but I have found through the years that patients are delighted to talk about a number of things. They are perfectly willing to recall that they once were my patients. So why go into the gory details of being in pain? That belongs to the remote past. Now there is a special letter that I want to read to you that I received from one member of the group.

"My interest in hypnosis formally has declined in the past year though I have become more interested in psychotherapy and psychiatry. I sense too that in Dr. S. and I have done the same. The former with his altered concepts and indirect techniques and the other by being more discriminating in his use of hypnosis. I suspect all of this is related in some way to the decline of the Seminars on Hypnosis and as an apparent general decline in enthusiasm. Why is this? Is this apparent sophistication of Dr. H. and others good or not? Did Dr. R. do all of this? I can't help but think that the previous use of this modality, with it more basic phenomena, learning to control sensations, functions of the body, should not be given up."

Now in reply to that particular letter, I would like to say this. That the more familiar you become with hypnosis, the more readily you can appreciate the totality of the personality and the extensiveness of human reactions. And therefore, you begin thinking much more completely.

As a medical student, I saw a patient with an ulcer. It was in a certain area of the stomach. As a pitting ulcer, it had a definite crater and a certain corona of inflammation and so on. As I became more sophisticated in medicine, I thought about ulcers in terms of business worries, family worries, personality types, so one examines more extensively. And so, I think it is a very desirable thing to have increased interest in the human personality and such. Whether we call it psychodynamics or psychology or human personality, I feel it is important that we keep that nice, fresh, and delightful attitude that the beginners of hypnosis have. There is the neophyte walk-in cancer patient who is suffering a terminal malignant dis-

UNEARTHED continued on page 10

Unearthed From the Erickson Archives

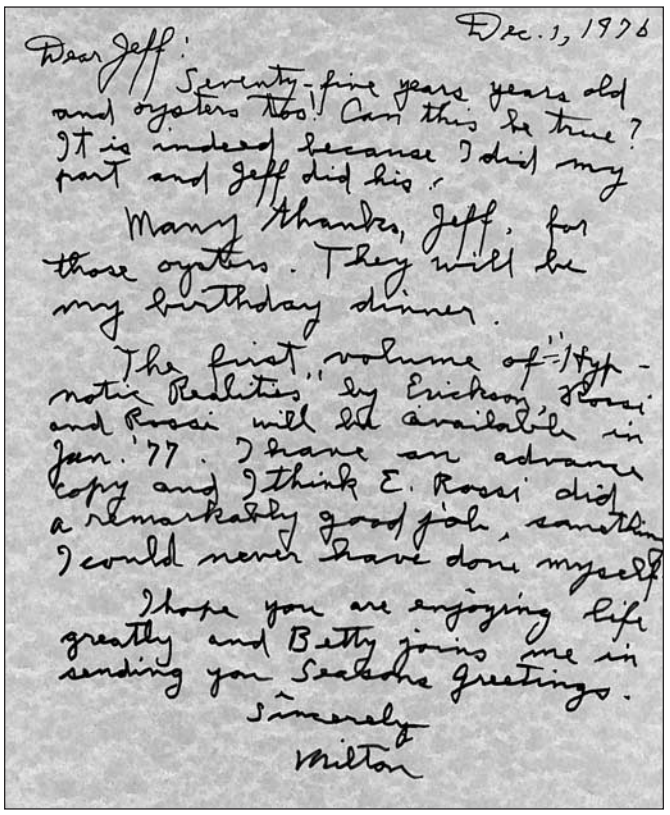
ease and in a great deal of pain, and the doctor says, "I know exactly what to do for you and I am going to do it." And that cancer patient does want relief from pain. Because you see, all of us are both simple and complicated in our reactions. Our patients need to be approached at both simple and complicated levels.

Address your patient with direct suggestions concerning some of his body reactions but bear in mind that sometimes you can achieve those direct results by indirect measures. More adequately you can enlist the patient as someone to assist you. In the cancer case that patient might be too far gone to be asked to do much, so you should take the responsibility. For some of these chronic painful illnesses, it's best if you take a rather simple, naïve approach. You haven't lost anything by doing that. You have added, perhaps, a level of sophistication, but also can use a simple approach for some conditions.

Fredricka Freytag, MD., was a distinguished member of the American Society of Clinical Hypnosis. She asked Erickson to write the foreword to her book, *The Hypnoanalysis of an Anxiety Hysteria* (1960). Since the foreword has contemporary relevance, we are reprinting it for the edification of our newsletter readers.

Here is the foreword Erickson wrote:

In the field of psychotherapy there is no greater need or problem than that of effecting for the patient new and altered thinking, feeling, and acting, conducive to his welfare and achieved, with the guidance of the therapist, through the patient's own strivings and efforts. To secure in some way for the patient such essential changes in his total behavior requires in him a receptiveness and responsiveness to idea, capacities all too frequently limited and restricted by the nature of the disability necessitating the psychotherapy. It is for this reason that hypnosis can often be used with remarkable effectiveness in psychotherapy, since hypnosis is characterized by a ready receptiveness and responsiveness to idea transcending the same capacities manifested in the ordinary state of awareness. In this hypnotic transcendence of ordinary capacities, the increased receptiveness is marked by a willing and purposeful examination and appraisal of ideas for their inherent values and significances to enable, in turn, a complete or partial acceptance or rejection of them in terms of their actual merit.


Dec. 1, 1976

Dear Jeff:

Seventy-five years old and oysters too! Can this be true? It is indeed because I did my part and Jeff did his.

Many thanks, Jeff, for those oysters. They will be my birthday dinner.

The first volume of "Psychoanalytic Realities" by Erickson, Rossi and Rossi will be available in Jan. '77. I have an advance copy and I think E. Rossi did a remarkably good job, something I could never have done myself.

I hope you are enjoying life greatly and Betty joins me in sending you Seasons Greetings.

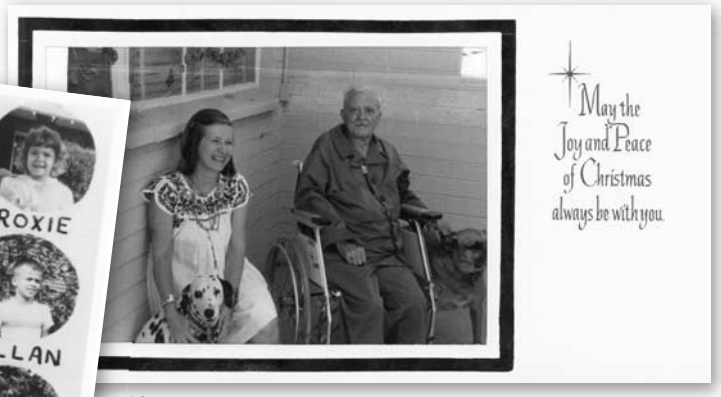
Sincerely,

Milton

Holiday letter from Milton Erickson to Jeffrey Zeig (1976)

1963

Christmas cards from the Erickson Family



1974

1951

1973

1979

INTERVIEW

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people's houses. And that was the big challenge—getting asked inside—and truly little time was spent on teaching us how to do that.

