



THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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INSIDE THIS ISSUE

INTERVIEW

Bill O'Hanlon Interviewed by
Jeffrey Zeig 1

CASE REPORT

Dogs Will Eat Anything 4

IN THE SPIRIT OF THERAPY

C. Alexander Simpkins, PhD, and
Annellen M. Simpkins, PhD 6

THERAPEUTIC FRAMEWORKS

Milton Erickson's Use of Implication 8

THERAPEUTIC FRAMEWORKS

Walk-in Psychotherapy:
A New Paradigm 9

INTERNATIONAL COMMUNITY

Paris, 2015: 20th World Congress
ISH - CFHTB 10

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I N T E R V I E W

Bill O'Hanlon

Interviewed by Jeffrey Zeig

Bill O'Hanlon studied with Milton Erickson in the 1970s. Strongly influenced by Dr. Erickson's work, he has written more than 30 books, and given 3,500 presentations to therapists around the world. O'Hanlon is a top-rated presenter at many national conferences, and in 2001, was awarded the Outstanding Mental Health Educator of the Year by the New England Educational Institute. O'Hanlon will be a keynote speaker at the upcoming Erickson Congress (www.ericksoncongress.com) in December. The following is part of the original interview for the Erickson biography project (www.ericksonbiography.com) and Foundation Archives.

Jeff Zeig: Can you tell me about



your introduction to Milton Erickson?

Bill O'Hanlon: In 1973, I was a work-study student at the Matthews Art Gallery at ASU. The main floor of the gallery was several flights up and

ickson." I said, 'I've never heard of him. None of my professors ever mentioned him.' The fact that Erickson lived in Phoenix was chiasmic for me. There was a *TIME* magazine in the gallery with an article called, "Svengali in Arizona." It had a case about a woman who was suicidal and Dr. Erickson essentially saved her life. I had been suicidal so it interested me. I was hooked.

Everything I read about Dr. Erickson fascinated and baffled me, because it wasn't what I had been taught. In 1976, I trained with Bandler and Grinder and they said, "You live right there...why don't you go study with Dr. Erickson?" I was shy at that time but worked up my courage and wrote a letter. I offered to do gardening and to write a biography on him, because his life story was so inspiring. Then I left town. When I returned, my roommate said, "The strangest man has been calling. He asks for the O'Hanlon gardening service. When I tell him you're not here, he just hangs up." Dr. Erickson called again early one morning and

...I was fascinated by his stories, but actually quite frightened of hypnosis. After I studied with him I got over that because he seemed so respectful and not manipulative.

the building wasn't wheelchair accessible. Being the psychotic optimist that I am and also feeling bad for this guy in a wheelchair, I offered to get Dr. Erickson upstairs. Later, a fellow student said, "Do you know who that was?" I said, 'No.' She said, "Well, you're in psychology. You should know. He's a famous psychiatrist... Dr. Milton Er-

said, "Don't you think you ought to survey the territory before you decide to take the job?" Well, that stunned me, and no doubt threw me into a trance.

I was a hippy at the time and as a good hippy I wanted to wear my best clothes to meet him. So I had my girl-

INTERVIEW continued on page 18

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EDITOR'S COMMENTS

When I was 7 years old, my father said to me, "If you're working too hard, you're using the wrong tool." While he was only referring to different sizes of crowbars, his statement fueled an epiphany that changed how I look at life. Energy and effort are okay, but struggle is not always necessary. If you find yourself struggling: stop and reevaluate. Decades later, Milton Erickson drastically changed my perception by saying, "Look at things from every possible direction." Of course, he had been talking for nearly an hour prior to imbedding that instruction, and my unconscious had been opened wide for suggestion. From that point on though, "every" meant not just what I could see at any given moment, but that everything is filled with possibilities, even if I cannot see them yet.

This brings me to both this issue of the Newsletter and *The 12th International Congress on Ericksonian Approaches to Psychotherapy* (www.ericksoncongress.com), held this coming December, as both celebrate possibilities. Bill O'Hanlon*, presenting a keynote in December, is a master of possibilities, and also the subject for this month's *Featured Interview*. O'Hanlon was interviewed by Jeff Zeig* who conducted the interview as part of the Erickson biography project (and for the Foundation Archives.)

Another master of possibilities is Eric Greenleaf.* His *Case Report* demonstrates how, in our service, the unconscious can be open to many perspectives. All we need to do is give it direction.

In *The Spirit of Therapy*, a wonderful dance is conducted as both interviewer and interviewees take turns leading and following. John Lentz* continues the interview of C. Alexander* and Annellen* Simpkins more in-depth, into their spiritual perspectives—a meaningful expansion of their *Featured Interview* in the last issue.

There are two contributions to *Therapeutic Frameworks*. The first is by Steve Andreas.* It is an insightful presentation of Erickson's use of implication. I appreciate how Andreas is able to distill a complicated and subtle Ericksonian element into easily accessible concepts. The second contribution is an extension of last issue's



review of Michael Hoyt's* and Moshe Talmon's *Capturing the Moment: Single session therapy and walk-in services*. Monte Bobele and Arnold Slive expand on the concept with *Walk-in Psychotherapy: a New Paradigm*. I enjoy how they point out that the paradigm is new for therapists, but not for clients.

For *International Community*, our ambassador-at-large, Marilia Baker*, interviews Claude Viro*[†], chairman of the 20th World Congress of the International Society of Hypnosis – and as one would expect from Baker, the interview is filled with energy and life.

The Erickson Congresses have gained a reputation for offering a goldmine of practical how-to nuggets for beginners, as well as seasoned therapists. As a balance, philosophical and historical Ericksonian perspectives provide pegs upon which to place these nuggets. Our reviews in this issue provide such pegs.

Alex and Annellen Simpkins review John Lentz's latest book, *Double-Binds: The DNA of Emotional and Mental Problems and How to Make Use of Their Positive Potential*. (I love short titles.) This book is amazing, as Lentz is not known for treating easy cases. That said, it seems appropriate for him to review George Gafner's, *Therapy with Tough Clients*, and he follows with a review of Douglas Flemmons'* and Leonard Gralnik's, *Relational Suicide Assessment*. For a change of pace, Lentz also reviews Bill O'Hanlon's seminal DVD, *Solution-*

Oriented Family Therapy. What you need to know to be a successful professional in private practice ranges experiences from the nitty-gritty to the sublime. The tough stuff is nicely covered in Maria Escalante de Smith's book review of Lynn Grodski's, *Building Your Ideal Practice*. (They didn't teach me about this in graduate school.) The sublime is covered by Ruben Battino in his review of Jeffrey Zeig's book, *Psychoaerobics: An Experiential Method to Empower Therapist Excellence*. (I guarantee, they also didn't teach me this in my graduate education.) During a visit to our Institute, Zeig had walked us through some of his Psychoaerobic Exercises. It was an awakening experience.

The remaining reviews offer pegs upon which we can organize our experiences. Roxanna Erickson-Klein reviews Richard Chefetz's, *Intensive Psychotherapy for Persistent Dissociative Processes*, and offers high praise for the book. The Simpkins add their insight in two reviews of Robert McNeilly's* work: his book, *Creating*

Connections Vol. 1: Selected Papers of Rob McNeilly, and a Web-based conference: *A Festival of Ericksonian Voices*. Both provide a vision of therapy, as seen through many eyes.

So I end where we began: spending time with Erickson. As Richard Hill says in *The Beginner's Mind*, "...through the lens of his many fascinating cases, Erickson carefully discussed the most important things about being a therapist." This is wonderful review of *Volume 3 of The Complete Works of Milton H. Erickson – Opening the Mind*.

Please join me this December 9-13 at *The 12th International Congress on Ericksonian Approaches to Psychotherapy* for a definitely mind-opening experience; one that is truly "A Festival of the Mind."

*denotes Congress faculty.

Richard Landis
Orange, California

THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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The Milton H. Erickson Foundation is calling for proposals for the 2016 Brief Therapy Conference, which will be held from December 8-11, 2016 in San Diego, California. Those interested in presenting a Solicited Short Course on the topic of short-term therapy methods (or closely related area), must submit (1) a 200-word presentation summary, (2) a 50 word abstract, (3) three educational objectives, (4) three true/false questions to be used for continuing education purposes and (5) curriculum vitae of all presenters in your program. Due to limited space in the program, please submit only one proposal per presenter.

There will be approximately 18 total Solicited Short Courses. One and a half hours allotted for each Short Course on Thursday, December 8, 2016 from 9:45-11:15 AM, 11:30 AM-1:00 PM, and 2:15-3:45 PM.

Short Course faculty receive complimentary registration for the Conference, but pay their own expenses for food, lodging, and travel.

All proposals must be submitted online at BriefTherapyConference.com.

We no longer accept hard copy submissions.

DEADLINE: Proposals must be submitted online by January 24, 2016.

Acceptance or rejection will be sent by March 17, 2016.

EricksonFoundation.org

C A S E R E P O R T

Dogs Will Eat Anything

By Eric Greenleaf, PhD

Several months ago, I found myself in the midst of a terrible conflict. Two people, with whom I had close professional and personal ties, and with whom I shared a common project, fell into a serious dispute -- one accusing the other of a crime. Worse than that, each party represented powerful institutions, with which I had important connections.

I attempted to mediate; offering a plausible solution to both sides, but was refused by both. To my dismay and discomfort, the more I tried to solve this dilemma, the more the two parties began to turn their suspicions and mistrust toward me. So I backed away, feeling uneasy, nervous, and despondent. The parties consulted lawyers -- positions hardened; empathy dissolved.

For several nights I slept fitfully, thinking about what to do. Any ideas or strategies I settled on would be unwelcome by one party or the other -- and lead to a dead-end. I felt awful.

One morning I awoke early, and my wife turned to me and said, "I feel a sense of dread." I knew the emotion was mine, not hers, and realized I did not want her to feel that way, and that I must do something -- but what?

That evening, I decided to give the problem to my unconscious. The next morning I awoke refreshed. Nothing had changed, but I felt happy, and the feeling lasted.

Later that day, out of nowhere, I had a thought: 'Dogs will eat anything. They will eat feces, vomit, dead insects and birds, etc., and then, often just burp and trot away without ill effect.' Then I had another thought: 'Lola, our wonderful Standard Poodle, must have eaten the whole mess. It didn't affect her, and I was free of my troubled state.'

Commentary

While teaching Ericksonian approaches, I've emphasized the metaphor of the benign unconscious mind as an explanatory concept, and

the utilization of the unconscious mind as a therapeutic means toward healing. I've asked many people in workshops and in my practice to: 'Look at your unconscious mind, and tell me what it looks like.' People often see marvelous things, from a hacienda to the cosmos, with colors, shapes, sounds, textures, movement, and also distinct emotions.

When I ask people to see their unsolvable problem as though they were in a dream, they often have unique visions. And when I ask them to put the image of their problem into their unconscious mind, they see and feel things that help them to change for the better. I never saw my unconscious as my dog, Lola, but she does provide excellent service with eagerness and good cheer; she is an avatar for my unconscious!

Conceptually, I think of the unconscious as comprised of: the neurophysiology of the body, new learning, and the interpersonal emotions of three or more interrelated people. In trance, we relate to our unconscious, and so invite, in a context of novelty and new learning, the improvement of our bodies and interpersonal relationships. From the earliest times, the small, extended family group has determined our unique sense of self. It is our evolutionary heirloom. This includes generations of stories known and stories never spoken -- and secrets, which remain largely in the unconscious. The selves that that interpersonal atmosphere gives rise to, remain unself-conscious and feel (although cloudy) individual, decisive, and self-determined.

Dr. Erickson provided us with many examples from his own life in which he entered the unconscious in order to invite resolution of insoluble problems. He said:

"You go to a doctor and he says, 'I just don't know what to do for this. But it does need some care.' You've got a lot more confidence in that doctor than the one that tries to pawn something off on you that obviously won't work. He says, 'I don't know what's wrong with you but it obviously needs care. Now let's see what we can do about it.' **And you see yourself in the hands of somebody who will make a penetrating research into an insoluble**

problem." *Seminars of MHE #1 1962, pp. 47-8. [my emphasis]*

Dr. Erickson would often write letters to children about animals, real and invented, to help them, through stories, to learn, grow, and resolve troubles in life. I'm sure he would have loved Lola, as most people do. She is warm, smart, protective, affectionate, and fun, and will, if given the opportunity, eat nearly anything, including my problems!

Please send your unpublished, 800-word Case Reports to: training.MHEIBA@gmail.com

NEWS

Museum Update

Contributions by:

Roxanna Erickson-Klein, Kristina Erickson, and Marnie McGann

We at the Milton and Elizabeth Erickson Museum in Phoenix, Arizona continue to welcome visitors from around the world with enthusiasm and joy. Our concierge, Cecilia Gratz, is the primary tour director. Guests not only get a personalized tour of the home, Dr. Erickson's office, and grounds, but Cecilia complements the tour with color photographs, which are then emailed to visitors and recorded in our visitor book.

