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INTERVIEW

DERALD WING SUE

Interviewed By Jeffrey K. Zeig, PhD

Derald Wing Sue was born in Portland, Oregon and is Chinese American. He grew up in a predominantly white neighborhood and remembers being teased due to his ethnicity. Although the prejudice and discrimination negatively affected Sue, it prompted him to study multiculturalism and later, cross-cultural counseling.

Sue is a certified hypnotherapist in Portland. He has authored 23 books and has written on various topics including multicultural counseling and psychotherapy, psychology of racism and antiracism, cultural diversity, cultural competence, and multicultural organizational development. His most recent book coauthored with Lisa Spanierman, the revised edition of

Microaggressions in Everyday Life (2020), is on multicultural competencies and the concept of microaggression. Sue has also coauthored with David Sue *Counseling the Culturally Diverse: Theory and Practice* (2015) which was controversial due to the authors' philosophy on multicultural counseling.

Sue has an MS and PhD in counseling psychology from the University of Oregon. After completing his degree, he became a counselor at the University of California, Berkeley counseling center, and was known as the counselor who supported Asian American students. In 1972, Sue and his brother Stanley, cofounded the Asian American Psychological Association and Sue served as the founding president of the organization.

In 1996, Sue testified before Bill Clintons President's Advisory Board on Race. He also has served as a president of the Society for the Psychological Study of Ethnic Minority Issues, and the president of the Society of Counseling Psychology of the American Psychological Association.



Derald Wing Sue

1999, along with Melba Vasquez and Rosie Bingham, he co-founded the National Multicultural Conference and Summit.

Jeffrey Zeig: As an expert on multicultural counseling, you confront the personal and collective denial in which we shroud ourselves. Like the Emperor's New Clothes, you find the subtext, and you are not afraid to speak out against long-held institutions. Let's begin with the

INTERVIEW continued on page 11

Researching Ericksonian Therapy

By Dan Short, PhD

As many of you are aware, Jeff Zeig, the founder of the Erickson Foundation, Scott Miller, the founder of the International Center for Clinical Excellence, and Dan Short, director of the Milton H. Erickson Institute of Phoenix, have been working to promote research that demonstrates that Ericksonian therapy is an empirically validated treatment and therefore suitable for healthcare consumers and for students in graduate degree programs.

Some progress has been achieved. In 2017, a treatment manual was completed and distributed to Ericksonian institutes around the world. If you wish to see this research/training tool, you can download your own copy at <https://www.erickson-foundation.org/core-competencies/>. Additionally, a series of videos have been created in which leading figures in Ericksonian therapy explain each of the six core competencies that have been supported with qualitative research. In this series of interviews Norma Barretta both describes and demonstrates the naturalistic approach; Roxanna Erickson-Klein explains the concept of tailoring; Steve

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EDITOR'S COMMENTS



The Evolution of Psychotherapy Conference coming this December is an exploration in discovering the shared qualities that make us human. “Psyche,” the core of the words, “psychotherapy” and “psychology,” is often associated with the undefinable aspects of the human soul, mind, and spirit. But definable or not, psyche is the common element that makes us all human.

But what it means to be human is too complex to be reduced to a series of sound bites. We are fortunate that the presenters this year’s Evolution Conference have dedicated their lives to sampling elements and perspectives that in their totality represent a larger understanding of humanity.

The IDIC of Star Trek® (Infinite Differences in Infinite Combinations) is that in the Vulcan world there are vast differences of expression, but a solid base of commonality. Variations of expressions evolved to solve different human problems in different contexts, and these variations are all worthy of respect.

In these troubling times, this concept that we have more in common than our differences is necessary. Part of Jeff Zeig’s premise in organizing the first Evolution of Psychotherapy Conference held in 1985, was to highlight the commonalities in the different schools of psychotherapy.

A phrase you often hear today: “we will get through this together” has the presupposition of *we* and *together* as a community of the larger tribe of humans working toward a shared goal. This issue of the newsletter represents the understanding of that larger tribe, and what might distract us from our awareness of its presence.

Our featured interview for this issue is with Derald Wing Sue, who is an expert on multicultural counseling. In conversation with Jeff Zeig, Wing Sue points out that invisible microaggressions can erode our sense of an equal community, an equal tribe. I had the honor to be the moderator for Dr. Wing Sue at the last Evolution conference, and it was life-changing for me. I look forward to his presentation this December.

John Lentz interviews another Evolution faculty member for his *The Spirit of Therapy* column. Lentz spoke with Steven Hayes, the originator and co-developer of Acceptance and Commitment Therapy (ACT). Hayes is ranked as one of the most frequently cited psychologists in the world. The reason for those citations will become obvious when you read his perspectives of the importance of “we” over “me” in the evolution of our society.