JL: You presented how your experience with the young Lutheran minister set things in motion which eventually changed your thinking. You seemed to decide to do things that made sense to you based on each unique situation, instead of rigidly following the same imposed rule in all situations.

SM: As someone who purposefully engages in speaking, I am looking for the impact I'm having and whether I'm actually engaging the person as opposed to thinking my arguments are masterful. So it is about relationships, but it is all judged by the client, the person with whom you're trying to speak. There is a story in the book about the bus involved in a terrible automobile accident. It is about a moral dilemma that most people face at some point. Do you follow the rules, or do you do the right thing? I was supposed to be moving from one location to another, which was a heavily regulated process. You weren't supposed to meet anyone, see anyone, get off the bus, et cetera. And then, here I meet this nice person who knows a fair bit about me and who claims to be in the service of the same thing, which is Christian compassion and love for others. He chose to get off the bus and help the injured, and I chose to follow the rules rather than enact that moral obligation. And as I speak about it to you now, John, I can feel the hair rising on my neck and I feel great disappointment in myself. And I will also say that I had a wonderful therapist who I worked with for many years, and I can remember him saying how little compassion I had for that 19-year-old kid who was on the bus. Why wouldn't I put my arms around that person in that dilemma, trying to figure out what to do?

JL: I absolutely agree. And the conclusions you seem to come to were ones that caused me to feel positive toward you and your way of thinking. I can see in that young 19-year-old man, the seeds of who you are and your success today.

SM: I appreciate you saying that. As I say at the end of the book, the biggest problem was being able to acknowledge that there were many seeds of who I am that are born out of that experience without giving tacit approval or even explicit approval to what happened at the time. That was a dilemma I was often in. It caused me to become studious. I was forced to do that to survive. I lived in a different culture and had to gain perspective about what it was like to be approached by a person who was young, enthusiastic, and 100 percent unworldly and naive about the real world. I do think that there are many aspects about who I am now that were shaped by that experience and that served me well, in terms of my life and what happened since.

JL: The reader discovers that you were trained by the experiences, not by the organization. You began to realize that doing things your way and using your creativity was a lot better than a canned approach even though influencing people is still your job.

SM: Yes, and I had not thought about it this way, but two things emerged out of that experience because, as you say, we were forced or trained to deliver verbatim seven set messages in sequence, and you had to promised to deliver them verbatim, and you had to do this so many times per week. And what was truly clear early on was this did not work. If the objective was to, "bring people to the faith," or even at a small level, to get in the door, then these ways didn't seem to work. You could then relish the rejection that this was part of what you had to experience in service of your faith. It was like self-flagellation became the end in and of itself.

So, for example, in Sweden, people have a set way of meeting each other and we were ignoring their ways and taking an American approach. Now, even in the U.S., John, can you imagine if I, a complete stranger, stopped you, dressed up in a blue suit and a goofy looking black hat and asked you if I could please have your address because I had an important message to deliver? No one here, much less in Sweden, would let you in. This was just culturally inappropriate, especially in Sweden. So, you could either embrace self-flagellation or you could take a different route. And as silly and basic as that sounds it took time to get to know people. But in doing so, I was breaking the rules, as you know. And the consequences of that were not small. The threat was constantly looming that I would be called out in a public forum of missionaries or, at the worst, that I would be sent home in shame.

JL: It must have taken a lot of courage to break those rules and keep going, especially early on.

SM: I would say that it was mostly naivete—the same thing I experienced when I first went to graduate school in psychology and was learning something new. I've always felt completely out of my element and psychotherapy made no sense to me. But there were a lot of people in my graduate program for whom it made absolute sense. So, I was asking my peers lots of basic questions, mostly because I was trying to wrap my head around what it actually all was. I grew up in a home where all questions were allowed, and we had these open discussions about basic questions. If you asked interesting questions, you were rewarded with interest, love, affection, and education. But graduate school was quite different.

JL: I understand that.

SM: Based on massive research involving outcomes and looking at what gives therapists a sense of meaning and purpose for doing psychotherapy, one thing that is consistently highly rated is what's called *healing involvement*—being involved in the healing process. And that led some to conclude that burnout was a result of not having that. But our own research found that *healing involvement* was inversely correlated with outcome.

JL: Inversely correlated with outcome…no kidding?

SM: Yeah. But it was positively correlated with burnout.

JL: So, the higher the involvement, the more likely the burnout?

SM: How does one make sense of that, because that's a staggering finding, given that's where therapists place a lot of their emphasis. But that all must be held in check by outcome. And the most effective therapists we have are not interested in healing involvement, they're interested in results. Is it making a difference? They're much more likely to use any process as long as it's helping. So, for me, the focus must be binocular; it must have the process in one lens, but the outcome in another. And it would be the same with spirituality or religious traditions or healing in general—there must be a tangible, measurable result. That's why when therapists say to me, "Oh, I have a good relationship with this client," I say, "Does the client agree? Have you asked them? Did you measure?" "Oh, no, but I can tell." I tend to feel as if I am back in Sweden knocking on the door, following the standard protocol, and thinking, "Well, someday they'll come around, or if they don't, they'll end up in hell."

JL: You sound a lot like John Norcross, who has talked in remarkably similar ways.

SM: John Norcross is a hero of mine. He is also much better at organizational politics than I am. He and I not only have a similar agenda with similar views, but he tries to help organizations make that shift as well. For example, the American Psychological Association. He plays well with others.

JL: He does, yes. I like Norcross.

SM: It was Marty Seligman back in the early '90s who created a survey of *Consumer Reports'* readers about seeing a mental health professional. It said incredibly positive things about mental health professionals. It is still one of the most cited articles in popular news media sources. Setting aside its problematic research design, it has been an influential study. But what is not known about the study is that massive amounts of data were left out of the final report, and it was data about with whom they spoke. So, what was reported was about psychotherapists of all stripes. But not about people talking to family and friends and spiritual advisors, ministers, priests, et cetera. None of that was reported. We tried to get a hold of the original data, but we were unsuccessful, so we recreated the entire *Consumer Reports* and then administered it. And then we asked people who had seen religious advisors to fill out an outcome questionnaire and an alliance or relationship questionnaire. It turned out that people preferred spiritual advisors. They found them more effective.

JL: Wow.

SM: And they had stronger relationships with them. Spiritual advisors could include tarot card and crystal ball readers, and different types of psychics. Now, does that mean we should get rid of mental health? No, that is not my perspective. It is just so clear that our field

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FACETS & REFLECTIONS

The 50th Anniversary of Meeting Erickson

By Jeffrey K. Zeig

Some people leave their signature on your soul. Milton H. Erickson, MD, was such a person.