As mentioned in the previous Newsletter, the majestic, old Palo Verde tree that dominated the backyard, and of which the Ericksons were so proud, sadly, collapsed in a thunderstorm last fall. Following Ericksonian philosophy, the loss was turned into a positive gain -- with preservation of much of the trunk, which now serves as the focal point of photographs, just as the tree did during its life. Branches from the Palo Verde have been fashioned into key chains and pens, now available at the museum gift shop.

This year, along with archiving and preservation, the primary effort at the museum has been the development of the landscaping on the property. The transformation of the front and side yards to desert xeriscaping is nearly

complete, and existing foliage and cacti have been incorporated into the design. Also, more benches will be placed to allow visitors to enjoy the restful, peaceful, oasis that is found at the museum.

The Erickson family and Foundation continue in their efforts to add to the memorabilia displayed at the museum. We receive, and hope to continue to receive, important and meaningful item from family, friends, students, colleagues, and people around the world. Each of these is treasured and displayed, so that visitors can study and reflect upon the life and contributions of Dr. Erickson. Those of us who are active in preserving Dr. Erickson's legacy strive to give the museum personality, and a sense of the history of the professional and personal life of Dr. Erickson.

Although all Erickson family members contribute to the museum on an ongoing basis, three of Dr. Erickson's children, Robert, Roxanna, and Kristina are actively involved daily and give readily of their time and resources to develop and enhance the collections, display, and preservation of the Erickson home. Currently, Roxanna is spearheading an inventory project, which involves writing descriptions and archiving each donation, possession, and object at the museum.

Fundraisers and donations have further enabled development of the museum. In May, Roxanna Erickson-Klein was joined by therapist, Joyce Mills, in a benefit presentation entitled: "Metaphors in Everyday Life." This was the fourth in a series of fundraiser lectures that Roxanna has scheduled at the museum. The series has been well attended and received, and we are hopeful these presentations will continue on regular basis. In July, Jeff Zeig, Brent Geary, Steven Lankton, and Lilian Borges presented the 2015 Summer Intensives, which brought another group of students and visitors to our museum.

We are so grateful for the opportunity to develop the Erickson home and museum and appreciative of all who have assisted us in this effort. We hope you will visit, and believe you will find it a most rewarding experience.

For a tour of the museum please visit: www.erickson-foundation.org.

THE MILTON H. ERICKSON FOUNDATION

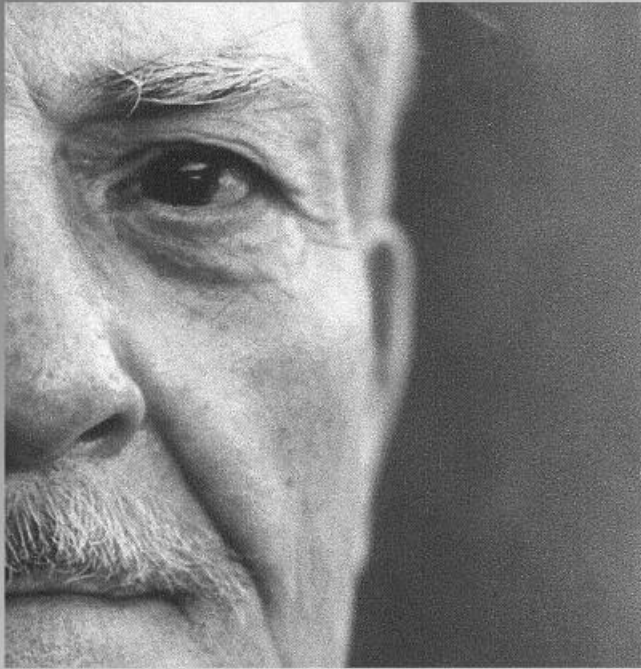
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IN THE SPIRIT OF THERAPY

Alexander and Annellen Simpkins

C. Alexander Simpkins, PhD, and Annellen M. Simpkins, PhD, have been teaching, researching, and practicing hypnotherapy and meditation for four decades. They also have been involved in neuroscience for 20 years. The Simpkins present workshops around the world on all of these topics. Avid writers, they have coauthored 28 books. Their books on hypnosis include: *Neuro-hypnosis* (Norton, 2010), *Self-Hypnosis for Women* (Radiant Dolphin press, 2004), and *Effective Self-Hypnosis with CD* (Radiant Dolphin Press, 2000). Their neuroscience books are: *Neuroscience for Clinicians*, (Springer, 2012), and *The Dao of Neuroscience*, (2010); recent meditation books are: *The Yoga and Mindfulness Therapy Workbook* (PESI, 2014), *The Tao of Bipolar Disorder* (New Harbinger, 2013), *Zen Meditation in Psychotherapy* (Wiley, 2012), *Meditation and Yoga in Psychotherapy*, (Wiley, 2011), *Meditation for Therapists and Their Clients*, (Norton, 2009), and the best-selling *Simple Series on Eastern philosophy: Simple Zen, Simple Buddhism, Simple Taoism, and Simple Tibetan Buddhism* (Tuttle Publishing, 1999-2002). The couple has performed research comparing Ericksonian hypnotherapy with psychodynamic therapy and is currently doing a neuroscience study of unconscious movement. They studied with psychotherapy masters, including, Milton Erickson, Jerome Frank, Carl Rogers, Lawrence Kubie, and Ernest Rossi; and neuroscience innovators, including, Vilayanur Ramachandran, Jaime Pineda, Paul and Patricia Churchland, and Stephen Anagnostaras. They have continued their affiliation with the Erickson Foundation, serving as Reviews Editors for the Newsletter.

John: You have written so many books that illuminate a non-medical path to healing, embracing the spiritual, in indirect and direct ways. Do you consider what you do as spiritual?

A & A: Yes. We have a deep feeling for the spiritual nature of our work.

We believe in the unity of mind, body, and spirit, and have always



maintained that transformation in psychotherapy is ultimately spiritual. It is an experience where people really change with an insight, an unconscious experience -- and then things are different. This process reaches to the deeper nature within that partakes of the spiritual.

As more is learned about the nervous system, we find science lending evidence for the importance of spirituality. Neuroscience is discovering correlations in the nervous system. An ever-growing body of research shows us that those who allow spirituality into their lives are healthier and happier. Human beings are wired for spirituality.

John: While your books on meditation and hypnosis are insightful, they also offer people hope because of your non-Western medical way of addressing problems. You have become evangelists for a more respectful way of addressing mental health and mental illness. Was this intentional, or did it arise from a spiritual place?

A & A: When people suffer from psychological problems, they are locked in a box of narrow possibilities --but far more is being expressed. The problem seems to be all about us, which keeps us going in a circle. But we are actually part of a greater whole,

where there are many more possibilities. The Yin/Yang graphic symbolizes this idea: that the whole always contains two opposites. The nonjudgmental attitude of mindfulness helps people to take a first step that opens them to something more. By setting aside judgments, we become open for something else to emerge from the Oneness. We advise our clients to look at their problems neutrally, without judgment. Then, they can learn more about the problem as it is, and open the possibility for something new to emerge. For example, when a client says, "I hate that I get angry," just trying to suppress anger, does a disservice to the fullness of experiencing. That anger might be the source for motivation or self-expression. By accepting the full range of feelings in a neutral way, you open the door for utilizing the positive qualities that are also there. Our clients often amaze and inspire us as they unlock the mysteries hidden within the so-called *problem*. And where do these insights come from? Something deep within that transcends what we consciously know and expect about ourselves. Here we find the spiritual nature of human potential.

John: Your book, *The Tao of Bipolar*, offers people a radically different way of thinking about meditation, and also indirectly offers a spiritual perspective toward those with bipolar disorder. You replace the shame and frustration many bipolar people feel with self-discovery and self-esteem. They discover that they are not crazy, even though you never say this directly. Is this spiritual work?

A & A: Yes. We have great respect for people who have bipolar disorder. Statistically, they are more creative than the average population, and often they are quite talented. Learning that there is much they can do to help themselves, and to not condemn themselves is a revelation for many. Traditionally, bipolar disorder was treated solely with medication. Medications help many bipolar sufferers, but so often, medication is not enough. By adding meditation to their medication regime, people can be proactive in their own healing. Meditation alters the brain in ways that can help correct some of the neural deficits found in people with this mood

disorder. By engaging in meditation, people become attuned to their rhythms, thereby gaining more personal control. And as a nonspecific benefit of regular meditation, people get in touch with their deeper nature (their *way* or *Tao*) to discover a spiritual source for balance, health, and fulfillment.

John: One of the most amazing things in your books is that between the lines readers are offered hope, healing, and happiness. You deserve so much more recognition for your ability to do this special work. Even your determination to keep going appears to be deeply spiritual. Would you talk about this?

A & A: Our beautifully orchestrated mind-brain-body system is designed for us to be happy, to find balance, to handle difficulties, and to be able to move, sense, feel, and understand. We truly believe that every human being has potential, even those who have done bad deeds or lived poorly. We know you have certainly recognized this potential in the many women you helped at the Kentucky prison -- women who committed horrific crimes, and yet were transformed as you helped them discover their positive nature --and we've seen this too. But people lose touch with their built-in capabilities. They are dissociated from their spiritual nature. Erickson believed this, and liked to seek out what he called "impossible cases." So yes, if you catch us speaking between the lines to offer hope, healing, and happiness, you are seeing our fundamental belief in the positive unconscious -- the deeper nature that is there in all of us, just waiting to be expressed.

John: You both spend a lot of time researching what you write about, even attending classes to better understand and address subjects like neuroscience. Do you think of your dedication as spiritual and part of your lifestyle -- or is it just part of your work?

A & A: The world is a fascinating place, and we are always open to learning. We also like research because it offers a method to cull forth truths that may be hidden. But, through the gath-

SPIRIT continued on next page

SPIRIT*continued from page 6*

ering of information and facts, another process intertwines that reaches beyond the empirical world. Heidegger captured it nicely when he said we can measure a rock, weigh it, etc., but how can we know what a rock truly is -- the rockiness of a rock? There is something more to the being of a rock than its constituent materials. These understandings are intuitive, and partake of *being*, itself. In psychotherapy, of course, we work on all the constituent components of the problem, but there is something more that we work with, often through the unconscious, intuition, and experiencing. As people open their hearts to this level of being, they can come to know and accept themselves in a fuller way. Where does this come from? It's something beyond; something spiritual. If we open ourselves to it, and answer the call, there is growth. Being open to the ineffable is part of our lifestyle.

John: You cover neuroscience from different perspectives -- East and West -- and explain technical aspects of the brain to clinicians who can use this to become better therapists. Do you think your work is revolutionary -- and if not, how come?

A & A: As we learn more about the brain, we believe that we are in the midst of a new human potential revolution. Only a few years ago, people didn't know that experience -- the things we do, think, and feel -- can literally bring about structural changes to the brain. All the various mental disorders alter the brain. And, different therapeutic interventions improve the brain -- not just its function, but also its structure, in real and measurable ways. So, for clinicians, as we learn more about the brain, we can choose the best psychological intervention to bring about the change a client needs. We present ways to help clinicians do this, by demystifying the latest research findings and teaching techniques that can stimulate healing plasticity for mind-brain transformation.

John: You made meditation and hypnosis understandable and practical for people to use, and are now endorsing it as a tool for clinicians to prescribe to stimulate healthy thinking and living. Do you think this is your calling in life?

A & A: It's definitely a calling. We have been meditating and practicing

hypnosis for many decades. We raised our family with both, and they still use the skills today as adults with families of their own. Our children were young when we studied with Erickson, and they were there with us as we learned from him. Trance and meditation are as natural as breathing. So, yes, it's part of our being. We originally got into psychotherapy as a way to help people, and both hypnosis and meditation are wonderful tools to facilitate that process.

John: You have seen miraculous results by helping people to discover the benefits of meditation. You have shown deep respect for those who struggle with mental illness. What's it like to realize that the world is now beginning to recognize your work as healing, helpful, and innovative?

A & A: It is very gratifying. We look at our work as always part of a larger whole and are grateful for the opportunities we are given to bring our ideas to the world and help others. We just hope that we can keep helping people. In helping the helpers who do such important work, we feel our work is has meaningful impact.

John: You have dedicated your lives to integrating Eastern and Western philosophies into a healing and helpful way of thinking. As a result, you have revolutionized the common thought about illness, therapy, and healing, not just in the West, but also in the East. Is your work as accepted in the East as it is in the West?

A & A: We've had some Eastern scholars support the ideas in our books, and we've taught meditation to people from Asian countries. Interestingly, they sometimes do not know about the rich heritage of their culture that brought Eastern meditation to the world, yet they love it, just like everyone does once they learn how to do it. Meditation is not Eastern or Western; it's universal. There are many rich Western meditation traditions, and certainly a meeting of East and West can be found when we go beyond the limits of the rational, conscious mind (similar to what Erickson taught) to discover the open, unbiased, creative nature just waiting to be tapped therapeutically. Therein we have that experience of well-being, which is our birthright.