In this issue, Jeff Zeig writes about Milton Erickson for his *Inspiring Moments* column. As Zeig reminisces about time spent with Erickson, you can see the influences that led Zeig to creating the Evolution of Psychotherapy Conference.

More of Erickson’s unique characteristics are highlighted in a companion article, *Excerpt from Erickson Biography*, which was taken from an interview with Paul Lounsbury and Nancy Winston about their early experiences with Dr. Erickson.

For his *Case Reports* column, Eric Greenleaf welcomes Suzanne Black to our newsletter family. In a poignant and emotionally honest way, Black demonstrates the universal human connections that can occur during this pandemic, and the special place that mental health professionals can have in just being human.

Leave it to Marilia Baker to title her *International Community* column, “How Cecilia Fabre Built an Extensive Online Program of Therapeutic Support Enhanced by the Advice of an Astronaut During the Coronavirus Pandemic of 2020”! And, her article delivers even more than its title suggests. It is a story that includes how we can all emotionally get through this pandemic, from the perspective of an Amer-

ican astronaut who spent a year in space, sharing a cramped space capsule with people of different languages and cultures. Cecilia Fabre is passionately involved with the international community, helping to create and disseminate supportive resources in Chinese, Persian, Polish, Portuguese, Hungarian, Italian, English, German, Spanish, French, and many other languages. One planet, many understandings.

We have a nice spread of book reviews in this issue. Bart Walsh reviews John Lentz’s *Transforming Bipolar*. In this book, Lentz demonstrate that by using the common experiences that unite us all, it is possible to covertly redirect the elements of the negative trances often found in bipolar patterns into positive trances to reconnect the person to “strengths, talents and resources available in the individual in the current situation.” This is a novel and innovative approach, and in his review, Walsh provides significant caveats and insights.

To complement Walsh’s review, is Barry Winstead’s review of Stefan Hammel’s *Handbook of Therapeutic Storytelling: Stories and Metaphors in Psychotherapy, Child and Family Therapy, Medical Treatment, Coaching and Supervision*. Winstead provides an excellent review of an excellent resource. While Hammel describes this book as a handbook, Winstead sums it up beautifully with, “This book is indeed a ‘handbook,’ but... his [Hammel’s] work moves beyond a convenient reference for therapeutic storytelling. This book is a powerful and convincing story about stories.”

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IN THE SPIRIT OF THERAPY

An Interview with Steven Hayes, PhD

By John D. Lentz, D.Min.

*Steven C. Hayes is a Nevada Foundation Professor of Psychology in the Behavior Analysis program at the University of Nevada, Reno. An author of 46 books and nearly 650 scientific articles, he originated and co-developed Acceptance and Commitment Therapy (ACT), one of the most widely used and researched methods of psychological intervention that has been created over the last 20 years, and Relational Frame Theory, a basic experimental analysis of human symbolic thought on which ACT is based. Dr. Hayes has received several national awards, including the Lifetime Achievement Award from the Association for Behavioral and Cognitive Therapy. His popular book, *Get Out of Your Mind and Into Your Life*, was a best-selling self-help book in the U.S., and his new book, *A Liberated Mind* has been released to wide acclaim. His TEDx talks have been viewed by over 600,000 people, and he is ranked among the most cited psychologists in the world. Hayes is a frequent presenter at evolutionofpsychotherapy.com.*

John Lentz: I watched your first TED Talk and it was the most dramatic and hypnotic that I have ever seen.

Steven Hayes: Oh, my goodness. Well a lot of people identify with it. They have been to that emotional space. Even now when I look at it, I realize that it captured what goes on in the crazy world of anxiety and panic.

JL: I am familiar with a lot of your work and one of the things that stands out is you are giving almost all of it away. You have written more than 40 books and 650 articles and when I look on the Internet, you have a video about almost everything and interviews with people from all over the place. I can click on almost two dozen interviews with you and videos of your work for free. Most people are not that generous, and you are. What is going on?

SH: Well, I do sell some things, so I don't completely agree with that characterization. You know where in the TED Talk when I say, "I am going to do something... the little boy under the bed"? [Hayes is referring to when he remembered being a little boy, and making a commitment to himself that he was going to do something. And this helped him to cope. JL]

JL: Yes.

SH: I think that most of us in the helping professions have a heart for things like that [again, Hayes is referring to his TED Talk, and how his revelation in that moment of pain was healing. JL], but we get caught up in the role and we get controlling over what is going to happen over time. Who is going to get credit? And normal human failings. And I have tried to set up things in my own mind so that I can deal with my own narcissistic self-aggrandizement. If you ask my wife, she will tell you that sometimes she has to come along and whack me on the head, especially when I come back after a workshop with my head this big [holds his arms out wide]. What I have tried to do is put things into my social environment that keep my eye on the fact that I am going to try to do something for people suffering. Not just right now, but in the future as well.