December 2, 2023, marks the 50th anniversary of my first meeting with Erickson.

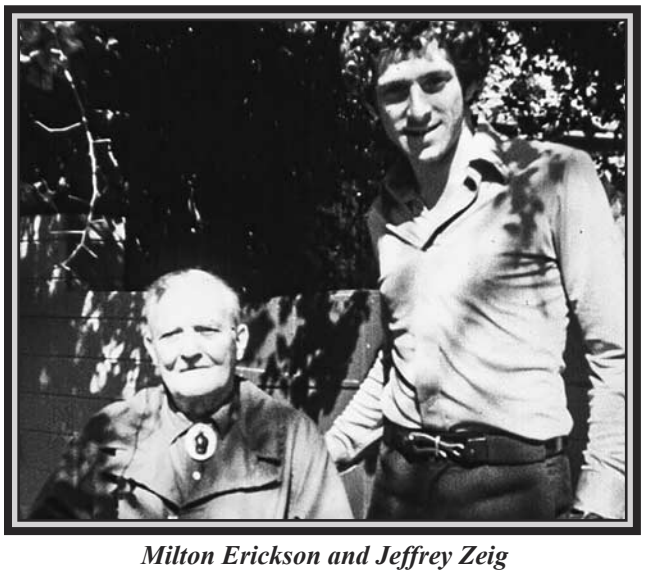
In 1973, I completed my master's degree in clinical psychology at San Francisco State University. I wanted to learn about hypnosis and Jay Haley's compendium, *Advanced Techniques of Hypnosis and Therapy* was recommended. Haley introduced me to Erickson's work, and it amazed me. I had instead been learning Rogerian techniques and psychodynamic approaches. But what Erickson was doing was lightyears beyond anything that I was familiar with or had conceptualized.

The book prompted me to write a letter to my cousin, Ellen, who lived in Tucson, Arizona. I told her I had been studying hypnosis and that I thought Erickson, who lived in Phoenix, was a genius. I frivolously wrote that the next time she was in Phoenix, she should visit him. Ellen replied by reminding me that I had met her former roommate, Roxanna Erickson, one of Erickson's daughters, three years earlier. During their college years, Ellen and Roxanna had studied together in Mexico and became friends. Eventually, they lived together for a while. After introducing me to Roxanna, Ellen pulled me aside and said, "I want you to know that Roxie's father is a famous psychiatrist." I laughed and said, "I won't hold that against her."

So, in 1973, I wrote a letter to Roxanna saying that I would like to meet her father. She confirmed that her father was *indeed* the same Milton Erickson who had mesmerized me. She recommended that I write to him letting him know my educational background and qualifications. [See Roxanna's letter on page 13]

I took her advice and wrote to Erickson. I included a copy of a paper that I had submitted to the *American Journal of Clinical Hypnosis*. It was on using naturalistic (later known as "Ericksonian") techniques to help schizophrenics with their auditory hallucinations. I asked Erickson if I could be his student and he replied that he was not taking any new students. However, at the bottom of this letter he wrote, "When you read my work [assuming that I would], don't pay attention to the techniques, to the patter, to the wording of suggestions. The really important thing is motivation for change and the fact that no human being ever fully knows his own capabilities."

I read that paragraph many times. I was stunned that he would take his precious time to personalize a message to an admiring student. I wrote back that I did not need to be his student, and I suggested that I just come for a visit. Fortunately, he agreed. I knew that it was a once-in-a-lifetime opportunity.



Milton Erickson and Jeffrey Zeig

As I reflect back on Erickson's letter, perhaps I was unconsciously responding to what he had written. It was only when I showed motivation that he accepted me as a visitor.

At the end of November 1973 when I was living in the San Francisco Bay area, I went to a meeting of the Society for Clinical and Experimental Hypnosis held in Southern California. From there I drove to Phoenix to meet Erickson for the first time. Having moved from his Cypress Street house in 1970, Erickson was then living on Hayward Avenue. To my dismay, I had miscalculated how long it would take me and was embarrassed to arrive at the Erickson house around 10:30 pm.

Roxanna greeted me at the door. Erickson was seated to her left in a wheelchair watching TV. I was shocked by Erickson's appearance. He was suffering from the ravages of post-polio syndrome (which was not known at the time) and had limited use of his arms and practically no use of his legs. As Roxanna introduced us, I expected Erickson to look at me, say hello, and shake my hand. Instead, he faced straight ahead. Then very slowly and mechanically he moved his head into a position where he could see me, and our eyes met. Using the same mechanical movements, he looked from my eyes down the midline of my body not saying a word. I was so pixilated by this unusual greeting that I stood there frozen. Roxanna then ushered me into another room and explained that her father was a practical joker. I did not believe Erickson was joking. He disrupted my consciousness and offered a nonverbal hypnotic induction.

During the next six years, I never saw Erickson use that induction again. He had spontaneously invented it for me, in that moment. Creativity was one of Erickson's admirable qualities. He would respond to the uniqueness of each situation.

I wound up spending three days at the Erickson home as a houseguest. I had no idea what to say to him and I was quite nervous, believing that he had "x-ray vision" and could see my vulnerabilities.

Writing to Erickson and then driving across the desert to see him was uncharacteristic of me. I was shy and nonassertive then. But to my relief Erickson seemed to like me. In fact, when I returned home, there was an invitation to Erickson's daughter, Kristi's, wedding…and I returned for the event that took place in the Erickson's back yard. After that I visited Erickson three or four times a year. In 1978, I moved to Phoenix to be closer to him.