Milton H. Erickson Biography Project

Jeffrey Zeig is the recipient of a grant to write Dr. Erickson's biography. He was awarded this grant from the Institute for the Advancement of Human Behavior, established by Gerry Piaget. Dr. Zeig has conducted more than 50 interviews of colleagues and Erickson family members for the project. To learn more about how the biography project is progressing, please visit: www.Ericksonbiography.com.

Celebrating 35 Years since the First Congress

By Marnie McGann

In December, the Foundation will join together with attendees to celebrate 35 years since the first Congress.

In the 1973, Jeffrey Zeig travelled to Phoenix to meet Dr. Erickson. In subsequent years, Zeig frequently returned to Phoenix to study with Dr. Erickson one-on-one (at first), and then in his teaching seminars. In 1978, Zeig moved to Phoenix to be closer to Dr. Erickson. To show Dr. Erickson his deep appreciation for all that he learned without ever having been charged a dime, and to offer professionals education on Ericksonian techniques, Zeig asked Dr. Erickson's permission to hold a Congress to coincide with Dr. Erickson's 79th birthday. Initially, there were 30 invited faculty members, but that quickly grew to 63 -- all of whom were a friend, student, and colleague of Dr. Erickson's. Almost all agreed, and having secured the faculty, The Milton H. Erickson Foundation was established to handle the financial arrangements. Jeffrey Zeig, his then finance, Sherron Peters, and Mrs. and Dr. Erickson comprised the first Board of Directors. Seed money to pay for expenses for the upcoming Congress was ingeniously derived from transcribing videos from a week-long seminar of Dr. Erickson's and turning it into a book: *A Teaching Seminar*, published by Brunner/Mazel Publishers. A dedicated team of volunteers worked out of Zeig's home to mail more than 70,000 brochures and registrations came pouring in. Unfortunately, Dr. Erickson died March 25, 1980, but was able to recognize the impact he had made worldwide because 750 had already registered for Congress. In July, Gregory Bateson, a keynote speaker, also died, which was another devastating blow. Despite the upset, and their time of grief, the Erickson family joined together and decided that Zeig should proceed with the plans for Congress.

The first International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy was held December 5, 1980, and was a groundbreaking event that honored the personal and professional life of Dr. Erickson through stories shared by some faculty. Due to the success of the first Congress, the Foundation decided to host a Congress every three or four years. December 2015 marks the 35th year since the first Congress.

The 12th International Congress on Erickson Approaches to Psychotherapy, "A Festival of the Mind," will be held at the Hyatt Regency in downtown Phoenix. Keynote speakers are: Bill O'Hanlon, Ernest Rossi, and Michael Yapko. A list of the nearly 70 internationally renowned faculty members can be found at www.ericksoncongress.com.

Erickson Congress 2015 promises to be an enriching experience for all. We look forward to seeing you there.

THERAPEUTIC FRAMEWORKS

Milton Erickson's Use of Implication

By Steve Andreas

When children paint the sun, they often draw a circle with rays coming out. You've all seen that; you probably did it yourself when you were young. A year or so later, a child might paint the sun partly behind clouds. Several years later, they might paint rays coming out from the clouds, but the sun is not visible -- what a friend of mine calls a "God sunset." Even subtler is to paint only the scattered reflection of sunlight on water. An accomplished artist doesn't paint the sun at all, but suggests where the sun is by painting a tree with a little more light on one side than the other, and a subtle shadow to indicate the sun's location. I think that's a good metaphor for implication: indicating something without ever explicitly stating it. One of my favorite quotes is: "The larger the island of knowledge, the longer the shoreline of wonder." (Ralph W. Sockman) Knowledge and wonder are stated; the ocean of ignorance is implied.

On the first page of the first volume of *Conversations with Milton H. Erickson*, (in which the word "implication" appears about every third page) Jay Haley says, "I have a whole week, so I suspect I can learn all about psychotherapy in that time. I wouldn't expect that anywhere else but here." Erickson laughs and says, "Well, we can have our dreams." That's a polite way of implying, "You are wildly optimistic!"

When Erickson worked with an alcoholic, he would often say, "Bring a full, unopened bottle of alcohol with you to the next session." The implication was, "Don't drink," and the deeper implication was that the client can control his drinking.

In working with couples, Erickson would often say to one of them, "I want to hear *your* side of the story. One implication is: "I also want to hear the other side of the story." But, because of the word "story," the further implication is a distinction between the "story" and *real* story. Virginia Satir made the same kind of distinction by saying to a family member, "I want you to tell me how you see the problem," implying

that there were other views.

Erickson would frequently say to a client, "I want you to withhold any information that you don't want to share with me." "Withhold" is not necessarily permanent; you can withhold for a while, and then you can yield. But the implication is: "Don't pay attention to all the stuff you're going to tell me; pay attention to the stuff you want to withhold." So, clients would tell him many sensitive things, and most likely by the end of the session, would think, "Well, I told him all that other stuff, I may as well tell him this too."

Erickson was in session with woman right before she was scheduled for risky surgery and she had doubts if she would be okay. He gradually led the discussion around to cooking, and asked about her favorite recipes. When she would mention something, he would say, "Oh, you know, I've always wanted a good recipe for that. Would you give it to me?" Of course, she couldn't give it to him in that session because she was due to have surgery, so he'd say, "Oh, that's all right, you can bring it in when we have our next session," implying that the surgery would be successful.

I went to see Erickson in 1979, about a year before he died. In the middle of the day, seemingly out of nowhere, I heard him say, "Marry an ugly woman and she'll always be grateful." I thought to myself, 'What an awful sexist thing to say!' At the time, I was with a woman who I -- and many others -- thought was quite beautiful. The implied message is: "Marry a beautiful woman and she *won't* always be grateful." I didn't understand that consciously until after the woman and I were married.

Erickson once worked with a woman he called, "Inhibited Ann." Shortly before bedtime, she'd start gasping and choking, which interfered with her having sex with her husband. In order to be physical with him, the woman insisted that the lights be out, so that she could undress in the bathroom, put on a long robe, and then, covered head to toe, she'd come into the bedroom in the dark and get into bed with her husband. After finding out that Ann loved to dance, Erickson said, "You know, you could dance into the bedroom in the nude." And then said,

"We don't want to give him heart failure," implying, "We do want to give him something else." Then, later in the session, Erickson said, "You really could dance into the bedroom in the nude. You'd be in the dark with all the lights out, so your husband can't see anything, and he'd never know." So Ann took his suggestion, danced in the nude in the dark, and then crawled into bed feeling like a school girl, giggling about doing something so daring. Giggling implied not gasping, and not gasping implied availability for sex.

On another occasion, Erickson worked with a professor of music who fainted whenever he tried to go onstage to give a piano performance. He told Erickson he was going to be fired from the university if he didn't perform. So Erickson said, "Okay, ahead of time, put down towels of different colors all the way from the backstage up to the piano. Then, as you walk onstage, decide which one you're going to faint on." Involving the professor in a decision process implied that he would not be attending to whatever thoughts made him faint in the past. Since fainting is elicited unconsciously, the implication is he won't faint at all. And since you have to faint where you are, not somewhere else, thinking about fainting *there* implies not fainting *here*.

This same intervention saved Erickson's life once. When he was working in a mental hospital, he walked into an elevator and per regulation, locked the door behind him before realizing that there was a murderous psychopath in the corner, who said, "I'm going to kill you." As Erickson always did, he first paced what the psychopath said, and then replied, "Oh, okay, you're going to kill me..." as he put the key in the elevator door to unlock it, "and the only question is, 'Where do you think the best place would be for you to slaughter me?'" Erickson opened the elevator door, pointed down the hall and said, "Would over there be best?" The psychopath looked out into the hall as Erickson calmly walked out of the elevator, saying, "Or, maybe over there in that chair would be better. But then again, over there might be best." Erickson continued walking down the hall toward the nurse's station, and to safety. Since *there* is not where he can be slaughtered, he distracted the psychopath from killing him where he stood.

Learning about implication is similar to opening another set of eyes and ears; seeing and hearing in a whole new dimension. It's spooky the things you can become sensitive to, particularly nonverbal implication. I believe that Erickson's unparalleled ability to "read" people was largely due to his ability to notice and use implication.

In earlier issues of the Newsletter I have written more extensively about both verbal and nonverbal implication. (Vol. 23, No. 1; Vol. 24, No. 1; Vol. 24, No. 2)

* Edited from a dialogue between Jeff Zeig and Steve Andreas "Experiential Approaches: The Power of Implication" at the 2014 Brief Therapy Conference. BT14-D02

UPDATES

Student Volunteers Needed in Phoenix

The Milton H. Erickson Foundation has a number of archival projects for which volunteers are needed. These consist of viewing and indexing historical videos. The work must be done in Phoenix at our Thomas offices during business hours (8-4). In return, students will earn credits that can be used for attending Erickson Foundation training events.

Please contact Jeff Zeig:
jeff@erickson-foundation.org,
and indicate when you can start.

Acknowledging Donors of Philip F. Barretta Memorial Fund

The Erickson Foundation thanks the following donors (thus far) who have generously given to the Philip F. Barretta Memorial Fund. They include: The Barretta family, Marcia and Peter Bloom, Wilfred Cota, Agnes and Duane Enochs, Virginia Erxleben, Deborah Ewing, Charles Floyd, Laura Henson, Julie Herron, Dolores and John Hicks, Stacey Moore, Carol and Dino Ruffoni, Marilyn and Al Sargent, Jessica and John Schairer, Joyce Tanaka, Christine Tran, David Wark, Michael Yapko, and Jeffrey Zeig.

THERAPEUTIC FRAMEWORKS

Walk-in Psychotherapy: A New Paradigm

Monte Bobele, PhD

Arnold Slive, PhD

A 32 year-old woman, we'll call her Wendy, walked in for a session of therapy at a community-based counseling service in San Antonio, Texas. She did not have an appointment, as she did not need one, because this counseling service offers sessions either by appointment or by just walking in. Wendy, a mother of seven, began by describing herself as a person with many close relationships: boyfriend, family, and friends. She valued her virtue, in that she always tried to be there for others, but rarely turned to others for help when something was troubling her. For more than a year, she had been blaming herself for failing to be "a good person." By this, she meant she worried that she had failed at doing enough for others. On the day Wendy walked in, she mentioned that it was the first time she felt ready to talk with someone. After speaking for a while in general terms about her sense of failure, the therapist, a counseling psychology graduate student, asked Wendy why she thought she had failed. Immediately, Wendy began to sob, and described how two years earlier her sister had been stabbed to death by the sister's ex-partner. Wendy had spoken with her sister earlier that day and declined her sister's invitation to spend time together, saying she had other commitments. Wendy believed that if she had been with her sister, she could have saved her life, "like I did when he threatened her before." When the therapist asked Wendy whether or not she had spoken with her sister since she died, Wendy said, "No." The therapist then asked Wendy what she would say to her sister, if she had the chance. There was a long period of silence. The therapist asked Wendy if she would be willing to picture her sister as if she were there in the room. Wendy said, "Okay." The therapist then asked Wendy to speak to her sister.

Wendy [tearfully]: I failed you. I wasn't there at the most important time. I should have helped. I'm so sorry.

Therapist: What is your sister's response?

Wendy [speaking as her sister]: It wasn't your fault. You were always there when I needed you. Stop blaming yourself.

Therapist: Do you want to respond to your sister?

Wendy: No. I feel little better.

After the "conversation" with her sister, there was a short debriefing during which Wendy noted that "just talking" was a big relief. Wendy was told she could arrange services by appointment or was welcome to walk in again. The session lasted 30 minutes, because part way through the session she told the therapist that she had to leave early to pick up her children at school.

Walk-in services represent a paradigm shift in the way clinical services are delivered. Often, they are a response to limited mental health resources, where there may be long waits for appointments. At walk-in medical clinics, clients do not need an appointment. Unlike traditional psychotherapy services that require clients to fit a therapist's schedule, in a walk-in service, individuals/couples/families are seen at times that best fit for the clients. No intake screening or assessment is required before having a therapeutic conversation. No complex forms need to be completed. Another advantage to walk-in services is that there are no cancellations or no-shows. Clients who walk in for services are highly motivated because the client, not the service, decides when the therapeutic conversation will occur. The goal of walk-in sessions is for clients to develop knowledge and skills and make use of existing resources to assist them in better managing and/or coping with their mental health-related concerns. Walk-in services, as we are describing them, are not an emergency triage service, or a way to do screening before scheduling a "real" appointment.