JL: That is interesting.

SH: A little longer answer to that question is that before I got into this business of psychology, I was a political organizer. I worked with a wonderful man named Ed Pool, who was almost like a second dad. We did this thing called 'The Clean Environment Act.' It was the first initiative done by normal people, not folks who are paid to go out and collect signatures, but by actual normal people caring about something. Now this type of movement is numbered in the hundreds. It was Proposition 9. That is how long ago it was.

JL: Wow!

SH: Hiram Johnson put things into the bill. Ed said that it is only in group action that you get anything done. We don't get things done by me, me, me. We get things done by we, we, we. You don't want to run out and be the head of the parade. You want to be in the back. Occasionally, you must lead, but you want to be in the back pushing other people.

I will give you an example. The Acceptance and Commitment Therapy (ACT) community will not certify anyone. If you become a recognized trainer, you sign a value statement that we created together. It is being revised now, but in the early 2000s, one of the things your signature attested to is that you wouldn't certify therapists. Why? Because when you do that, guess who is on top? And then how do you get rid of these people? They must die and the people who must come behind them are disciples. No, No, No. I saw that in the 60's with this guru and that guru.

I lived in a religious commune and then suddenly you realize the guru is nailing many of the women in the group. So, I have tried to set it up as an open-source.

We, the ACT community, have created a culture that is clean and somewhat flexible and somewhat good for others. And it turns out that we, the folks involved in ACT, do plenty good for ourselves when we do that. It is deliberate and it's not because of a personality thing. Because of my political organizer background, I knew that I needed to set it up so that even I could not certify anyone. We have eliminated that.

JL: I am curious about something else. In addition to promoting values and organizational structures, there is an overall spirituality in your work. For example, on your letterhead you have a connection to pastoral counselors. I am impressed.

SH: Yes, the very first article I wrote, and the core of my work is about a spiritual connection, and, in part, it was in the TED Talk — where I spoke about that night I was curled up on the carpet in pain of anxiety. You could say that was a spiritual experience. [In the TED Talk, this is almost a death and rebirth experience. JL]

JL: Sure.

SH: It was an out-of-body experience. I went to a Jesuit college and Catholic schools. In the first ACT book, the story of 'The Garden of Eden' is front and center. I just think that as scientist types we should not be afraid to look at spirituality. Something like 98 percent of people says that spirituality is important. So, what is up with that?

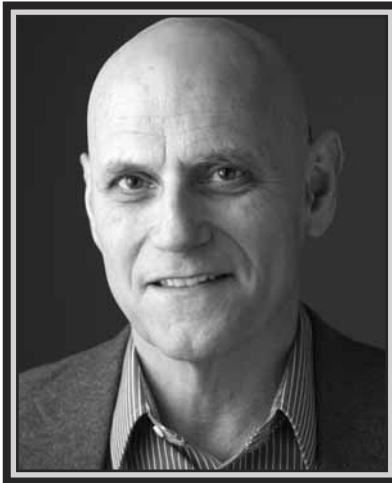
The first article I ever wrote back in 1984 in the *Journal of Behaviorism* was called 'Making Sense of Spirituality.' That was my beginning as a writer and of my interest in spirituality. When we refer to spirituality, we are referring to human consciousness itself and how it connects us to others in other times and places, so that in extraordinary circumstances, our spirituality produces oneness with others. We call those types of experiences spiritual, because of the larger flow of humanity. From there, wonderful things are possible; transformational things are possible. So why should not evidence-based therapies, as well as the other sciences, be able to go right inside this precious and important dimension of human experiences?

I have been on a journey for a long, long time. I think of it in a monistic way. I don't know if there is a God or not. But I do know that spirituality is important. And I know that transformation is important and that those two things go together.

JL: You have said in a more poetic way what Bill O'Hanlon said about spirituality. He says it is commitment, connection, and compassion.

SH: Well, I like Bill's work and I bow in that direction. One reason that spirituality is so important is that all the points of psychological flexibility pivots on it.

SPIRIT OF THERAPY continued on page 7



Steven Hayes, PhD

CONGRESS REVIEWS

Program Reviews of the 13th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, Part II

All reviewed media is available at: <https://catalog.erickson-foundation.org/page/erickson-congress-2019-av>

In the spring edition of the newsletter, we presented the reviews that members of the newsletter family felt were outstanding examples from the final Erickson Congress in December 2019. Of course, as I mentioned in the last issue, we ended up with reviews for every one of the presentations, so we had to reach into the proverbial fishbowl and draw those that would be included. Since there were still too many to fit into a single issue, we divided them between the spring and summer issue. The following are our summer offerings from the final International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. [Ed.]