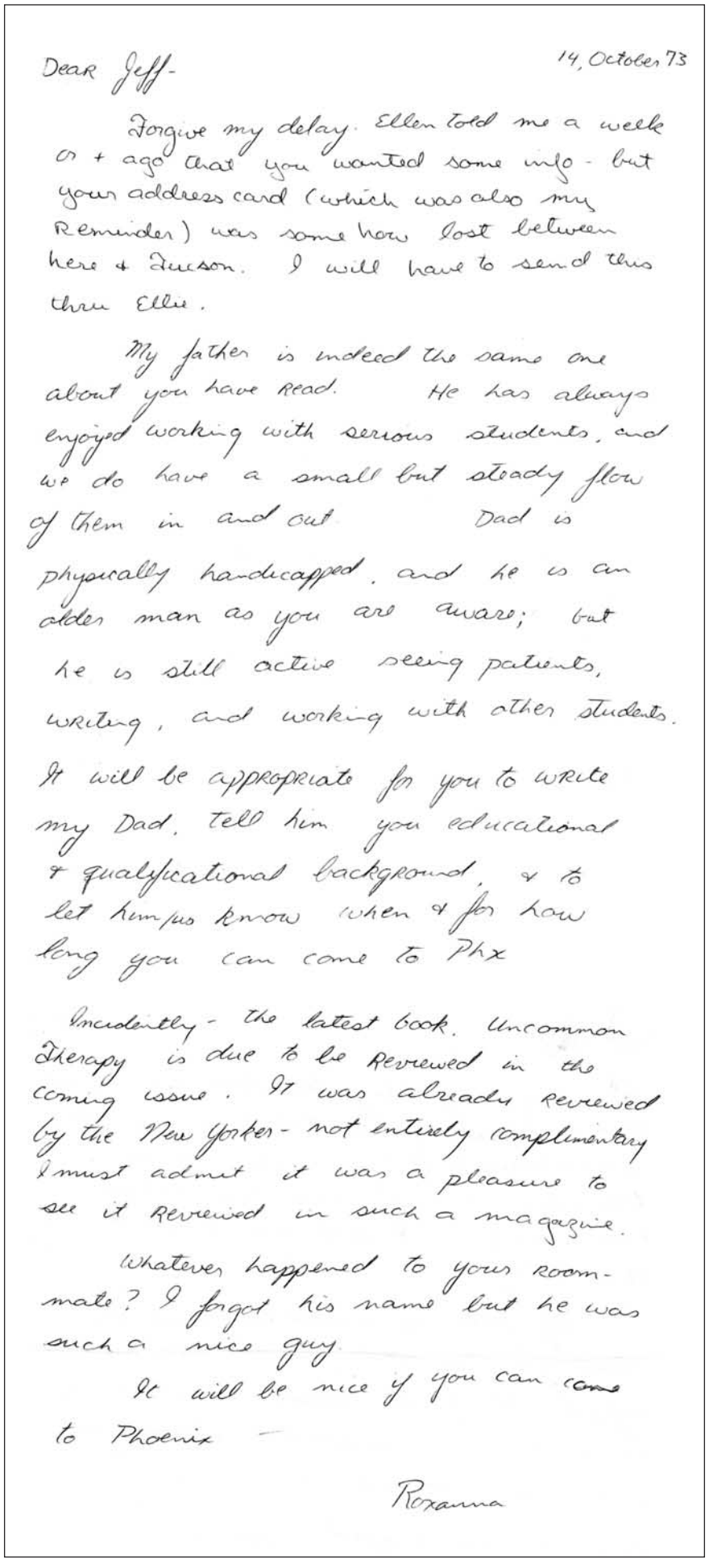
At first, it was just one-on-one with Erickson, because at that time he was not so well known in psychotherapy circles, and he was semi-retired. In 1973, Jay Haley's book, *Uncommon Therapy*, came out. I read it right before my first meeting with Erickson. After the word about Erickson got out, he became popular. Ernest Rossi and Richard Bandler and John Grinder wrote several books with a nod to Erickson. Soon more people began seeking him out. In the mid-1970s, Erickson came out of retirement and began holding teaching seminars in his home. The seminars continued up until the day he died.

In March 1979, I proposed to Erickson that I would organize a congress in his honor. It would be the *First International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*. Subsequently I also founded The Milton H. Erickson Foundation, which would serve as a financial arm for the congress. Erickson and his wife Elizabeth were on the first board of directors, along with me and my then wife, Sherron Peters.

Erickson did not immediately approve of the congress. In fact, he did not give the go ahead until June. I believe he was testing my motivation, so I persevered with continued requests. The congress was the first professional meeting I had ever organized. It was my gift to Erickson. For more than six years I was his student, but he never charged me for his service. He was clearly interested in helping me grow and not in what I could pay him, which wasn't much in those days. The congress was also an opportunity for the psychotherapeutic community to join me in celebrating his contributions to the field.

Unfortunately, Erickson died in March of 1980, eight months before the congress was held. At first, I was uncertain if the Erickson family would sup-

FACETS & REFLECTIONS



Dear Jeff-

14, October 73

Forgive my delay. Ellen told me a week or + ago that you wanted some info - but your address card (which was also my Reminder) was some how lost between here & Tucson. I will have to send this thru Ellie.

My father is indeed the same one about you have read. He has always enjoyed working with serious students, and we do have a small but steady flow of them in and out. Dad is physically handicapped, and he is an older man as you are aware; but he is still active seeing patients, writing, and working with other students.

It will be appropriate for you to write my Dad. Tell him you educational & qualificational background, & to let him/us know when & for how long you can come to Phx

Incidently - the latest book. Uncommon Therapy is due to be Reviewed in the coming issue. It was already reviewed by the New Yorker - not entirely complimentary I must admit it was a pleasure to see it Reviewed in such a magazine.

Whatever happened to your room-mate? I forgot his name but he was such a nice guy.

It will be nice if you can come to Phoenix

Roxanna

Response letter from Roxanna Erickson Klein to Jeff Zeig

port me in moving ahead with the congress. But it soon became evident that they wanted me to hold the meeting. The congress was a success. And fortunately, before Erickson died, he knew that 750 people had already registered for the event, and that broke a record for a hypnosis meeting.

Mrs. Erickson spoke at the convocation, along with Kristi Erickson, who took Erickson's place on the Foundation's board of directors. Mrs. Erickson quipped that if Erickson had been alive to experience the congress, he would have said the same thing he did at other tributes: "If only Mom and Dad could see this…"

Keynote speaker, Jay Haley, addressed the convocation, saying of Erickson, "His originality and ideas, his ethical conduct, and his generosity set an example for all of us…he also set an example about how to deal with personal handicaps…He had the courage to rise above his pain and difficulties and to make use of them to live an active and long life of hard work." (Zeig, 1982, p. xxi)

As a professional, I am what I am today because of Milton Erickson. A half century ago seems like yesterday because I am still learning from Erickson and continue to be influenced by him. I have never been more impressed by someone than I was with Erickson. Erickson lived in a remarkably joyful way, despite his pain and limitations. He deeply understood the human predicament and he elevated people with humor and love. I am eternally grateful for knowing him and for his tutelage.

A Marriage Ceremony and the Gift of a Christmas Tree

The following excerpts are from stories written by both Stephen Lankton and Carol Hicks about an experience they had with Erickson more than 30 years ago. Lankton and Hicks were married in 1979, and although they parted ways in 2001, their stories about Erickson and his indirect suggestions live on.

Stephen Lankton: We spent a part of Erickson's last Christmas season with him in late December 1979. Our story began when Carol and I were engaged to be married. I called Dr. Erickson and asked him if he would perform a ceremony for us. He said, in his usual cryptic way, "I look forward to the ceremony with your wife," which I took to mean that after Carol and I were married, I should ask again.

Carol Hicks: He graciously agreed to do an informal wedding ceremony and then allow us to participate in training…Christmas was approaching but the only decoration in his living room was a Santa hat on a bust of himself. We asked why he didn't have a tree set up.