Walk-in services provide a form of single-session therapy. Walk-in/single-session therapy is influenced by the seminal work of Talmon (1990) and his colleagues

who developed a form of service in which clients are seen for one planned single session of therapy. Single-session therapy is influenced by brief therapy literature and capitalizes on the well-established fact that "1" is the modal number of sessions, irrespective of the model of therapy, a therapist's skills, or professional identity. Milton Erickson, who taught us all that good things can happen in one session, also influenced single-session therapy. O'Hanlon and Hexum's (1990) casebook of Erickson's published cases demonstrates that more than two-thirds of Erickson's published cases were single-session.

Single-session therapists assume that each session could be the last session, and many single-session clients find that that one session is sufficient. However, we do not assume that one session will always be the only session. As with Wendy, we routinely invite walk-in clients to walk in again. While one session may lead to significant life-changing outcomes, Wendy was satisfied, simply knowing that she was heard and understood, and therefore had increased hope. Others leave with a different way of thinking about a problem, and perhaps with the idea of taking a small, first step in a new direction. A single session could also serve as an entry point into continued mental health services. Some walk-in clients are experiencing an immediate crisis; others are there to address long-standing issues. When clients present with a high risk of suicide, aggression, or abuse, these issues are addressed in the same way any therapists would: develop a safety plan, and perhaps call outside authorities.

Walk-in services have become a cultural norm. We walk in for hairstyling; we walk into restaurants; we walk in to church confessionals; and we walk or drive in for banking services and coffee. As consumers of services, we are used to walking (or driving) in. In fact, we expect it. Walking in for services is a good fit for families with busy schedules. It allows them to take advantage of available moments. Walking in is also a good fit for those who struggle with basic survival issues and find it difficult to schedule meetings. Thus, walk-in services are not a paradigm shift for clients; they are a shift for mental health professionals whose practices have always been organized by scheduled appointments. Medical services have already made this shift. Walk-in medical clinics began to proliferate in the 1980s, and they quickly became popular, despite the fact that some medical professionals had (and continue to have) objections. They are now an accepted part of medical service delivery because patients demanded it.

We have been developing and providing walk-in services in Canada and the United States for more than 20 years (Slive & Bobele, 2011). One of our first walk-in clients, a woman in her 40s, went out of her way at the end of the session to express her gratitude, not for any specific help she received, but rather because therapy was available to her when she was ready to talk. That's exactly the point, and our clients often tell us this. We believe that walk-in services should be a standard part of a community's mental health continuum of resources.

In 2012, the first international single-session and walk-in counseling symposium, *Capturing the Moment*, was held in Australia (Hoyt & Talmon, 2014). The second symposium, *Capturing the Moment 2*, is being held in Banff, Canada on September 29 and 30 of this year. We hope to see you there. For information see: (<http://www.woodshomes.ca/site/Calendar?id=100361&view=Detail>).

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INTERNATIONAL COMMUNITY

Paris, 2015: 20th World Congress ISH – CFHTB

The International Society of Hypnosis (ISH) and the
Confédération Francophone d'Hypnose et Thérapies Brèves
(CFHTB)

Hypnosis: Roots and the Future of Consciousness

A conversation with Claude Virot, MD
President-Elect, International Society of Hypnosis
Chairman, 20th World Congress ISH-CFHTB

by Marilia Baker

Claude Virot, MD, Founder of the Milton H. Erickson Institute, Rennes-Bretagne, France (1994) is also the Founder-Director of *Émergences* (2001), an Institute dedicated to research in hypnosis, therapeutic communications, and training health professionals. A psychiatrist, with nearly 30 years in practice as a hypnotherapist, Virot trained in 1986 with Jean Godin and Jacques-Antoine Malarewicz at the first MHE Institute in France. During the past few decades, he has been a pioneer in the medical applications and development of Ericksonian methodologies and brief therapies in France. His thesis (1988) from the College of Medicine, University of Rennes, France, was "Clinical Approaches of Milton H. Erickson -- Hypnosis, Strategies, and Psychotherapy." He has served as a Board member and president of the *Confédération Francophone d'Hypnose et Thérapies Brèves* (CFHTB), and as a Board member of the European Society of Hypnosis (ESH). Currently, he is President-Elect of the International Society of Hypnosis (ISH). In 2009, Virot received from ISH the Jay Haley Early Career Award for Innovative Contributions to Hypnosis. That same year, he was granted a Distinguished Lifetime Achievement Award by Ernest Rossi, PhD, Director of the Milton H. Erickson Institute of Central California.

The *Émergences* Institute in Rennes-Bretagne provides training to physicians, dentists, anesthesiologists, psychiatrists, psychologists, psychotherapists, and other health professionals. As director, Virot designs and organizes conferences, symposiums, and meetings, bringing together cutting-edge clinicians and researchers from France and abroad. He travels frequently throughout Europe and to other continents, to teach, lecture, and participate in professional meetings. His clinical passions and innovative contributions to the field are primarily the application of medical hypnosis to clinical depression and acute and chronic pain (see: www.hypnoses.com).

Marilia Baker (MB): Congratulations Claude for being appointed Chairman of the triennial International Hypnosis Congress, in Paris, August 26-29, 2015. And, congratulations to your illustrious ISH/CFHTB organizing committee -- "the Paris Bureau" -- composed of some of the foremost representatives of hypnosis in France, including, Thierry Servillat, Patrick Bellet, Joëlle Mignot, Franck Garden-Brèche, Marie-Elisabeth Faymonville, and Bernhard Trenkle, your "permanent international member." Would please you tell readers why Paris was chosen as the seat of the Congress.

Claude Virot (CV): With pleasure. And thank you Marilia, for this opportunity to communicate face-to face, so to speak, with the Newsletter readers worldwide. Yes, we are a great team of experienced leaders, efficient associates, and assistants putting together this gathering. But, most importantly, Paris is where hypnosis took root in the late 18th century with Franz-Anton Mesmer. It is the birthplace of modern hypnosis through the Nancy School (around 1866) with Ambroise-August Liébeault and Hyppolyte Bernheim. Simultaneously, we had pioneers of the Paris School at the Salpêtrière Hospital, led by neurologist, Jean-Martin Charcot (with his studies on hysteria), and his students, Pierre Janet, Joseph Babinsky, and others¹, who had opposing principles on how hypnosis



Paris/2015 Committee - From left: T.Servillat, MD; P.Bellet, MD; M.E. Faymonville, MD; C. Virot, MD; J.Mignot, Psych.; F. Garden-Brèche, MD

works. Sigmund Freud was familiar with both approaches. He studied at Salpêtrière with Charcot, but soon abandoned hypnosis in favor of his own method of "free association." Despite polemics and controversies during most of the early 20th century, hypnosis took solid root in French soil, and today it thrives under the leadership of my colleagues and me.

MB: In your first announcement about the 20th Congress it was mentioned that Milton Erickson was in Paris for the 3rd ISH Congress. Would you tell us more about that.

CV: In 1965, at the 3rd Congress, Dr. Erickson lectured on managing chronic pain. The prominent anesthesiologist, Jean Lassner, was one of his hosts at Hôpital Cochin. We are proud of this because due to Erickson's presence, the interest in his hypnotic methods was further renewed and reinvigorated in France. Léon Chertok and Jean Godin, pioneers of modern hypnosis in France, visited Dr. Erickson in Phoenix, and an active correspondence was established with Dr. and Mrs. Erickson.

Yes, I did announce in the first "call to proposals": "Voilà, here we are, and we are ready for you! Our Congress is happening fifty years after Milton Erickson's visit to Paris for the 3rd World Congress on Hypnosis. This year of 2015 is a unique opportunity for us to present to the international community our experiences, our ideas, our research. Our previous French-language congresses were a successful evidence of our diversity, and our therapeutic creativity! I invite you to join us. It is a diverse program with plenty of choices!"

MB: There are, indeed, plenty of choices and opportunities to listen to the top hypnotherapists from France, and from around the world. I understand there are attendees from nearly 45 countries and 320 presenters, and that the official languages of the Congress are French, English, and German, with simultaneous translations when necessary.

CV: We are expecting about 2,000 participants from 45 countries. As is customary at ISH Congresses, we have a large number of presenters and have purposely designed it like this. Among our illustrious guests are: Roxanna Erickson-Klein, Camillo Loriedo, and Jeffrey Zeig – all Erickson Foundation Board members. Our Congress schedule is online at: www.cfhtb.org.

Incidentally, the role of CFHTB has been vital and indispensable for the success of this Congress. I thank all of my peers, who are also friends, for their contribution to the successful organization of this gathering.

I also thank the International Scientific Committee, that has been so dedicated in choosing the best presenters for the Congress. Among our committee luminaries are the world-renowned G. Brosseau, S. Carolusson, C. Casula, G. de Benedictis, M. Ginsburg, W. Hartmann, M. Jensen, S. Livnay; A.O. Ozturk, T. Robles, G. Rosen, N. Ruyschaert; B. Trenkle, K. Varga, M. Yapko, and P. Zindel.² I also thank the partnerships that are supporting the Congress, including, UNESCO/Sexual Health and Human Rights, the French Ministry for Culture and Communication, and many others.

COMMUNITY continued on next page

COMMUNITY*continued from page 10*

MB: What else would you like our readers to know about the Congress?

CV: I encourage everyone to come to Paris in August and enjoy all it has to offer. My intent, as I address the plenary meeting the first day of the Congress, is to offer participants *a sense of the importance and vitality of hypnosis* 150 years after its origins. I also want to emphasize its applications in our scientific world. My plan is to show a world map with all the present constituencies of ISH, and call for the active establishment of many more. My keynote address will be on the theme of the Congress: *Hypnosis and the Roots of Consciousness – What is Consciousness?* I hope this will touch upon many present concerns in medicine and psychotherapy.

Clinical/medical hypnosis is growing as an intrinsically vital technique and as an important tool to humanize the art and craft of medicine and psychotherapy. Herein lies the key to the Congress: We will expand the applications of hypnosis to the medical and health-related fields. This will be a beautiful Congress. Its theme and derivations are important to every professional, from every corner of the world.

MB: Thank you so much Claude, for the gift of your time, your knowledge, and your wisdom. This conversation has been a pleasure. See you soon in Paris, and in Phoenix in December!

For further information visit: www.cfhtb.org.

¹ For further information go to: <http://www.ishhypnosis.org/about-ish/history-of-ish/>

² See: <http://www.cfhtb.org/congres-paris-2015/appel-a-communication/les-comites-scientifiques-paris-2015/>

Excitement and Energy at Couples Conference

By Marnie McGann

This year's Couples Conference, held April 24-26 in lovely Manhattan Beach, CA, boasted a stellar lineup of faculty (many of whom received standing ovations) and robust audience participation. Attendees enjoyed the beaches of Southern California and great food.

Faculty included: Ellyn Bader, William Dougherty, Steve Frankel, Harville Hendrix, Alex Katehakis, Pat Love, Bill O'Hanlon, Peter Pearson, Esther Perel, Stan Tatkin, and Jeff Zeig. Co-Faculty: Marion Anderson, Helen LaKelly Hunt, Sue Diamond-Potts, and Marianne Solomon.

There was standing room only at both Stan Tatkin's and Ester Perel's keynote addresses. They engaged the audience with dynamic laser-focused presentations. The energy at the Conference was palpable; attendees were seen literally sprinting between classrooms.

Author's Hour was also high spirited. Attendees left the bookstore with armloads of books by Bill O'Hanlon, Esther Perel, and others. There were long lines as attendees waited with anticipation to have a moment with luminaries. Harville Hendrix and Stan Tatkin stayed after the book signing to visit, share, and connect.

Serving at her first Foundation conference, Cindy McGee, the Foundation's Faculty Contact and Meeting Planner (who is working toward her master's in couples counseling), did an incredible job. "I was humbled by the accessibility, tenderness, and passion that each faculty member brought to the conference," McGee

COUPLES continued on next page

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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2015		
8/21-23	Self-Hypnosis for Natural Mind-Brain Transformation: Ericksonian Hypnosis Seminars / Esalen Institute, Big Sur, Calif. / C. Alexander Simpkins, Ph.D.; Annellen M. Simpkins, Ph.D.	1.
8/26-29	20th International Congress ISH, CFHTB / Paris, FRANCE / Invited Faculty	2.
8/31-9/5	Resilience & Master Class in Brief Psychotherapy / Graz, AUSTRIA / Jeffrey K. Zeig, Ph.D.	3.
10/5-9	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Fundamental / Phoenix, Ariz. / Brent B. Geary, Ph.D., Zeig, Lilian Borges, M.A., LPC	4.
10/6-12	3rd International Training Program in Non Violent Resistance and New Authority / ISRAEL / Invited Faculty	5.
10/12-16	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Intermediate / Phoenix, Ariz. / Geary, Zeig, Borges	4.
11/12-15	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	6.
11/21-22	World Master Class 2015: Business Revolution / Milan, ITALY / Renée Mauborgne, Tony Buzan, Jeffrey Liker, Zeig	7.
12/10-13	12th International Congress on Ericksonian Approaches to Psychotherapy / Phoenix, Ariz. / Invited Faculty	4.
2016		
1/8-10	Master Class in Brief Psychotherapy / Mexico City, Mexico / Zeig	8.
1/28-31	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	6.
2/29-3/4	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Fundamental / Phoenix, Ariz. / Geary, Zeig, Borges	4.
3/7-11	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - Intermediate / Phoenix, Ariz. / Geary, Zeig, Borges	4.
3/31-4/3	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	6.
5/12-15	Couples Conference / San Francisco, CA / Invited Faculty	4.
5/25-29	Coaching / Guangzhou, CHINA / Zeig	9.