Roxanna Erickson-Klein, PhD and Alejandra Diaz, MS, LPC

Self-Hypnosis: Experiences from Two Cultural Viewpoints

Pre-conference workshop – SE02

Reviewed by Maria Sole Garosci

This pre-conference workshop was a thoughtful offering of experiential, step-by-step self-hypnosis techniques, using two different cultural viewpoints. To move the content of the workshop beyond the theoretical, we were invited to choose any personal work we wished as vehicles for the learnings.

The workshop moved directly into practice, with several group exercises that developed a hypnotic yes-set, which became more powerful with each exercise.

The cognitive exercises perfectly integrated and connected with the identification of smaller elements of a subjectively perceived problem. These cognitive-based exercises were structured with the assumption that the unconscious mind is always listening, thereby subtly reinforcing goals, suggestions, and other future projections.

The morning closed with the completion of the “preparation phase,” which provided two different maps of the self-hypnotic procedure. It was as though we had received two paths from which to choose, according to our own style. Or, we could create our own path.

In the afternoon, the solution-oriented process continued. The work in groups moved from the identification of the issue and the preparation for self-hypnosis, to the solution process itself. One practice addressed the transformation of senses. This could be a seeding experience — a final part of the experiential yes-set, that stretched to the transformation of a symbol later evoked.

This workshop was a valuable and beneficial experience. It served as an “experiential and covert inner learning” that created a concrete experience of the self-hypnotic process. While the workshop was originally presented as a practice to learn a technique, it ended up being much more. For me, it was a “doing,” oriented to a specific personal goal, to evoke a solution process that had been seeded in the first 10 minutes of the workshop.

As with most elegant Ericksonian interventions, the benefits and learnings happened beyond conscious awareness. Through words, images, and many chained exercises it was a multiple layered experience. And it was wonderful learning opportunity, hypnotic from its first moment to the last, perfectly conducted with an unexpected follow through.

Mauro Cozzolino, PhD and Giovanna Celia, PhD

How to Translate Erickson’s Utilization Principle into Terms of Chrono-Bio-Genomics in Order to Obtain Epigenetic Effects Both in Psychotherapy and with Breast Cancer Patients. – SC07

Reviewed by Richard Hill

This was one of the more scientific presentations at congress, which delved into recent research into the activity of gene expression and epigenetic states in response to a non-invasive psychotherapy. The presenters are from the University of Salerno and have been working with Ernest Rossi for many years. From Rossi’s earlier pilot studies, the presenters have continued their work in recording the cascading activity of gene expression in response to Rossi’s therapeutic process, which they have regulated for research and named the Mind-Body Transformations Therapy, or MBT-T.

This therapeutic process was developed by Rossi during and after his work with Milton Erickson in the 1980s. The most intriguing result was the investigation of changes in the epigenetic profile of a group. Before the MBT-T intervention, the individual epigenetic profiles of the group were distinct and different — heterogeneous. After the process, and in subsequent readings over the following 24 hours, the group’s epigenetic profile changed into a common pattern —homogenous.

There are several conclusions that can be made from this. I was struck by the evidentiary support this gives to the concept of a common, shared state in response to therapy. That we can see this at the epigenetic level, shows that it is possible individual cases may have unique difficulties, but share a common state of well-being. We can now begin to speculate about the benefits we can all experience when sharing a treatment such as MBT-T.

The presenters also showed similar possibilities at the genomic level in their work with breast cancer patients. Most importantly, this presentation demonstrated that there is much more to learn and do with confidence when working with psychological therapies.

Eric Greenleaf, PhD

7 Difficult Cases in the Manner of Dr. Erickson – WS06

Reviewed by Rubin Battino

Dr. Eric Greenleaf commented at the outset of this workshops that the utilization of Erickson’s approaches can be daunting since they are both meticulously planned and rehearsed. This sets a high bar for therapists who are figuring out in the moment how to respond to a patient. Greenleaf illustrated his way of doing this with seven difficult cases of his. One patient told him that she was going to commit suicide and could not be stopped. His reaction was to tell her, “I can’t allow you to threaten me with your own life.” The woman did not commit suicide, and surprisingly returned to the next session with a small sculpture she had made.

Greenleaf discussed the other six difficult cases, and from his presentation I gleaned the following. Greenleaf stated: “In my work the treatment comes first, the history comes later.” “If you do Erickson ‘influence work,’ this develops from the relationship.” “Erickson emphasized that the work is done by the patient.” Greenleaf’s seven case studies perfectly illustrated this last quote.

Robert Schwarz, PsyD

Integrating Energy Psychology and Ericksonian Approaches for Treating Trauma – WS15

Reviewed by Mike Munion

Dr. Robert Schwarz has been a participant in Ericksonian congresses dating to the 2nd International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy and is the executive director of the Association for Comprehensive Energy Psychology.