SL: He said that he did not want to get a tree and decorate it—that it was too much effort now that the children had grown and departed. He added that his trees were out in his yard … Eventually we were asked where we wanted to do the ceremony and what we wanted him to say. I responded that I had not even anticipated the question since he had never been at a loss for words before and he always seemed to be the master of ceremonies.

We recall the first few sentences vividly. He began by saying, "First, I want to admonish the two of you." There was a pause. In the moments that ensued I remember the pangs of guilt-associated memories that flooded my mind. I remember all the stories of associates who had suffered admonitions from Dr. Erickson. In over four and a half years I had visited him he never was critical of even my worst behavior (and he had plenty of reason once or twice). Anyway, I recall thinking, "Oh no, this is not the way I wanted it to go." Then he followed with, "You're both blind!" I was sure that I should have given him guidelines about what we wanted…this was going all wrong! After about 30

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Facets & Reflections

seconds, which seemed like an hour, he added, "But, don't worry…it's clear up and you'll begin to see each other's faults." And again, after a pregnant pause he continued: "And don't give up any of your faults because you are going to need them to understand and *accept the faults* of your partner."

We smiled and began to chuckle as we realized that the initial innuendo was a paradox, a joke, and at the same time an important piece of advice…. Before we had time to appreciate the more subtle aspects of the paradox, he added, "Look forward to the days when you can look back." And again, after a short pause but before we could appreciate all the meanings that seemed to be implied, he added "And leave a trail of happiness."

Minutes later Carol lifted her arm in jerky cataleptic movements…and I thought to myself, "She seems to be in a trance." But it didn't occur to me that we both were standing there in trance… Except for the idea that we should stay married for 84 years (we did question his mathematics) we have an amnesia for all the paradoxes that followed…When we were finished, Dr. Erickson directed Mrs. Erickson to pick a purple passionflower and give it to Carol.

CH: We did the ceremony and when the other students arrived the training started. Erickson told many stories but the one we primarily remembered was about the man he had to educate in matters of intimacy. This tale included how to shop for his wife and culminated with much detail about the proper way to give a Christmas gift. This case is documented elsewhere but the prime directive was this: Present the gift to the recipient with the words "Merry Christmas" and a firm kiss upon the lips.

SL: Dr. Erickson related a few familiar stories that he often shared in his more-or-less introductory training seminars. One story was that of "Ralph." (Zeig, 1980, p 273)

That evening we left his office, and due to the proximity of Christmas, wondered about an appropriate gift that we could present to Dr. Erickson the next day. First, we bought a "window" of sandwiched layers purple hued sand and then looked for something more personal and meaningful. We found a penultimate decoration store and bought a Christmas tree and all the trimmings—lights, stars, tinsel, Santas, balls, bells, angels, candy canes, etc. We never decorated a tree like we decorated that one!

The next day we returned with our tree and the small gift. Dr. Erickson seemed pleased with the tree but not surprised.

CH: I shyly told him that we had a present for him and that he could open it now or wait until Christmas. That's when he began to shake his head reproachfully and he said, "Yesterday I told you a long story about the proper way to give a Christmas gift." So that's what I did. I said, "Merry Christmas Milton," and gave him a firm kiss on his paralyzed lips. He then smiled at the group and said, "Isn't indirect suggestion wonderful?"

We returned home the next day to have our first Christmas together and we gave our gifts properly. This practice resolved a longstanding sense of letdown I had always experienced at the end of the Christmas gift giving ritual. Although the presents were nice, and the love was real, what I realized was missing, of course, was the interpersonal connection and dedicating the gifts personally, sealed with a kiss as Erickson suggested.

SL: After we got home, we realized how little we remembered of our time in Phoenix. So, we arranged to get a copy of the audiotapes of the training sessions. We listened with interest to stories that seemed relevant for a newly married couple. But our interest suddenly piqued when we heard something very surprising that we hadn't remembered. We heard Dr. Erickson giving a clear directive to Ralph:

> *"I didn't want to go with Ralph to buy the Christmas tree. It was too much of a hassle. So, I told him, 'Go get a Christmas tree and decorate it with all the trimmings…'"*

So, we realized the motivation to buy and decorate a Christmas tree had not been ours alone; it was co-created with Dr. Erickson.

CH: We were stunned at first thinking that via embedded commands shrouded in amnesia, he had made us buy a tree for him. But no…none of the other students hearing the same story had come in bearing a tree the next day. Only we who had been hounding him about why he didn't have a tree. He had given us permission, via indirect suggestion and metaphor, to get him a tree adorned in the manner he preferred and thoughtfully detailed in the story.

SL: Although a dozen other people had heard that story and its directive, our tree stood alone in his office. I should have known why Dr. Erickson was not entirely surprised at our gift of a tree. At the end of that last session, I began to ask him, "Do you want me to…" and he interrupted with, "Yes, put it in the living room."

Stephen Lankton, Carol Hicks, Milton Erickson

Bust of Milton Erickson with a Santa hat

Christmas tree gift to Erickson from Hicks and Lankton

Book Review

The Uber Psychologist: Enhancing Compassion

By Maverick McGovern

Published by BooxAi
Copyright 2023 Maverick McGovern
ISBN 978 965 578 184-7

Reviewed by John D. Lentz D. Min
Shepherdsville, KY

The Uber Psychologist is a fitting title with a double meaning: The book is about the experiences of a psychologist who is also an Uber driver and the meaning of *uber* in the German sense of the word. McGovern is an outstanding example of someone with compassion and humility. He writes about the people he transports, and he seems to be continually searching to do good for them, not just by being courteous but also by offering direct and indirect wisdom he accumulates from being a psychologist for many years. His dedication to making a difference is expanded by his interests in stoic philosophy and respect for his heroes, including Milton Erickson, Jeff Zeig, and Steven Gilligan. After reading the first 35 pages, I wrote to the author saying that I was now one of his new professional admirers.

In addition to a prologue and epilogue, this book has chapters with titles such as *Meditations and Hypnosi*s, and *Stoic Learnings.* There is also an impactful series of quotes at the beginning of each chapter.

McGovern offers us a glimpse into his encounters with approximately 100 Uber passengers. His stories from the last several years take in the height of the Covid pandemic when he needed to ask riders to wear a mask and reactions became opportunities for him to engage more deeply.

His many passengers are those you would imagine. Among them are college students, businesspeople, and some just needing a lift to their car. His description of each person, good and bad, and their situation and humanity touched my heart. I like how McGovern cared for all of them, even when some made it difficult.

It is evident how the author's background of growing up in an orphanage as well as his humility about his own situation are what led to his becoming not only a psychologist but also an Uber driver. His enhanced compassion for such a wide range of people who cross his path helped me to connect with my own humanity. He demonstrates the art of being able to decide when it is helpful to share his own thoughts about current events and politics with his riders and when it is not.

This book is inspiring. McGovern's compassion is contagious and his determination to be who he is and to help as many people as he can is awesome. I recommend this book for all of these reasons.