CONTACT INFORMATION

- 1) Esalen Institute, Tel, 831-667-3000; Email, info@esalen.org ; Web, www.esalen.org ; direct sign-up link: <http://goo.gl/GheOXM>
- 2) For information: Web, www.hypnosis2015.com
- 3) For Information: Email, dpst@ikjf.at
- 4) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, office@erickson-foundation.org ; Web, www.erickson-foundation.org; Intensive Training Program: <http://erickson-foundation.org/training/> 12th International Congress: www.EricksonCongress.com Couples Conference: www.CouplesConference.com (info avail Nov. 2015)

- 5) For information: Web, www.nvrschool.com ; Email, education@nvrschool.com
- 6) For information: Email, Stacey Moore: sjmtjm@msn.com
- 7) For information: www.PerformanceStrategies.it
- 8) For information: Email, sandrafreedom_3000@hotmail.com
- 9) For Information: Email, gracenlp@163.com

To submit a listing for Upcoming Trainings please send dates, title of workshop, venue (city/state/country), list of presenters, and complete contact information ONLY. Information must be sent in the format above. A \$25 fee per listing is required. Deadline for the 2015 Winter Issue (mailed December) is October 2, 2015. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact Karen Haviley – karen@erickson-foundation.org **Online Ad Rates/Specs at:** <https://erickson-foundation.org/docs/newsletter-adrates-2015.pdf>

COUPLES

continued from page 11

notes. “Jeff Zeig and Ellyn Bader are conscientious in selecting faculty that energizes, motivates, and renews our attendees. Both faculty and attendees were intentional, resourceful, and available. I left the conference with a mix of humility and pride. I was proud to work alongside an amazing team and humbled to be entrusted with the details that changes lives. I said to my husband on the flight home, “These are my people. This is my tribe.”

Please join us for the 17th Couples Conference (www.couplesconference.com), May 13-15, 2016, in Burlingame (near San Francisco), CA. The Conference theme is: “Attachment, Differentiation, and Neuroscience.” Faculty (tentative) includes Ellyn Bader, Diane Heller, Helen Fisher, Pat Love, Rick Miller, Esther Perel, Terry Real, and Scott Wooley.



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CONFERENCE NOTES

The International Society of Hypnosis (ISH) and the Confédération Francophone d'Hypnose et Thérapies Brèves (CFHTB) will hold the 20th International Congress, *Hypnosis: Roots and Future of Consciousness*, August 26-29, 2015, in Paris, France. For information visit the website: www.CFHTB.org

The *3rd International Training Program in Non Violent Resistance and New Authority* will be held October 6-12, 2015 in Israel. Basic and Advanced Modules will be offered. The International Training Program in Non Violent Resistance and New Authority, is a systematic, authoritative introduction to the world of NVR. For more information visit www.nvrschool.com or email education@nvrschool.com

The 66th Society for Clinical and Experimental Hypnosis (SCEH) Annual Workshops and Scientific Session, *Hypnosis for the Professionally Curious*, is being held September 30-October 4, 2015 at the Rosen Plaza Hotel, Orlando, Fla. The program features a variety of sessions and workshops designed to teach participants hypnotic theory and practical techniques for immediate use in professional practice. Presenters include Deirdre Barrett, Paul Dell, Maximilian Muenke, Amir Raz, and many more. For complete information and to register visit the conference website: <http://www.sceh.us/2015-orlando>

The *12th International Congress on Ericksonian Approaches to Psychotherapy*, sponsored by The Milton H. Erickson Foundation, Inc., will be held December 10-13, 2015 at the Hyatt Regency, Phoenix, Arizona. The Congress features workshops, special tracks, short courses and more. For the complete list of faculty presenting at this year's International Congress visit www.EricksonCongress.com Online registration is available. For more information visit the website or email the Foundation: office@erickson-foundation.org

The 58th Annual Scientific Meeting and Workshops of the American Society of Clinical Hypnosis (ASCH), *New Frontiers in Hypnosis and their Therapeutic Applications*, will be held March 11-16, 2016 at the Hyatt Regency St. Louis at the Arch, St. Louis, Missouri. For information visit the conference website: <http://www.asch.net/Education/2016AnnualMeeting.aspx>

The 2017 Annual Scientific Meeting and Workshops is slated March 17-21 at the Hyatt Regency Phoenix, Phoenix, Arizona.

The XIV European Society of Hypnosis (ESH) Congress will be held August 23-26, 2017 in Manchester, United Kingdom. Hosted by the British Society of Clinical and Academic Hypnosis (BSCAH). Information about the Congress will be updated and available on the Congress website: www.esh-hypnosis.eu

Psychoaerobics

AN EXPERIENTIAL METHOD TO EMPOWER THERAPIST EXCELLENCE



Jeffrey K. Zeig



THE MILTON H. ERICKSON
FOUNDATION PRESS

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"Welcome to the worlds of conceptual communication and experiential learning," the last line in the Preface of this book, prepares readers for the Psychoaerobics Exercises. The exercises are designed to elicit in therapists generative states, from which both therapist and client can benefit. Composed of four sections — Fundamental Perspectives, Warm-up Exercises, Psychoaerobic Exercises, and Concluding Remarks — this book begins with a discussion on conceptual realization; Zeig proposes that therapists should approach therapy as artists, not as scientists. "Facts inform; art impacts," he writes, explaining that the situation of therapy is one of uncertainty and ambiguity, both of which elicit emotion. Zeig credits his mentor, Milton H. Erickson, MD, who "communicated concepts experientially and minimized facts," thereby becoming one of the world's greatest communicators.

2015 / 240 pages / Paperbound / Illustrated
ISBN 978-1-932248-70-8 / \$27.95

Erickson-Foundation.org

BOOK REVIEW

Double-Binds: The DNA of Emotional and Mental Problems and How to Make Use of Their Positive Potential

John D. Lentz, D. Min

Healing Words Press

2014

231 pages

Reviewed by C. Alexander Simpkins, PhD & Annellen M. Simpkins, PhD
San Diego, CA

Many of us are familiar with the double-bind, made famous by Gregory Bateson and his research team. Lentz's latest book on the topic, *Double-Binds: The DNA of Emotional and Mental Problems and How to Make Use of Their Positive Potential*, artfully shows how double-binds are the strands that make up the DNA of human communication, and lie at the root of all psychological disturbance. He defines double-binds as a form of manipulation. Negative double-binds limit options and keep people bound in a repetitive hopeless loop where nothing they do is effective. As they respond, they find themselves in a negative, waking trance. This book beautifully clarifies how living in a negative trance leads to criminal lifestyles and psychotic disturbance.

Here we find Lentz's creative innovation -- a way out of these negative patterns with his introduction of the positive double-bind. Lentz experimented with presenting his severely disturbed clients a situation where anything they do is right. This elicits a positive trance whereby people become open to new options, experience their own self-worth, and can come to terms with their negative past.

These women suffered debilitating negative double-binds; Lentz's skillful use of positive double-binds led them out of darkness into the light of healing.

The insights are clarified with moving case examples, drawn from Lentz's many years serving as chaplain and chief of counseling at a Kentucky prison for women. His clients were those who had committed horrific crimes and were the victims of horrific crimes, as is often the case with such offenders. These women suffered debilitating negative double-binds; Lentz's skillful use of positive double-binds led them out of darkness into the light of healing.

Lentz artfully weaves together his earlier works with new insights -- the result of many years of hands-on experience. Through descriptions, cases, and the author's personal discovery, readers are instructed on how to recognize negative double-binds and create positive ones to guide people to realize their potential.

The book is divided into 18 chapters. The first third of the book introduces the reader to negative double-binds and negative trance, exposing their toxicity. The middle chapters open readers to helpful solutions through the construction of positive double-binds, with case examples. Lentz also offers a frank discussion of how to turn things positive while remaining truthful, which is quite a challenge when you are working with psychopaths, borderlines, and psychotic murders, as Lentz did. He discloses how his faith in innate goodness through God and spirituality is the source that helps him to find the positive, even in the negative. The final chapters of the book offer specific applications to health, marriage, finance, and depression. One of the chapters also integrates mindfulness and positive

double-binds, and offers way in which we can free ourselves from our own double-binds.

Lentz provokes readers to be able to recognize negative double-binds and to create their own positive double-binds. He succeeds in not only presenting an insightful way to look at pathology, but also in offering a helpful, healing set of techniques to stimulate innovation. We highly recommend this book to everyone and believe it can lead us from the dark, mysterious path of mental illness to the light of health, happiness, and fulfillment.

BOOK REVIEW

Therapy with Tough Clients: Exploring the Use of Indirect and Unconscious Techniques

George Gafner, MSW, LCSW

Crown House Publishing

Bethel, CT

ISBN 978-184590-878-2

2013

298 pages

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

Gafner has done it again! *Therapy with Tough Clients: Exploring the Use of Indirect and Unconscious Techniques* is a wonderful resource book for therapists and offers something for everyone. .

The book includes metaphor examples, including metaphors for dealing with depression, and the author offers clarity about time distortion, amnesia, and dissociation. I also liked the way Gafner dealt with using methods, such as mis-speaking and embedded suggestions. Although most of these approaches are familiar to many Ericksonian therapists, Gafner rejuvenates them using a novel spin.

It's apparent that he cares about both the therapist and the client; it's as if a wise, caring elder was offering me pearls of wisdom.

Those new to the field will find Gafner's work eye-opening and useful, especially for those moments when what you have learned isn't working. I recently used his version of misspeaking after being inspired by him, and it was wonderful. The technique had the desired effect and made a powerful impact.

Reading Gafner's work is like having him right next to you as he weaves his stories and works his magic, because he is so passionate in wanting to share ideas that work. It's apparent that he cares about both the therapist and the client; it's as if a wise, caring elder was offering me pearls of wisdom.

Therapy with Tough Clients begins with interviews and at the end provides information about various treatment settings, including hospitals. It also includes a glossary, index, references, and suggested reading. Throughout, there are some of Gafner's favorite induction stories, including one of a couple that he follows from beginning to end of the book, providing a more personal and intimate experience for the reader. A section on PTSD is also well done. I liked Gafner's book so much that I encourage students to read it because it has so much depth and wisdom woven into the techniques. The indirect messages the author offers, along with how to deliver them to your client, are elegant. Gafner has done a great job.

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Though he died in 1980, Dr. Erickson remains a seminal force in hypnosis and psychotherapy. He added more cases to psychiatric literature than any therapist in history. This series presents his groundbreaking studies in therapeutic hypnosis, psychotherapy, rehabilitation, and research.

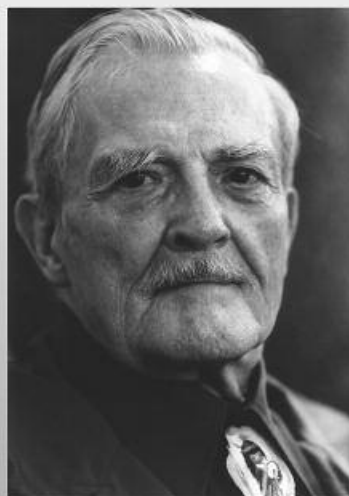
The original editions of Volumes 12-16 included audio cassettes. All of these recordings of Dr. Erickson have been digitized and are available to purchasers of these new volumes as MP3 downloads in the Erickson-Foundation.org online store. You may download them any time for no charge by using the special code printed on your copy of each volume.

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BOOK REVIEW

Relational Suicide Assessment: Risks, Resources, & Possibilities For Safety

By Douglas Flemons and Leonard M. Gralnik

W.W. Norton & Company New York, New York
2013

ISBN 978-0-393-70652-0
253 pages

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

Relational Suicide Assessment is an incredible reference book filled with tools, concepts, approaches, and wisdom. Not only have the authors surveyed the literature and provided state-of-the-art tools, they create their own combination of methods, offering something useful and practical for the relational assessment of suicide risk. They also apply approaches that have either a family systems bent or Ericksonian one.

From the Foreword by Donald Meichenbaum, to the book's end, every page is filled with useful ideas. There are five chapters: Foundations, Therapeutic Principles, Risks and Resources, Safety, and RAS (Relationship Assessment Scale) in Action, and an appendix, references, and index. The excellent chapter on RAS has a conversation that demonstrates the technique. It will be eye-opening for some and affirming for others.