INTERNATIONAL COMMUNITY

By Marilia Baker

How Cecilia Fabre Built an Extensive Online Program of Therapeutic Support Enhanced by the Advice of an Astronaut During the Coronavirus Pandemic of 2020

Whosoever saves a single life, saves the world entire
the Talmud

Since 1988, Cecilia Fabre, MA, has practiced as a licensed psychologist in Mexico, specializing in Ericksonian psychotherapy and systemic family constellations. She is director general of Centro Ericksoniano de México (CEM), founding director of the Milton Erickson Institute of Cancún, and board member of the International Society of Hypnosis (ISH). She is also a supervisor of clinical practice and has lectured and conducted training workshops throughout Mexico and other countries. Author of *La Granja de la Esperanza* (Farm of Hope) and *Constelaciones Familiares Ericksonianas* (Ericksonian Family Constellations), Fabre has designed and implemented an Ericksonian-focused family constellations methodology¹. She is also the creator of the acclaimed *Vacaciones para el Alma* (Retreats for the Soul), an experiential program designed to transform the negative burden of everyday stressors into positive, generative emotional energy through direct contact with nature by utilizing Ericksonian hypnosis.

When I asked Fabre, “What is most important in your professional life at the moment?” she responded: “My top priority is to generate online therapeutic support through my program, *Vacaciones para el Alma*. I aim to help individuals to deeply connect with themselves through learning how to function in a healthy way, and by making conscious use of their inner wisdom. Dr. Erickson believed this innate wisdom to be our unconscious mind; I like to call it our ‘Soul Wisdom.’”

I also asked her: “What are your priorities as chief executive of a clinical and educational organization, who oversees a group of training institutes affiliated with Centro Ericksoniano de México?” Fabre replied, “My immediate agenda is to bring the vision I just stated to a worldwide audience, through our live broadcasting programs. To address the needs of individuals, families, and of our country, we have been applying this model more extensively in Mexico during the pandemic. We have been building online support networks, thus offering help through virtual conduits, such as FaceTime Live, offering relaxation and self-help exercises through our own social networks. These virtual networks allow individuals in need to have the proper, private space in which to work on themselves, while receiving professional help.”

Regarding her work with the International Society of Hypnosis (ISH), Fabre commented: “The most important part of my work with my fellow board members has been not only to expand my vision and mission, but also make sure the work of our experts in hypnosis reach clinicians, researchers, and other professionals around the world – in as many languages as possible. Our intention is to include self-help programs for health workers on the frontlines of the pandemic, who work so tirelessly to care for all of us². “This aspect has been foundational for ISH: to implement social networks and blogs in as many languages as feasible, to reach as many people as possible. We have published articles and self-help exercises in Chinese, Persian, Polish, Portuguese, Hungarian, Italian, and many other languages. Of course, we have also published in English, German, French, and Spanish.”

“The coronavirus pandemic burst into our world and brought with it the biggest challenges. People became deeply disturbed and super stressed, not only because

1. Fabre, C. (2017) *Constelaciones Familiares Ericksonianas*. Alom Editores: Mexico.

2. International Society of Hypnosis (ISH): <https://www.ishhypnosis.org/category/mtra-cecilia-fabre/>

3. Scott Kelly “I Spent a Year in Space, and I Have Tips on Isolation to Share” in Opinion, The New York Times.

<https://www.nytimes.com/2020/03/21/opinion/scott-kelly-coronavirus-isolation.html>

of fear of contagion, but also because the world seemed to stop, the economy seemed to stop. We had to be isolated, away from family and friends, from everyone. There was no clarity or certainty toward a future; high anxiety and depression were added to already existing distresses; violence and insecurity escalated. I wanted to confront this crisis as an opportunity, given my training as an Ericksonian psychotherapist. So, I decided to do what I was trained to do, by offering therapeutic support online, serving my fellow Mexicans and other Spanish-speaking individuals in Latin America.”

“The social networks came in very handy. I started to share 20 to 30 minutes each day with those in need through live streaming, addressing themes they proposed. Listeners would type in their questions and I would address their needs, utilizing my knowledge of visualization and conversational hypnosis, to help reverse negative emotions -- to bring in peace and calm. This practice was helpful to me as well because it allowed me to have a daily pause for reflection and renewal.”

“It was then, by lucky chance, that the name of the American astronaut, Scott Kelly, reappeared in my social networks. I had known of his year in space and had been interested in the many facets of his adventure – mostly about how he had experienced our planet Earth from another angle. But now, under the extreme circumstances of the pandemic, Scott Kelly was offering key advice on how to face the challenges of isolation³. I started studying his tips with keen curiosity, wondering how he had managed to survive each day, keeping body, mind, and soul together. The more I thought about his experience, the more it resonated in my heart: only someone who has lived in such an extreme situation for a year, and returning to Earth emotionally healthy and confident, can truly offer advice on how to survive the stressful burdens of isolation. I started incorporating his suggestions into my online practice”.