Foundation News

Media Reviewers Needed

As our newsletter readers are aware, we try to bring you informed reviews of current and relevant books and media in the field. If you enjoy reading and writing and would like to work as one of our newsletter media reviewers, please contact John Lentz at: Lentzhome@aol.com. Reviewers will get a complimentary copy of the book or DVD they are reviewing. "It is gratifying to give individuals the opportunity to write a review and then to see their own words published," Lentz says. "A process of professional affirmation and validity comes with the experience of writing a review and putting it out for peer evaluation."

Wizard of the Desert – The Life of Milton H. Erickson

The documentary about the personal life and career of Milton H. Erickson by Alexander Vesely is available for streaming on Vimeo.

"In 'Wizard of the Desert,' we see an extraordinarily gifted and extremely disciplined man in a wheelchair, whose victories over severe pain, paralysis and life altering medical conditions continue to inspire awe long after his death. Uncompromising in the demands he placed on himself and his family, Dr. Erickson's story redefined medical philosophies and continues to mesmerize students and audiences alike."

To view the film please visit https://vimeo.com/ondemand/wizardofthedesert.

Erickson Historic Residence Accepting Donations

The Erickson Historic Residence, a unique small museum, offers locals and people from around the world the experience of visiting the final residence of Dr. Erickson, where he lived and worked for the last decade of his life.

Built in 1952, the home is more than 60 years old and is often in need of repair and rejuvenation. Last year we were able to repaint it and do a few structural repairs, but as with any older home, there is always more to do to maintain its upkeep.

For more information on the museum, to donate, to take a virtual tour or book an in-person tour, please visit: https://www.erickson-foundation.org/historic-residence.

International Community

Interview with Mark P. Jensen, PhD

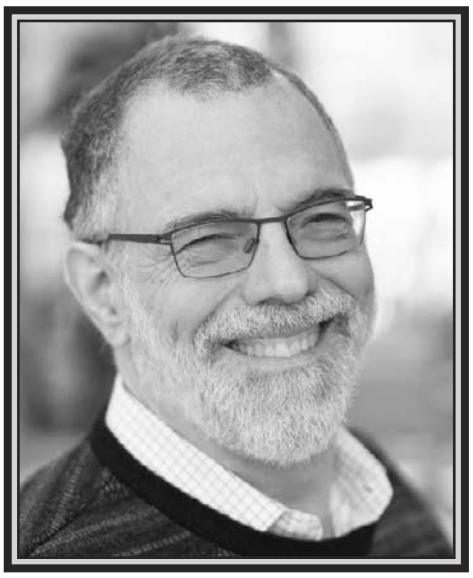
By John D. Lentz, D.Min.

Mark P. Jensen, PhD, is a professor and vice chair for research in the Department of Rehabilitation Medicine, University of Washington School of Medicine, Seattle, Washington. For more than 30 years, Dr. Jensen's research program has increased our scientific understanding of pain, pain assessment, and the most effective methods for managing pain. He has been at the forefront of research to develop and evaluate the efficacy of patient-controlled pain management approaches, including cognitive therapy, activity management, mindfulness, and hypnotic approaches.

Dr. Jensen is the author of 11 books, more than 40 chapters, and more than 600 articles published in peer-reviewed scientific journals. He has served on numerous editorial boards, having served as a consulting editor for the Annals of Behavioral Medicine, associate editor for Archives of Physical Medicine and Rehabilitation, and associate editor for The Clinical Journal of Pain. From 2010 to 2022, he was the editor-in-chief of The Journal of Pain.

Dr. Jensen has received numerous awards for his writing and scientific contributions, including the 2004 Roy M. Dorcus award for Best Clinical Paper from the Society of Clinical and Experimental Hypnosis, the 2009 Milton Erickson award for Scientific Excellence in Writing from the American Society of Clinical Hypnosis, the 2011 Arthur Shapiro Award for Best Book on Hypnosis from the Society of Clinical and Experimental Hypnosis, and the 2012 American Psychological Association Division 30 Award for Distinguished Contributions to Scientific Hypnosis His handbook for clinicians, titled Hypnosis for Chronic Pain Management, published in 2011 by Oxford University Press, won the Society of Clinical and Experimental Hypnosis Arthur Shapiro Award for Best Book on Hypnosis.

Dr. Jensen has served on the board of directors for the International Society of Hypnosis (ISH) for 10 years, and he is the current president of ISH.



Mark P. Jensen

The following interview was conducted online by John D. Lentz, D. Min, while Dr. Jensen was consulting in Hanoi.

John Lentz: Could you tell us something about basic assumptions that underlie the International Society of Hypnosis?

Mark Jensen: Hypnosis does not belong to any one country, any one culture or people. It is about responding to and helping clinicians all over the world improve their practice in hypnosis. Yet, every country and every culture have its own take on how to use hypnosis and how to make it effective. We have a great deal to learn from each other.

JL: One of the things that I've liked about the ISH meetings is that people freely share. There's no real competition between countries. It just feels good being in a group that is so respectful and kind.

MJ: It's so much of a brotherhood, a sisterhood, a family, where people treat each other with respect. That culture has been set up from the start. And as you've alluded to, it is deeply enriching to communicate with others about what they know and how they use hypnosis. And it's especially enriching when you do so internationally. You can pick up fascinating new perspectives.

JL: The international scene has always been exciting.

MJ: Beyond the international meetings, ISH also provides virtual events that are opportunities for us to connect. As we say in the society, "build bridges of understanding." My life has been improved dramatically because of my involvement with hypnosis, including my scientific life, my research life, and my social life. But it's almost exponential when you add an international piece to it. As an ISH member, I find that contributing to the society's goals and making my perspective international just enriches life even more. And life is short. Why not have an enriched life?

JL: Yes, I too have noticed how people in different countries treat hypnosis differently and/or apply it. What differences have you noticed?

MJ: That is interesting. I haven't thought about it in terms of differences. I think the practice of induction certainly differs from person to person, but also from culture to culture. In the American culture, we tend to facilitate clients into a state of receptivity using direct versus indirect approaches. But I think in other cultures there's more poetry to it, and in some there's more music to it. There are differences in terms the length of the sessions from culture to culture. And some inductions just go on and on, while others tend to be briefer. Metaphor is also widely used in some countries, and less in others.

While the differences are important, it's also interesting to learn about what is shared across different cultures and countries as well. When you learn from people across borders, you get a deeper understanding of what is human.

JL: Yes, the differences do help me to see the similarities. One of the things I've seen is a movement to distill aspects of hypnosis so that it's more streamlined in application. To do it in a succinct fashion is masterful.

Now, during your year of presidency, you've had informal online meetings called, *Coffee with the President*, and you've also started doing online trainings. What do you see coming next?