The authors build upon what works and improve it as they expand on the topic of assessing suicide risk. They offer therapists a way to forge ahead and make changes that can help, even while conducting the assessment. In their words, "Our goal is not to remain objectively removed, but rather to become empathically connected." (p. 6) The authors do just that, and demonstrate how we can as well. Their eclectic approaches are so versatile and facile you know that their clients are in good hands.

I have wanted a book like this for a long time. The traditional methods of suicide assessment that I was taught were never as relational as I believed they needed to be. Anyone who has worked in the field knows that completed suicides are often related to interpersonal issues. This book offers a completely new and effective approach that is a combination of clinical wisdom and relevant research. What makes it so useful is that the authors provide far more than just an assessment tool, they also offer clinical expertise, a window into how they work, and what they have found most effective.

I not only recommend this book to those new in the field, but also to experienced therapists who will find much to learn from Flemons and Gralik. This is a relevant resource book that will be a standard in libraries for years to come.



DVD REVIEW

Solution-Oriented Family Therapy with Bill O'Hanlon, LMFT

Family Therapy with the Experts Series

Psychotherapy.net
Mill Valley, CA
1998 and re-released in 2010

Reviewed by John D. Lentz, Shepherdsville, KY

Even though *Solution-Oriented Family Therapy* was invented more than 20 years ago, the brilliance and relevance of Bill O'Hanlon and his solution-focused approach are evident. O'Hanlon was doing solution-focused therapy even before the method was fully established.

In this DVD, O'Hanlon focuses on what the family is doing right, and prompts them to change in remarkable ways. I loved his smooth poise when asking questions. He easily dodged attempts by family members to derail him. This was a complicated case, but O'Hanlon did not waver. Instead, he kept the focus on healthier and more positive interactions within the family. He was certain of his methodology, and its impact was evident. It is clear that O'Hanlon was ahead of his time when it comes to embedded suggestions, conversational trance, and other approaches that are more commonly used today.

By holding to the tenants of solution-focused therapy, it's apparent that, even in its most rudimentary and early style, this method is effective.

In addition, the approximately two-hour DVD is a glimpse back in history. Jon Carlson and Diane Kjos interview O'Hanlon so that viewers can recognize what is about to happen in the demonstration. Some of the questions the interviewers ask would be more appropriate 20 years ago, because of the prevailing zeitgeist. Attitudes have changed so much, one would not expect the assumptions that were offered -- and that piece of history is important in understanding today's therapy.

O'Hanlon was obviously moving in the direction that he's solidified today, with his concepts about trauma and how to resolve it. By holding to the tenants of solution-focused therapy, it's apparent that, even in its most rudimentary and early style, this method is effective.

While I enjoyed this DVD and learned a lot because of its historic nature, I also benefited from the fundamentals, and how powerful they are in bringing about change. I recommend this DVD and encourage others to view it. It is a wonderful addition to any family therapy program to demonstrate the fundamentals of solution-focused approaches, as well as to show the early resistance to it from different psychotherapy perspectives.

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BOOK REVIEW

Building Your Ideal Private Practice: A Guide for Therapists and Other Healing Professionals

By Lynn Grodski

2nd Edition

W. W. Norton & Company
2015

ISBN-13: 978-0-393-70948-3

New York

384 pages/hardcover

Reviewed by Maria Escalante de Smith, MA, Cedar Rapids, IA

Building Your Ideal Private Practice covers the essentials for therapists starting out in private practice. Chapter 1, “The Blueprint,” led me to reflect on the ideal practice, which is gratifying for both therapist and client. As the author explains, “Making money and making a difference can coexist in your practice.” (p. 4)

Chapter 2, “Loving the Business of Therapy,” is a guide for therapists so that they can become happier business owners. Therapists love their work-related activities, such as seeing clients, training, and attending workshops. However, they dislike the tasks of business ownership, such as billing, collecting data, and planning for the future.

The third chapter, “Top Ten Business Mantras for Success,” invites readers to use affirmations. It also covers topics, such as the high overhead of running a private practice. The author encourages therapists to remain calm and focused, even during down time, and offers mantras for these periods. Chapter 4, “Values and Vision,” stresses the importance of therapists knowing what they want for their business: its purpose and values. Without a business vision, therapists may feel unfocused, uncertain of their future, and easily burn out.

This book is filled with interesting topics, including those in Chapter 5, “Entrepreneurial Mind Set.” The author encourages being proactive in the highly competitive counseling market. I enjoyed reading about the six attributes successful entrepreneurs possess, such as, seeing an obstacle as an opportunity, and taking joy in making a profit.

At the beginning of Chapter 6, “Getting a Strong Start,” the author explains that everyone needs a business plan and takes into account budget issues and options for renting office space, for example, subletting space as opposed to leasing.

Chapter 7, “Protecting Your Practice from Harm,” addresses therapists’ commitment to work, including emotional ties, financial investment, and ethical responsibility.

“The Brand Called You,” Chapter 8, highlights how not all therapists are the same. I liked how the author advises therapists to think of themselves as a brand - a promise to clients so that they know what to expect.

Chapter 9, “Expanding Your Reach,” explains how, despite having valuable services to offer, therapists’ skills are often not recognized by those who need them the most. As a solution, the author suggests targeting your market and having a success story.

Today’s world requires that professionals be capable of using technology, which include choosing a domain name and having a website. Helpful guidelines are provided in Chapter 10, “Your Online Presence.”

Chapter 11 “Retaining Today’s Clients,” offers tips for maintaining a steady client base. In Chapter 12, “Why Therapists Go Broke,” setting fees is addressed and exercises are offered for raising costs but retaining clients. Group therapy is suggested because it’s a lower rate than the individual therapy. And last but not least, there is a “Basic Checklist” for every therapist new to private practice.

This book is filled with useful information and it is extremely well written.

I recommend it for any therapist starting a private practice.

BOOK REVIEW

Intensive Psychotherapy for Persistent Dissociative Processes: The Fear of Feeling Real

By Richard Chefetz

WW Norton, New York 2015

hardcover

462 pages, including Index

Reviewed by Roxanna Erickson-Klein, PhD, Dallas, Texas

The engaging *Intensive Psychotherapy for Persistent Dissociative Processes* brings together theory, practical wisdom, and rich clinical illustrations. A psychiatrist in private practice, Richard Chefetz has robust professional credentials, including tenure as President of the International Society for the Study of Trauma and Dissociation, and faculty member at the Washington School of Psychiatry.

This tome is written in a clear, almost conversational style, inviting readers to take an in-depth look at dissociative processes, often considered one of the more challenging areas of clinical work. Chefetz sets the tone in the preface, entitling it “Holding Hope.” The friendly mode of writing counterbalances what the author describes in opening as “not an easy emotional read,” further clarifying that the “subject matter is almost always invariably related to the horrors of severe interpersonal abuse.” (p. vii)

A narrative tone also creates a reader-friendly platform to learn about basic concepts; dissociation is a normal state. “Dissociative process is something we use every day, as we unconsciously sort salience in the flow of unconsciously perceived mental input. Associative process alerts our awareness that something is worth noticing. Dissociation tells us when we need not pay any attention.” (p. 1) The author further explains: “Subtle dissociative processes operating in tension with our more familiar associative processes can change our subjective experiences in ways that designed to protect us but might nevertheless end up imprisoning us...” (p. 32)

Chefetz identifies the multitude of ways that dissociative processes can present, persist, and interfere with a patient’s life experiences. Information is offered in a logical and sequential order. Step by step, Chefetz addresses the constructs of healthy and unhealthy dissociation and generates building blocks for effective treatments. Examples illustrate the intrusive nature and subtle ways in which the process can undermine mental health. “When dissociative processes are overly active in a person’s life, they create a burden that is palpable yet hidden from view.” (p. 2) Well-chosen case anecdotes annotate concepts in generous detail. Chefetz’s own interesting cases show how clinicians can work through complex cases to recognize and sort through dissociative elements, and begin to redirect resources in healing directions. The concepts are so thoroughly entwined with case examples, that the common gap between theory and practice dissipates.

Chefetz shows by example that we can reach beyond the limits of these disabling disorders. He offers a clear path of working through the uncertainty, ambiguity, and difficulties associated with complex cases. A wealth of knowledge appears within succinct descriptions: “What happens in dissociation is subtle on one hand and profound on the other. Dissociative process unlinks the elements of experience in such a way as to often leave us unaware that anything is broken.” (p. 31) It is clear from case illustrations that Chefetz has a special talent for working with complex conditions, as well guiding less experienced clinicians. Reading this book, I felt the comfort of talking with a mentor about my own difficult or confusing cases.

Intensive Psychotherapy for Persistent Dissociative Processes is a detailed overview from a professional who clearly made an important contribution. Few resources on this topic rival this well-written book. Without hesitation, I recommend it to all clinicians who work with complex disorders. Through work done by Richard Chefetz, we can enhance our understanding and better serve those who seek help.

BOOK REVIEW

Psychoaerobics: An Experiential Method to Empower Therapist Excellence

By Jeffrey K. Zeig

The Milton H. Erickson Foundation Press

2015

239 pages

ISBN 978-1-932248-70-8

Reviewed by Rubin Battino, MS, Yellow Springs, OH

What are Psychoaerobic Exercises, and why are they useful in training therapists and empowering excellence? In his most recent book, *Psychoaerobics: An Experiential Method to Empower Therapist Excellence*, Jeffrey Zeig emphasizes conceptual rather than factual learning. That is, one “knows” a fact, but one has a “felt sense” of a concept. Thus, his Psychoaerobic Exercises are all designed to be *experiential* rather than cognitive. People learn most deeply by feeling, sensing, and doing. Zeig states categorically: “The consultation room is the theater of the conceptual.” It is not a lecture hall where facts are stated. “It is the job of the therapist to strengthen positive concepts and modify ineffective, negative concepts.” The exercises can then be described as mini-psychodramas done in a group setting where all the participants are engaged experientially. You do not learn how to play tennis or a musical instrument by observing, but by repetitive practice under the guidance of a professional.

There are 60 experiential exercises, focused on specific domains of therapist development, and their purpose is to improve interpersonal communication whenever the goal is conceptual or emotional. Zeig maintains that an effective therapist functions more like an artist rather than a technician. In that sense, the exercises are designed to empower therapists by experiencing the artistry of therapy. Zeig credits his former teacher and mentor, Milton Erickson, as being the paradigm of therapist as artist, and includes many examples of his work. Erickson was basically self-taught; however, Zeig serves as a guide to walk you through your own development. He states: “Therapy should be a symbolic, experiential drama of change, the implicit imperative of which is, ‘By living this evocative experience, empowerment will result.’”

The format for the exercises is: (1) Clinician Posture to Develop; (2) Format; (3) Roles; (4) Method; (5) Variations; (6) Purpose; and occasionally a discussion. Pitchers and Receivers are most often the roles.

Perhaps the following exercise can give you a sense of the exercises, although each often has many variations.

Psychoaerobic Exercise 27

Clinical Posture to Develop: Communicate for strategic effect. Multiple-level communication.

Format: Dyads.

Roles: One Pitcher; one Receiver.

Method: The Receiver closes his eyes. The Pitcher provides an induction of hypnosis. The Receiver is *not* informed of the method to be used. The handout can be given to the Receiver after the exercise, or the Receiver leaves the room and the exercise is explained to the Pitcher.

The sole method to be used is sets of recursive triplicates. A recursion is a theme presented with a modification; it is not a repetition. For example, “You are learning important things...things that really can stay with you...things that provide new meaning.”

Use recursions for the four hypnotic goals: alter attention, modify intensity, dissociate, and build implicit responsiveness.

Discuss the state of being strategic.

Variation: Use the recursive processes to suggest a clinical goal, e.g., role-

In my own experience, Psychoaerobics is reminiscent of early experiences with encounter groups and psychodrama, where the learning was experiential rather than didactic.

play a problem such as the inability to stop smoking or fear of flying. Use recursions for important interventions.

Purpose: Strengthen the message. Recursions provide an opportunity for the listener to better absorb conceptual messages.

Zeig emphasizes that this kind of experiential learning involves lots of practice and repetition. So how does one manage to fit 60 exercises into their life? Perhaps you can work with a group of friends and do one exercise per week. In my own experience, Psychoaerobics is reminiscent of early experiences with encounter groups and psychodrama, where the learning was experiential rather than didactic. Zeig states: “Teachers can freely copy exercises for students, as long as they are copied exactly as printed here.” (p. 60)

This is a practical way to be empowered as a therapist. Enjoy!