“Among many important suggestions, Scott Kelly emphasized **keeping a daily schedule** and sticking to it – but to pace oneself, maintaining **consistent bedtime hours** to facilitate restorative sleep. Also, be sure to have a **healthy diet**. All systems require order for their maximum functioning, so trying to keep a sense of order around oneself, will sustain and revitalize our mental and emotional health. Kelly also emphasized the **discipline of daily exercise**: our body needs to move, to generate energy to restore its balance. The more we move -- even if gently -- the more we generate endorphins, which in turn bring us feelings of well-being and happiness. I tell all my online clients: **keep moving!**”

“Four other tips deeply resonated with my beliefs and therapeutic suggestions: 1) **Keep a journal**, to record your thoughts, ideas, feelings, and perceptions. Registering private thoughts function as mirror – a reflection – which invites our capacity for observation, innovation, renovation, and resilience; 2) stay in **contact with nature**, even in its minimal forms; e.g. if you cannot exercise safely outdoors, you can always look out the window, and **always use your imagination** to remember familiar sounds, smells, scents, colors, textures; 3) **keep connected with your loved ones**: parents, grandparents, and friends, through all the available means of communication; and 4) **be of service to others** as it is part of human nature and of our essence. I believe we have the wisdom of the universe in our DNA. To do something for others gives purpose and meaning to our existence. This is also my understanding of what universal wisdom and universal love is about.”

“In conclusion, I am grateful to have learned from astronaut Scott Kelly on how to navigate through isolation during the pandemic. I also feel lucky to have successfully incorporated his tips into my online therapeutic practice. This knowledge, allied with my understanding of Ericksonian approaches, greatly expands my intention to work toward building a better world.”



Cecilia Fabre, MA

SPIRIT OF THERAPY *continued from page 4*

I write about this. Human consciousness extends across times, places, and persons. We have actually done the work in the lab to understand why. That sense of awareness is based upon I-you and there-then, and it extends across time, place, and person, and we can trace it.

There are now kids on the autistic spectrum that do not have this, and we know that those kids do not have that sense of self. How do we establish that? Awareness is pivotal, as well as other skills, such as mindfulness, and commitment. For example, as soon as you are sitting inside a sense of awareness, that awareness is naturally open to your experience. For you to say, 'I only want this experience then and not that one,' you must really make a judgement. The social extension of the awareness of others suffering is compassion, because you cannot help but see it and see the suffering of others and not feel it yourself.

The next step [is the combination of] awareness and the desire to alleviate that suffering, and these two things make up compassion. Connection is generated before you were verbal, by your mother looking into your eyes and saying, 'You sweet baby.' And you were dumping endorphins going "Yahoo!" And you connected with those loving eyes that connected with you. And these were the seeds that allowed us to establish human language.

Compassion, connection, and commitment. The commitment one is the behavioral extension of what we call our Psychological Flexibility Project, which is part of ACT. It is tied to the thoughts and feelings in the present and future.

JL: You did an interview about self-esteem and the foolishness of having good self-esteem. I was so intrigued by the originality of your concepts about self-esteem, and the practicality of it.

SH: Yes, it depends upon how you define it. There are some good self-esteem researchers. They really mean it more like self-acceptance and being a wonderful person. But in the way it is played out, people have deliberately tried to build self-esteem through positive self-evaluation. This means that they are right on the edge of a train wreck. There is so much data that shows you can develop positive self-evaluations that are worthless, except if you want to develop narcissism.

And boy, are we not seeing that in the world right now? If you turn on your television, you will see it. You can see it promoting a selfishness. When you hit some issue of self-esteem as self-acceptance or self-compassion, it is different. When people believe they are good no matter what they do, then they start doing weird things.

Before psychologists got into it, there were people who had a high self-esteem because they were committed and caring, and people applauded them for their high self-esteem. But it came out of a different space. It came out of a life well lived. It didn't come out of the idea that you are great and grand no matter what you do. Yes, you are one whole person. But are you a moral person? People care whether you keep your word and follow through. We psychologists have cultural lessons that have been stripped out on the holy altar of self-esteem. That is part of the reason why ACT teamed up with pastoral counselors. The first professionals that anyone goes to are usually clergy. So, we have been partnering up with them to teach ACT to them.

Spiritual and religious training are central to the culture. When military chaplains were asked what types of evidence-based approaches to training they were interested in for dealing with psychological problems, they said motivational interviewing and ACT, and I practically ran out to film stuff for them. Soldiers are not going to go to psychologists for obvious reasons. They are going to go to clergy, if anyone. So, chaplains need to know something about what we are learning about, so I want to put it into the hands of the pastoral counselors.