MJ: Of course, as all of us are aware, this ability to connect via the World Wide Web and Zoom and things like we're doing right now was facilitated and necessitated by COVID. And so, it's perhaps one of the silver linings of that horrible pandemic. We now understand how it is possible to make connections more frequently.

Traditionally, ISH has had a meeting every three years. We learn from each other and have a great time. And then, we wait for three years until we do it again. In that format, the friendships that develop can take time. But with the use of the Web, we're able to connect much more often and get to know each other in a deeper way and keep that connection going. The *Coffees* have been a highlight for me. I get to connect with friends. Even friends within my own country show up, like you, and we get to know each other better in ways that we couldn't with just meetings alone.

So, it really gives us another opportunity to connect and to learn with the use of the webinars. We see each other in the webinars, but we can also learn from each other. It also gives people a chance to teach and more opportunity to disseminate their ideas to a greater audience—what they've learned and discovered.

JL: Teaching or learning from people around the world has become an unexpected benefit of COVID. It has changed the way people view distance learning.

MJ: And in this way, I think it accelerates all the benefits of hypnosis. We learn more, we learn more often, and we connect more. The key idea behind the ISH is to build bridges of understanding, and to make positive connections, all to the benefit of the people of the world.

JL: I think of the bridges and connections as being deeply spiritual in a broad way.

MJ: Yes. For me, the core meaning is living a meaningful life. It comes from working in this field, and working with colleagues whose goal is to be of help to others. It facilitates us to more effectively help others. There's no greater meaning to me than that. And so, our work becomes a spiritual journey, which is wonderful. That's one of the real benefits of the community.

International Community

JL: How do you feel when you go places and people recognize you? Does that bother you?

MJ: I'm a bit of an introvert, so recognition isn't that rewarding for me. But what is rewarding is when people say that their lives have changed, and even more so, the lives of the people who they're working with have changed. I always tear up when people tell me that they attended a workshop and something sparked or something I taught them helped them to become more effective with a client, and the client's life was much better because of that. That's the real benefit. It's great to hear from clinicians that the things they're learning, not just from me, but from colleagues, make them more effective therapists.

JL: Well, I want you to know that for years I've been teaching my students one of the approaches that you use to help people decrease pain. People are amazed at how easy and effective it is. And it's one of those things that I get to pass on. I tell them when I teach them, "Mark Jensen taught me this."

MJ: Well, I'm also a bit shy, and get a little squeamish when hearing praise. But to hear that it's easy for people and it's effective, that part is very meaningful. So, thank you for sharing that.

JL: You're welcome. I've used a variation of it with a young man, combining your idea with one from Sidney Rosen. Rosen taught 1,001 induction techniques, and one of the things he talked about was to do two or three things at the same time and induce a self-trance where you can impact your body and abilities. This young man had an eyesight problem, so I had him do your technique with the hands and the feet while he was walking, with the understanding of wanting his eyesight to improve. He couldn't drive to come see me. After two or three weeks of doing that, he could drive to my office for a session.

MJ: Wow. It's lovely to hear these stories about things that people can use. And it still amazes me that not everyone in the world is doing this. But we're doing what we can to get the word out there. Of course, to get the evidence out there, I do it wearing the scientist hat, because that foundation is important and necessary, but not sufficient.

JL: Right. Mark, what do you want to say that we haven't already touched on?

MJ: Well, we haven't talked much about the science of hypnosis and research, which is a big piece of what I do, not in my role as the president, but in my day-to-day work. I spend a great deal of time writing grants to fund research studies. I collect data and analyze it to write papers. There are scientists around the world who are doing the same, and that's an ongoing effort. Science is slow, but as a research community, we are building a knowledge base that clinicians can use both to be effective. But they can also use it to make clear to their clients and to the press that this is a scientifically-based, effective approach, not magic. It's how the brain and body work.

JL: I'm glad you brought that up because I believe that clinicians can get the most creative approaches from science. What research uncovers becomes new techniques. I have a pet experiment I would love for someone to do. When I talk about hypnosis or trance, I speak about a positive and a negative trance. A positive trance is one that expands your options. A negative trance is what happens when people have problems. They are narrowing their field of options, and they see limited options. I believe that in an MRI we could see the difference between those two trances.

MJ: Yeah, I'm certain of it.

JL: I would love for someone to do it so that it could be written up. Do you believe that there would be that difference?

MJ: Yes. It's reminiscent of the behavioral inhibitions and activation systems models. Those aren't that well known, but some people know about those. Hans Yogi Bell has written about that, and I've written about them as well, which is that every mammal and some non-mammals operate with two systems that are working at the same time, yet they work against each other. We have gas and brakes and to drive a car effectively we must have both. To survive, you must be able to put on the gas when you need to and put on the brake when the activation system is fully operational, and it's hypothesized that we are using a different neurological system.

JL: Really?

MJ: Different neurons involved; different parts of the brain involved that are fully operational. When a person experiences himself in a safe environment there is an openness, ready to approach, ready to go, ready to absorb. And then when there's a signal or sign that the environment is dangerous, then it switches to the inhibition system. Then we shut down, close up. We become extremely focused on protecting ourselves, and it's necessary. It feels bad and it is anxiety producing, but in the right context, it keeps us alive. There's a reason we have a negative trance, because if we didn't, we would die. And hypnosis can help people identify that it's possible to be in the activation system much more than usual. Unfortunately, our clients usually have their inhibition system on full bore. They're protecting themselves. They've been hurt, traumatized.

JL: Right.

MJ: And I think hypnosis operates via these systems specifically.

JL: You're the first person who agrees with me and elaborates on it. So, I am thrilled to hear you talk about it. And look forward to someone proving by an MRI that there are physical differences between positive and a negative trance. That will fully demonstrate what you just said.

MJ: Yes, absolutely.

JL: Mark, as always, it has been a joy to get to be with you, even though this opportunity is brief. So, thank you very much for being willing to meet with me from Hanoi.

MJ: It has been my pleasure.

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2023		
12/12-17	Evolution of Psychotherapy Conference / Anaheim, CA / Invited Faculty	1.
2024		
1/5-2/23	Intensive Training Online – Level A / Virtual / Lilian Borges, M.A., LPC, Brent Geary, Ph.D., Stephen Lankton, LCSW, DAHB, FASCH, Dan Short, Ph.D., Jeffrey Zeig, Ph.D.	2.
1/11-14	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	3.
2/18-25	Master Class and Advanced Hypnosis Workshop (Spanish) / Mexico City, MEXICO / Zeig	4.
3/1-4/19	Intensive Training Online – Level B / Virtual / Borges, Geary, Lankton, Short, Zeig	2.
4/11—14	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	3.
5/4-5	Couples Conference / Virtual / Invited Faculty	2.
5/10-6/28	Intensive Training Online – Level C / Virtual / Borges, Geary, Lankton, Short, Zeig	2.
6/20-24	Master Class in Ericksonian Psychotherapy / Crete / Zeig	5.
7/12-8/30	Intensive Training Online – Level D / Virtual / Borges, Geary, Lankton, Short, Zeig	2.
7/11-13	Training in Ericksonian Therapy / Virtual (Guanghzou, China) / Zeig	6.
8/8-11	Master Class in Ericksonian Psychotherapy / Tokyo, Japan / Zeig	7.
8/15-18	Master Class in Ericksonian Psychotherapy / Taipei, Taiwan / Zeig	8.
9/6-10/25	Intensive Training Online – Level E / Virtual / Borges, Geary, Lankton, Short, Zeig	2.
9/14-15	Depression and Anxiety: Advancing Treatment Conference / Virtual / Invited Faculty	2.
11/1-12/27	Intensive Training Online – Level F / Virtual / Borges, Geary, Lankton, Short, Zeig	2.
11/14-17	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	3.