INTERVIEW

continued from page 1

friend make a three-piece suit out of a McCall’s pattern. I couldn’t afford good material so it was sort of polyester and it was white, because John Lennon had a white suit and it stood for peace. Looking back, it was pretty ridiculous, but I wore it to the Erickson house. It was so intimidating to meet Dr. Erickson because I had been dreaming about that moment for so long. I went to shake his hand, and felt I had already made a mistake because he was partially paralyzed. He was watching “All in the Family,” an American TV show, and every time the bigoted character would make mistakes with language, Dr. Erickson would laugh. I thought it was amazing, but were we supposed to just sit there and watch TV? Wasn’t he going to teach me? Afterwards, we went to the garden and Dr. Erickson asked me to get the nutgrass out of a rose bed. Now I’m a psychology student so I’m thinking nutgrass is a metaphor. I’m too shy to ask if I could go home to change so I ruined that suit, which was actually a great gift to me. After the third week of working as Erickson’s gardener, Mrs. Erickson, bless her heart, said, “Milton, the boy wants to sit in on some sessions. Let’s schedule him.” The

thing I’ve treasured since I’ve learned more about his work is that if I asked him a question about psychotherapy, his answer would typically be metaphorical, vague, and indirect. But if I asked him about gardening, he would answer clearly.

JK: What was so riveting for you about Dr. Erickson?

BO: I grew up in a family that was mean, teasing, and blaming. Dr. Erickson wasn’t big on diagnosis, finding causes, or who was to blame. He was sort of quintessential American – interested in the solution and resources. I’m Irish on both sides of my family so I was fascinated by his stories, but actually quite frightened of hypnosis. After I studied with him I got over that because he seemed so respectful and not manipulative. I once heard Jay Haley say, “If I understood 50 percent of what he did, I think I’d be a lot better therapist.”

JK: New worlds would open.

BO: Yes. And my sense is there is so much more to discover.

JK: Did Dr. Erickson ever formally hypnotize you?

BO: He was mostly conversational.

INTERVIEW continued on page 22

BOOK REVIEW

Creating Connections Vol. 1 ***Selected Papers of Rob McNeilly***

By Rob McNeilly

Tandava Press
2014

ISBN: 978-0987380647
125 pages

Reviewed by Anellen M. Simpkins, PhD & C. Alexander Simpkins, PhD
San Diego, CA

Rob McNeilly is a physician turned talented hypnotherapist who has done much to promote Ericksonian therapy through his popular online conferences, sensitively helpful DVDs, and insightful books. *Creating Connections* is the first volume of McNeilly's selected papers -- 16 thought-provoking nuggets of clinical wisdom. Many of the articles include fascinating philosophy and clear theories, along with specific protocols and useful therapeutic scripts. Clinical topics covered include, addiction, sleep problems, smoking cessation, depression, and trauma. There are insightful articles on Erickson's contributions, ethics, emotions, history of psychotherapy, language, and education.

We liked how these diverse papers come together cohesively to reflect an eminently useful, solution-focused Ericksonian approach. For example, McNeilly defines emotions as "predispositions to actions." (p. 56) Thus, when we are in an emotional state of anger, for example, we are predisposed to certain kinds of actions. By looking at the actions that arise from different kinds of anger, such as discussing with clients how resentment often brings a wish for revenge, then forgiveness, a solution to resentment, can emerge. The method becomes transparent: Discern the fine-grained quality of emotion, note the actions it elicits, and point out the solution for that action. Clients then have a clear action path for changing how they feel.

The principle of emotions as actions is applied to therapeutic problems. For example, in the chapter on addiction, McNeilly redefines substance abuse as a "series of actions." Thus, when the sequence is interrupted, the problem is disrupted. Sometimes a therapist can help clients do more of an action; sometimes less. Or, perhaps, they can help the person change the sequence, or alter steps.

The solution focus fits seamlessly with an Ericksonian approach, which is to find a unique solution that fits each individual. For example, with sleep problems -- what is the real problem? Is it a difficulty falling asleep or staying asleep? Does this client worry, or is she tense? McNeilly provides techniques for many different possibilities, woven into hypnotic language, while also inspiring you to discover your own orientations.

In working with trauma, McNeilly looks for resources. What does the patient like to do? What are his strengths? How did she do something well? What beneficial changes have already taken place? This approach to therapy turns things upside down, just as Erickson did, to find what works for people rather than focusing on how they have failed.

Therapy is about solving problems, but in order to do so, clients must be open to learning. In "Learning to Learn," McNeilly addresses how people avoid learning and lack the ability to adapt to change. By accessing the unconscious and knowing how to sensitize oneself, one learns how to let learning happen.

A running theme in many of the papers, such as, "About Nothing," is how to help clients and students bypass obstacles by going to a creative place for solutions. McNeilly understands the value of nothingness from Taoism and Zen, and utilizes it to find an open space where clients can discover their own solutions.

We invite you to savor each paper as we did, and you will discover yourself thinking differently. The writing in this book is heartfelt and personal, making it a pleasure to read. We highly recommend McNeilly's *Creating Connections* and look forward to reading Volume II!

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SUMMER/FALL 2015



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C O N F E R E N C E R E V I E W

A Festival of Ericksonian Voices

Organized by Robert McNeilly

<https://robmcneilly.simplero.com/page/33894>

Conference cost: \$67

Reviewed by C. Alexander Simpkins, PhD & Annellen M. Simpkins, PhD
San Diego, California

Rob McNeilly has organized an inspiring collection of Ericksonian voices, offering deeper insight into Milton Erickson's important contributions to the field of psychotherapy. More than 40 prominent therapists speak briefly, about Erickson's multidimensional influence and reveal how they were personally influenced.

The first contributor is Jeffrey Zeig, Founder and Director of The Milton H. Erickson Foundation. Beginning with tailoring, he provides 10 succinct reasons why people should learn more about Erickson and his approaches. Zeig explains how Erickson individualized treatment – tailoring to the uniqueness of each client. Another reason to learn about Erickson, Zeig maintains, is utilization. Erickson taught therapists to be ready to respond to whatever the patient brings to therapy, even the “negative,” and then to utilize it in positive ways. Erickson's strategic approach – working with the unconscious as a positive resource -- guides therapists to attune and elicit, rather than inform.

Michael Yapko points to the many ways that Erickson changed the face of hypnosis, including transforming it from a more detached process, into an interpersonal, creative one.

Bill O'Hanlon speaks about Erickson's early intuition of the continuous plasticity of the brain and human experience. Erickson was ahead of his time in understanding the brain, and finding creative ways clients could become actively engaged in their own treatment. Through his evocative, sensitive approach, Erickson led people to find their own direction for change. O'Hanlon cites a charming story of how a youthful Erickson once got on the back of a lost horse, and through subtle encouragement helped the horse find its way home, just as therapists can guide clients to discover their own resources for healing.

Michael Yapko points to the many ways that Erickson changed the face of hypnosis, including transforming it from a more detached process, into an interpersonal, creative one. Steve Lankton characterizes Erickson as having a post-modern epistemology, in the way he co-created with his client an outcome that made resources available in the context in which the client found him/herself.

Rubin Battino speaks about out how Erickson was practical, and brought hypnosis into the realm of truly helping people, quickly. Dan Short presents theoretical underpinnings. Erickson elicited self-organizing change that can lead to a reorientation, at conscious and unconscious levels. John Lentz, a counselor and minister, explains how Erickson's work changed how he relates to theology. Lentz makes every sermon hypnotic, so that his parishioners can utilize the teachings in their own unique way. Ultimately, Ericksonian hypnosis is the study and use of implied meanings, and Lentz has found this an invaluable lesson for both his therapy and ministry. Consuelo Casula, President of the International Society of Hypnosis cites seven reasons for studying Erickson, including his unique way of creating a therapeutic alliance that will open the hearts and minds of clients.

Ultimately, Ericksonian hypnosis is the study and use of implied meanings, and Lentz has found this an invaluable lesson for both his therapy and ministry.

Many of the practitioners talk about how Erickson influenced them both personally and professionally, and how he is an inspiration. As a Wounded Healer, who suffered from chronic pain and disabilities, Erickson can teach us how to harness the negative that life brings and turn it into something positive. Through his creative way of thinking outside typical therapeutic models, we can draw out resources from our clients that they may not know they possess.

We highly recommend this audio series. It will awaken your own creative responsiveness!

A FESTIVAL OF ERICKSONIAN VOICES

Rob McNeilly from Hobart, Australia, has preserved Erickson's heritage with this collection of shared memories.

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Roxanna Erickson-Klein PhD,
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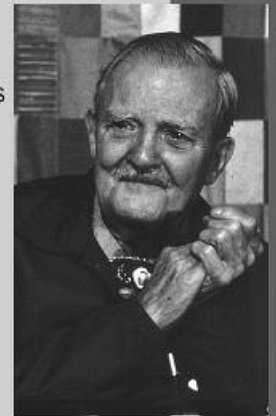
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BOOK REVIEW

The Beginner's Mind

The Complete Works of Milton H. Erickson

Edited by Ernest Rossi, PhD, Kathryn Rossi, PhD, and Roxanna Erickson-Klein, PhD

Volume 3 – Opening the Mind

Milton Erickson Foundation Press
Phoenix, Arizona
2008
280 pages

Reviewed by Richard Hill, MA, MEd, MBMSc, DPC, Sidney, Australia

I just “spent a week” with Milton Erickson. He opened up his patient records. And through the lens of his many fascinating cases, Erickson carefully discussed the most important things about being a therapist. What was it like for Ernest Rossi, Jeff Zeig, and the fortunate others who were able to spend time with Erickson in person? It must have been extraordinary.

Volume 3 opens and closes with a section of a transcript from a conversation/session between Erickson, Rossi, and Erickson’s physician and friend, Dr. Marion Moore. Rossi had requested that therapeutic hypnosis be used to open his mind to learn everything he needed to know about becoming a good practitioner of therapeutic hypnosis. The four men talk about dolls with purple hair, sunbathing, ironwood sculptures, pretty girls, and Barney, a dog owned by one of Erickson’s patients. In a feat of Ericksonian magic we end up in “... the real essence of this session: Opening the Heart. (p.xxv)

Each of the four parts of this volume is prefaced with dialogue between Erickson and Rossi. These exchanges set the stage, but they also made me feel as if I were truly a part of the conversation. Part 1 reminds us that utilization is where “... every individual’s abilities and inner resources must be accessed in order to determine how they may be evoked and utilized for therapeutic purposes.” (p.1) This is what we need to do, but we are also delightfully reminded of what not to do – “Too many therapists take you out to dinner and then tell you what to order.” (p.2) The next 280 pages are filled with case studies that delve deeply into the foundations of therapeutic practice.

Most of the cases are from the 1950s and ‘60s, but they might as well be from last week. The editors have utilized a wide array of therapeutic contexts -- everything from examination panic to ejaculation praecox. Each treatment seems so different. How can a single therapist have so many therapeutic tricks up his sleeve? The answer is quite simple: Be responsive. Therapy needs to “... always be in relationship to the client’s capacity to receive and understand.” (p.31)

Treatment modalities are not the center of therapy; it is the client. “Hypnosis was used solely as a modality by means of which to secure their cooperation in accepting the therapy they wanted.” (p.68) It is also the resonance between client and therapist where it is vital to be doing what seems to be most important to the client.

Part 2 illustrates Erickson’s indirect approaches to symptom resolution. In Chapter 13, Erickson and Harold Rosen expand on the function of a patient’s symptoms, which are more than what appears on the surface. Ernest Rossi later describes: “the symptom path to enlightenment,” which I colloquialize as, “the problem is a message.” Erickson shows how therapeutic hypnosis can make it possible for the patient to express or even act out the problem/symptom. This section takes readers into the challenging cases of those suffering from difficult psychosomatic and sexual issues.

Erickson and Rossi show that a neurological issue can be expressed in, and through, the body -- what goes on above the neck is connected to below, and vice versa. The answer is to see the patient as a whole; a dynamically interactive expression of whatever the condition might be. There is no mind/body duality, even

What is the message the symptoms are trying to represent? What is the path they seek to illuminate? What is the therapeutic response that will help the client? These are the fundamental elements in the dynamic interplay of therapeutic practice, and it is what we are encouraged to appreciate in these extraordinary case studies from Erickson’s files.

though such thinking still exists in some quarters.

The work of Rossi and others in psychosocial genomics makes it clear that activity-dependent gene expression, which is stimulated during therapy, is a systemic and dynamic function impacting the entire organism. What, how, and where therapy is applied can have a much wider scope than simply reproducing a modality. Therapy is guided by the information embedded in the symptomology, and through the capacity of the therapist to both know and intuit what might lead to beneficial change. What is the message the symptoms are trying to represent? What is the path they seek to illuminate? What is the therapeutic response that will help the client? These are the fundamental elements in the dynamic interplay of therapeutic practice, and it is what we are encouraged to appreciate in these extraordinary case studies from Erickson’s files.