The interview continued for some time with Hayes speaking about his experiences of mindfulness and the experiences of people who he knows who are well known in the field. Steven Hayes will be a presenter at the 2020 Evolution of Psychotherapy Conference in December, and his presentations will reveal his unique way of understanding the world and healing. I encourage you to get to know him better, especially because of his depth of emotion and conviction.

Thank you, Steven Hayes, for sharing so much of yourself with me and our readers. JL

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INSPIRING MOMENTS WITH THE MASTERS

By Jeffrey K. Zeig

Milton Erickson

In December of 1973, when I was 26 years old and had recently earned a master's degree in clinical psychology, I met Milton Erickson. I was working in the San Francisco Bay Area as a couples and family counselor and serendipitously the opportunity to visit Dr. Erickson presented itself. (The transcript of this initial meeting is in my book, *Experiencing Erickson*, Zeig, 1985.)

Since I had been immersed in the world of academic learning and regurgitating information, I thought Dr. Erickson would teach me his techniques in a traditional manner and then test me. But that did not turn out to be the case. For more than six years, from 1973 to 1978, when I intermittently visited him, he never once explained any of his signature techniques or watched me offer a session and give a critique. He never once explained the confusion technique or the interspersal technique, both of which he created. And he never explained how storytelling could be used to convey a concept in therapy (another one of his signature methods that was not commonly used by therapists at the time), or how therapeutic suggestions could be embedded in a hypnotic induction. Instead, he offered me experiences to elicit conceptual realizations, and this shook my world. Erickson was like a Zen master giving his student a koan. It was as if he were asking me: "What is the sound of one hand clapping?" And I would have to reflect on the koan to experientially reach enlightenment.

On my first visit to see Erickson, he told a story so that I would realize that the following day was his birthday. He was a master raconteur and obviously enjoyed telling anecdotes. The story began with him in a restaurant in New Orleans, a place renowned for its world-class seafood, especially oysters. When the waiter came to the table, Erickson ordered two dozen oysters on the half shell. Now this was probably not that unusual, until he ordered a third dozen. And after he finished the third dozen, he ordered a fourth dozen. And having consumed 48 raw oysters, he asked the waiter for another dozen. Now at this point the waiter was cataleptic, and recognizing this, Erickson casually said, "Sixty oysters for 60 birthdays." That was how Erickson celebrated his 60th birthday.

What was even more perplexing than one man sitting down to a meal of 60 oysters, was Erickson's way of telling me that December 5th was his birthday, and that experience stuck with me. He had oriented me toward a realization I would never forget. I had no idea why he was not teaching me like all my other teachers, where I would memorize facts and then be tested, but I was intrigued and wanted to learn more.

Here's another charming story of Erickson's:

Erickson once worked with a young boy who refused to use the public restroom at school. Erickson discovered that the boy was interested in rockets, so he drew a picture of a rocket with a small compartment for the space travelers, and then talked to the boy about how being an astronaut would involve limited personal space and sharing conveniences. Erickson spoke to the boy in parallel. He did not offer a direct suggestion, such as, "You need to learn how to start using the boy's restroom at school," but rather he developed in the boy an understanding of what it would take to be an astronaut. Erickson utilized something the boy valued — rockets — to create parallel communication that would lead to the desired outcome: having the boy use the restroom at school through his own initiative.

In his interpersonal communication, Erickson did not often use a direct didactic approach, explaining something and how it could be useful. Rather he used an evocative approach. Sometimes he would tell me story after story until he saw a response indicating that I realized the message. On occasion, I would interrupt him by saying, "Dr. Erickson, you just told me several stories and they all seem to share a similar theme. What is it that you're saying to me?" But it was rare that he directly answered me. Instead, he would tell me another story — until I got it. If Erickson had something in mind that he wanted the patient or student to realize, he would weave stories and use methods derived from hypnosis until the patient or student would have a realization, which could then be used as a reference experi-



Milton Erickson and Jeffrey Zeig

ence to develop a more adaptive identity. Erickson could communicate something directly when he wanted to, but he was primarily evocative in his communication, especially in his later years. He was direct in the articles that he wrote for publication, but he could be evocative in his letters.

A female patient came to see Erickson because of intimacy problems in her marriage. She told Erickson, "I can't kiss my husband." So, Erickson created a situation where the woman could not physically kiss her husband. He instructed a student who was in the session to open a door, and put a piece of paper under it, centering the paper. Erickson told the husband to stand on the paper on one side of the door with his nose touching the door, and he instructed the woman to do the same on the other side of the door. Then Erickson said to the woman, "Now you're in a situation where you are a few inches away from your husband and you can't kiss him. Why put limitations on something when there are no limitations?"