Contact Information:

1) For information: Web, www.EvolutionofPsychotherapy.com
2) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org; Web, www.erickson-foundation.org
   Couples Conference: www.CouplesConference.com
   2024 Intensive Training Program www.erickson-foundation.org
   2024 Anxiety and Depression Conference www.erickson-foundation.org
3) For information contact Stacey Moore: Email, SJMTJM@msn.com ; For information on virtual programs with Jeffrey Zeig including virtual courses with Spanish translation visit: www.jeffzeig.com
4) For information: Email, sandra@ccipmexico.com
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7) For information: Email, airsoulaqua@gmail.com
8) For information: Email, mdjeffreytsai@gmail.com

Note: *Due to the current global public health situation some of the above trainings may be postponed, cancelled, or modified. Please use the contact information listed for the most updated information.*

For Upcoming Trainings, ad rates / specifications visit https://www.erickson-foundation.org/newsletter-archive or contact Karen Haviley: karen@erickson-foundation.org. A $25 fee per Upcoming Training listing is required. Deadline for the April 2024 issue (Mail Date: mid-April) is February 15, 2024. All workshop submissions are subject to approval by the Erickson Foundation.

CONFERENCE NOTES

***Due to the current global health situation some of the dates, venues and format for the following conferences may change. Please contact each organization directly for the most updated information.**

The Evolution of Psychotherapy Conference will be held December 12-17, 2023 at the Anaheim Convention Center in Anaheim, California. Information regarding invited faculty, conference agenda, registration, exhibits, and hotel accommodation is available on the conference website: www.EvolutionofPsychotherapy.com Early registration rates are available.

2024 — The American Society of Clinical Hypnosis (ASCH) will hold the 66th Annual Scientific Meetings and Workshops, "Hypnosis and the Healing Relationships," February 22-25, 2024. This is a virtual event. Abstract submissions will be accepted beginning mid-June. For conference information and to register visit https://www.asch.net/aws/ASCH/pt/sp/asmw Email, info@asch.net

The 2024 Psychotherapy Networker Symposium will be held March 21-24 in Washington, D.C. at the Omni Shoreham Hotel. The event also will be held online. For event information and to register when available visit PsychotherapyNetworker.org

The Couples Conference, "Models of Couples Counseling: Contemporary Contributions," will be held May 5-7, 2024. The event will be held online and is sponsored by The Milton H. Erickson Foundation, Inc., with organizational assistance provided by The Couples Institute, Menlo Park, California. For complete information visit the conference website: www.couplesconference.com

The International Society of Hypnosis (ISH) and the Polish Milton H. Erickson Institute will hold the XXII World Congress of Medical and Clinical Hypnosis, "Cooperation in Hypnosis. Challenges and Benefits," June 12-15, 2024, in Krakow, Poland. For complete information visit https://www.ishhypnosis.org/ or Email, info@pie.pl

INTERVIEW

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has limited what it considers avenues of intervention to emotions, behaviors, thoughts, and chemistry. So, if it does not fall within those four things, then we don't talk.

Now behind closed doors, however, there is this whole element of mental health professionals and others that you call spiritual, religious, et cetera, that I would define not so much by their background and training but by what they say and do. We have something to learn from those folks because they're tapping into a group of people that we may not see in our clinical offices, and they may be doing something that, if we did do it, could change that landscape.

JL: You said something that makes me rethink my position about the Baptist seminary. The Baptist seminary offers a degree in Biblical counseling, so you can work in a church and give advice based on the Bible. I have thought, "Well, none of that's taking into account any of the research or the science that we have done on psychological development and changes." Yet, what you are saying is that people responding to the Consumer Reports questionnaire basically like spiritual counseling more.

SM: Yes, they found these relationships more helpful and stronger. Much of this is about lowering barriers to access. So, many years ago, I was doing a workshop, and all this stuff percolates in the back of my mind for an extended period. I am in Virginia, and I'm doing this presentation in a church that has volunteered the space for this workshop. In attendance are a lot of ministers. There are other mental health therapists as well, but lots of ministers. I am talking about something I think is borne out by the research: *"Help and Help Now! Do not wait five visits. Do not do this lengthy assessment before you start helping because the client doesn't know that they're not supposed to be helped during those first five visits where you're doing your assessment. So, get started!"* And this man raises his hand and says to me, "I am a minister." I say, "I am glad you came." He says, "We have been advised that we can't help people if they have a real problem."

JL: (Makes a questioning face.)

SM: That was my exact face. I was like, "What are you talking about?" He said, "Yes, well, if somebody comes to us for a little counsel or advice, we can help. But if they have a real problem…." I said, "What do you mean, like a DSM diagnosis?" He said, "Yes, then we have to refer that person to a mental health professional." And I thought, "Oh, so you can only work with people who have fake or insignificant life problems?"

So, for many people, here is the first point of access. They talk to a trusted spiritual advisor, and the message from leadership is get them to someone who knows what they're doing, when in fact, I can't see any evidence that the council a mental health professional office is going to differ greatly in terms of its impact than the impact of talking with a trusted spiritual advisor, aunt, or uncle. There are clear advantages to talking to a mental health professional versus your aunt or uncle, but they are not mostly outcome variables. They probably had to do with privacy, right?

JL: Now, I anticipated that you would say things that would be shocking to me, but I could not have anticipated that you were going to shock me like this.

SM: And I'll tell you another thing that is shocking, John. When I did the presentation on magic at the 2017 Evolution Conference, what was most surprising to me was how many mental health professionals came up to me and said, "I talked to this psychic several times a year," or "I have my tarot cards read on a regular basis." You scratch the surface a bit and the professional veneer starts to peel away. And it is not that everyone does that, and I'm not suggesting you do tarot cards or read a crystal ball with your clients. My thought was, "What is it we can learn from those folks that we are not presently doing because of our own narrow view of our work?"

JL: And that is what you have done.

I want to thank you for sharing with us. You are making a difference.

SM: Thank you for saying that. I enjoyed our conversation.

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