Part 3 has a special focus on sexuality issues. The 1950s was an era when sex was still an extremely sensitive topic. These cases teach much about therapeutic practice, but they also offer a historic and cultural snapshot.

Part 4 takes readers in a slightly different direction: self-exploration. I assumed that this part would be about the therapist only, but it is also about the patient. It opens with a Rossi-Erickson dialogue about how watching, but not experiencing, has effects. Taking an objective position allows patients to be freed from their “... biases of distaste.” (p.209) This sounds similar to our modern discourse of externalizing the problem and of separating the issue/behavior/affect from the person. Therapeutic hypnosis enables and allows the patient “... to achieve a detached, dissociated, objective, and yet subjective view...” (p.211)

The therapist must also carefully observe people in everyday life -- something for which Erickson is renowned. This observation and subsequent awareness “... is the best approach to becoming a better psychotherapist.” (p.276)

The volume finally returns to the session between Erickson, Moore, and Rossi as they discuss the myriad of cues and clues that emerge during the therapeutic experience. Everything from minor facial expressions, to metaphors, to a casual comment can provide a rich resource. To be a good therapist takes an open heart, an open mind, subjective and objective awareness, and a keen sense of noticing and being able to see the illumination of the path to enlightenment, for both patient and therapist. The final words of the volume capture it, in all its simplicity:

Rossi: So we have to find out how to read faces. We have to find out how to read inflection of words, minimal cues that the patient gives about their underlying problem. That’s what this is all about.

Erickson: Yes.

Rossi: That’s a lot of work! You don’t just sit there and talk and empathize.

Erickson: Yes!

INTERVIEW*continued from page 18*

JZ: He called that “naturalistic trance.”

BO: On one visit, there were these two psychologists who kept trying to hypnotize each other. This went on for five minutes until finally Dr. Erickson said, “Alright, that’s enough. Now I’ll show you how hypnosis should be done.” This was an uncanny moment, because the night before I talked to a guy I knew who lived in Phoenix and was a hypnotherapist. He said, “What have you been up to?” I said, ‘Well, I’m studying with Dr. Erickson.’ He said, “You’re kidding. You’re studying with the master? Have you asked to work with him yet?” I said, ‘No, I’m his student, not his patient.’ He said, “You have to ask him to work with you on some issue because you’ll learn it from the inside out.”

I’m a finicky eater. At that time, I ate about 10 foods. Occasionally, it was socially awkward, but it bothered other people more than me. I thought, ‘I’ll ask Dr. Erickson to work with me because I’ve done some work in psychotherapy and it never yielded anything.’ I was sexually molested, orally, when I was a child, so I’m sure there was some trauma with that. Also, I never grew out finicky eating like some kids do. After Dr. Erickson said he would show us how hypnosis should be done, he began to tell stories. The first was about a psychiatrist who had asked Dr. Erickson to dinner at his and his wife’s favorite place where they always ordered the same thing. At the restaurant, Dr. Erickson was told the couple’s preferred dish, but instead ordered a dozen raw oysters. They were appalled, but he took so much pleasure in eating the oysters that the couple sent their usual meal back and both ordered oysters. Now I’m thinking, ‘Am I in trance?’ I was going to tell him that I wanted to work on restricted eating and here he is telling a story about flexibility with food.

The second story was about when he was giving a teaching seminar down South and the psychiatrist who sponsored him said, “I told my wife all

about you and she’s so honored to have you to our house that she’ll make you anything -- and she’s a terrific cook.” After Erickson was introduced to his wife, he said, “I don’t come down South often, but when I do, I love milk gravy. If you can make something with milk gravy I would love it.” The wife blushed and became silent. The husband fell down laughing, and then said, “I grew up in the South in a poor family and when I married my wife I asked her to make milk gravy and she said, ‘That’s for poor white trash. We don’t have that in this house.’” Not only did the woman make milk gravy, she loved it, and now the couple regularly eats it.

Dr. Erickson went on to tell more stories about food and breaking out of patterns and afterwards asked, “Now what can I do for you young man?” I said, ‘I think you already did it Dr. Erickson.’ I really did think he was psychic. About a year after he died, I was at a restaurant with friends and ordered crepes with béarnaise sauce, which I had never had. I’m kind of a junk food eater. My friends asked me what was going on, and I said, “I have a sense that something Dr. Erickson said is getting me to order this.” I ate it and I liked it.

JK: So how did you get to Bandler and Grinder?

BO: In 1976, I came across *The Structure of Magic* and it raised my awareness about the importance of language. I was working at TriCity Mental Health Center in Mesa, AZ and there was a flyer advertising Bandler and Grinder in Tucson and it would be \$35 for three days. I was pretty poor at the time, doing an internship and finishing my master’s degree. I didn’t have a car so I said asked another intern to go. We went and after 15 minutes I said, ‘I’ve already got my \$35 worth. This is fantastic.’ They were some of the best teachers I’d seen and I became a camp follower. The following year, I went to certification training taught by Bandler, Grinder, Leslie Cameron, and Judy Delosier. At the beginning of the training they asked,

I then focused on Dr. Erickson and it became part of my mission to let everyone know about this amazing fellow who could relieve suffering more powerfully than anyone I had ever come across.

“Who knows what neurolinguistic programming is?” A couple of people raised their hands, and Bandler said, “You couldn’t know because we were just drinking Scotch on our back porch the other night and we made up this name. It’s the study of the structure of subjective experience.” At that point, I became less interested because it was more formulaic. They said we were going to study the greatest chefs and that they would teach us how to become great chefs.

JK: Modeling.

BO: Yes, patterns and modeling. Neurolinguistic programming seemed like a recipe and was antithetical to

what I had learned from Dr. Erickson. Then, they started certifying and franchising and I thought it became like Kentucky Fried NLP. At the first NLP conference, a psychiatrist kept turning on his tape recorder during the introduction and Bandler threatened to break his arms. That was the end for me. I left and never looked back. I then focused on Dr. Erickson and it became part of my mission to let everyone know about this amazing fellow who could relieve suffering more powerfully than anyone I had ever come across.

JK: Fantastic. And how did *The*

INTERVIEW continued on next page

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INTERVIEW*continued from page 22***Uncommon Casebook come about?**

BO: As I mentioned, I was molested...by my grandfather. One of the ways that he maneuvered me into the molestation was by confusing me. He turned the TV volume up and began speaking in a confusing way. It only happened once, but it certainly left a mark. After that, confusion felt dangerous, so it was a challenge to study with Dr. Erickson. When I come into a confusing situation, I develop a compulsion to clarity. My first attempt to analyze and make sense of Dr. Erickson's work was with *Tap Roots*; the second was *Uncommon Casebook*. I would listen to audios of him – there's approximately 328 cases – watch videos, attend workshops, and talk to people who had studied with him directly. Jay Haley had written *Uncommon Therapy* and I asked his

BO: I was at a personal development workshop and people were crying, laughing, grim or ecstatic. After two hours, this woman said, "When are we going to get to the experiential part?" A month later, she had left a long-term relationship, quit her job, and moved to a different city. She said, "I guess I'm in the experiential part."

JK: What's your favorite Erickson case? Is it the tooth story?

BO: That story for me is apocryphal. Here's this woman who thinks she's hideous and had this bleak childhood. She believes her worst feature is the gap between her two front teeth. Erickson can barely see it, but she thinks it's like the Grand Canyon. She's suicidal and everyone wants to hospitalize her, so she asks Dr. Erickson if he'll take her case. He

One of the things I learned from Dr. Erickson is that wounds don't have to cripple you for the rest of your life. They're always going to influence you, but they can become an asset.

permission to use "uncommon" for the title of the book.

JK: No one in the history of psychotherapy has ever reported 328 different cases. That in itself is an indicator of Erickson's genius. Okay. Let's talk about Dr. Erickson as the Wounded Healer.

BO: One of the things I learned from Dr. Erickson is that wounds don't have to cripple you for the rest of your life. They're always going to influence you, but they can become an asset. He once said, "In the Erickson family we see trouble as the roughage of life."

JZ: Right. Utilization is one of the primary principles of Dr. Erickson, as well as his insistence on experiential realization rather than intellectual and academic recognition.

agrees...on one condition – that she does anything he asks of her, as long as it's not immoral, illegal, or unethical. He asks her to practice squirting water through the gap in her teeth. Ultimately, he gets her to flirt with a guy at her work doing this. She winds up marrying him and having kids. Again, the problem becomes part of the solution. I don't think this is prevalent in modern psychotherapy.

JK: It's not prevalent, and as much as I studied utilization, actualizing that on a moment-to-moment basis is something that eludes me.

BO: Yes. I keep thinking depression or anxiety is the problem.

JZ: Right, because that's how we were trained. How Dr. Erickson came to that pragmatism is some-

I believe Erickson was in awe of the natural world, believing that nothing gets created that doesn't have a use.

where within the weave of the context or personality, or history, or attitude, or beliefs.

BO: I believe Erickson was in awe of the natural world, believing that nothing gets created that doesn't have a use.

JZ: And this wasn't confined to his therapy; he lived this.

BO: That's right. It's counterintuitive for most of us but it seemed so natural for him.

JZ: The first 60 years of psychotherapy are dominated by analytic approaches. Then, as it becomes Americanized, there's the behavioral movement, humanistic movement, systemic movement, and cognitive behavioral movement. More recently, there's affective neurobiology -- and still Erickson stands apart.

BO: I think Erickson was the first solution-oriented therapist. He also portended and helped birth a collaborative approach.

Erickson took several stroke cases, even after a year of the stroke, when the common thought was if a patient doesn't recover within a month, they wouldn't recover at all. Erickson would have them walk, sing, and say nursery rhymes. He would also insult them to evoke plasticity. I was taught that your brain stops developing when you're a teenager. Now, we know the brain can change throughout life. What I got from Dr. Erickson was that everything is plastic.

JZ: Absolutely. Thank you so much for your time.

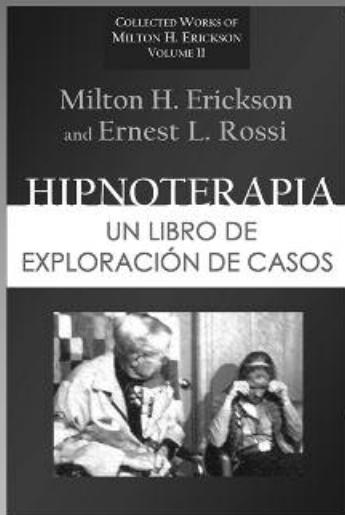


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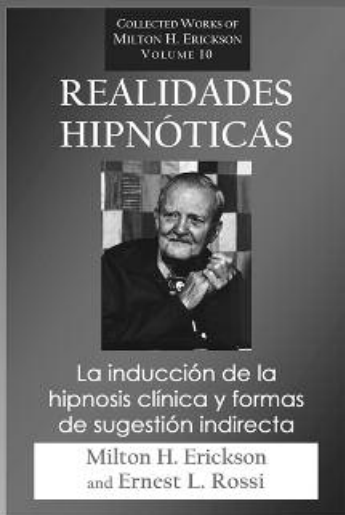
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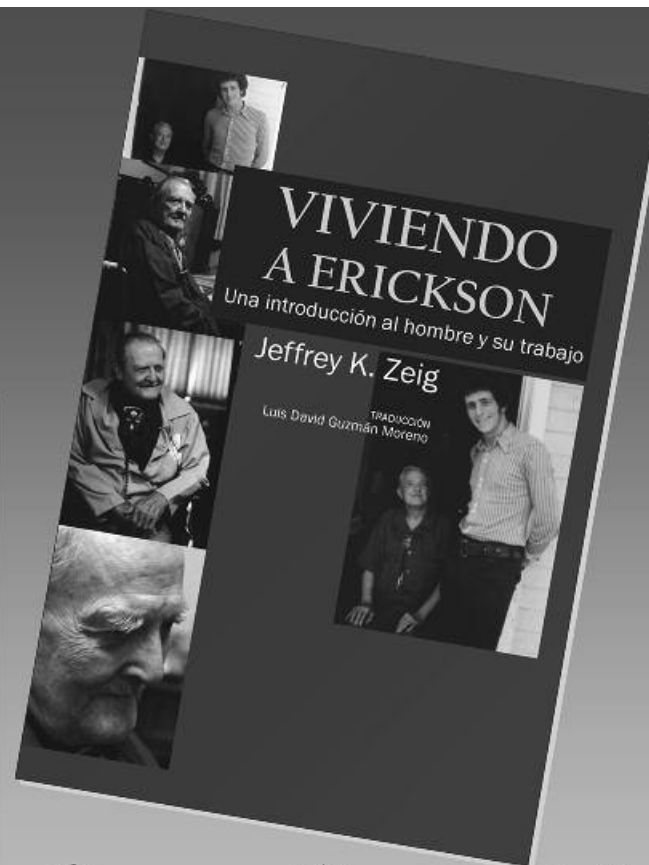
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