Erickson worked to change inflexibility. He often told me stories about restrictive behavior. But he told more stories about people who learned to be flexible. In the many hours that I spent with Erickson, individually or in groups, about half the time he was telling stories about flexibility. He told stories about the innate flexibility of children, about animals being flexible, and how there was flexibility in some cultures, which did not exist in others. He wanted me to think with a beginner's mind. But rather than saying, "Jeff, you're inflexible when it comes to ____ Here's how you can be more flexible..." he instead told me stories that would prompt flexibility.

Erickson also worked to increase his students' perceptual acuity, especially in an area that he felt they were lacking. For example, I was not astute at being visually perceptive. I have always been more in tune with what I hear rather than what I see. So to hone my visual perception, he would offer me exercises. He once said, "Jeff, let's say you're walking down the street and a man is walking toward you. He's a policeman in his street clothes. What would you see in his behavior that suggests his occupation?" He also once asked me that if I were a passenger in a car and the driver was going to make a turn, how would I know which way the driver planned to turn before signaling or changing lanes. And, he suggested I watch children playing and predict which child would leave the group first, or which child would speak next.

When first offered to me, I did not know why Erickson gave me these exercises. But later I realized his intent was to sharpen my visual perception. He did not explain the purpose of the assignments, and I did not need to know it. I remember the

INSPIRING MOMENTS WITH THE MASTERS

moment I realized his reason though. I was with another student who was visually perceptive and Erickson gave him assignments to strengthen his auditory perception. He wanted to bypass the brain's left hemisphere process of using working memory and go straight to the right hemisphere's procedural memory. He wanted us to learn like children who learn intuitively.

Erickson was radically experiential and he utilized whatever was in the situation, both in the therapy room and in his personal life. He added 300 cases to the literature, more than any therapist in history, and all of them are based on utilization. Erickson once worked with a businessman who had been hospitalized. The man had experienced many ups and downs in his work life, which could explain why he compulsively moved his arm up and down vertically. Instead of trying to get the man to stop or interpreting how this man's symptom could be correlated with his stressful job, Erickson got the man to move his arm faster. Then he got the man to gradually move his arm on a diagonal; then horizontally. Eventually, Erickson took the man down to the hospital's woodworking shop, put sandpaper in his hand, and had the man sand a piece of wood. Erickson had a natural talent for finding virtue in a "fault." He would find utility in things that seemed useless. And there didn't seem to be anything that Erickson couldn't utilize.

A friend of mine, who was one of the first to make Erickson's contributions available to professionals in Germany, once visited Erickson and told him about a case he was working on that involved a couple. The woman had curvature of the spine — scoliosis — and her husband was avoiding intimacy with her. The husband claimed that this was not due to the scoliosis, but his wife did not believe him. My friend asked Erickson how he would handle this situation. Without missing a beat, Erickson said he would tell the man privately, "Men are biologically designed to love curves. Your wife has curves. Women with curves are intriguing." Again, Erickson found something to utilize in the situation; he utilized the very problem, the woman's physical "flaw," to help the husband alter his perception of what is attractive.

Erickson was also strategic in his teaching and therapy. He would set up, intervene, then follow through with interventions, establishing a momentum in which small steps could more easily lead to the targeted outcome. Erickson once used this process with me when I was organizing the first Erickson Congress in the late 1970s. This was the only time I saw him even come close to what could be considered anger.

It was early evening and both of us were tired, but I wanted to keep working. I was young and hyperactive and talking quickly, shooting questions at him about the format of the congress and the composition of the faculty. I wanted everything to be just right because the congress was my way of thanking him for teaching me for more than six years at no charge. Erickson said to me slowly and softly, "Jeeeff, it's almost 6:00." And I brushed him off, replying, "Yeah, yeah, I know." He went on, "Well, you know that I'm confined to a wheelchair." And I said, "Yeah, of course, I know." "Weeell, you also know I grew up on a farm..." And I said, "Yeah, yeah." "...and I love the outdoors. But because of my infirmities I can't really get out much." And I impatiently said, "Yeah, yeah, I know." He continued, "And I watch television because my vision doesn't allow me to read much anymore." And I said, "Okay. Yeah." And he said, "You know, I like to watch nature shows and animal shows. And at 6:00 my animal program comes on, and this is my way of getting outdoors." And I replied, "Okay, I know." And he finally said, "You know, if I don't get to watch my animal program, I get angry." I said, "I'm leaving." To this day, that experience stands as my reference for effectively expressing anger.

Erickson is the most remarkable communicator I have ever met. He was incredibly precise in everything he said and did. Each word and gesture were exactly what he intended for what he was trying to communicate. And the effect that had on me was that I felt loved and really seen. He worked hard to communicate, and the result was that he helped me become a better Jeff Zeig.

References:

Zeig, J. K. (1985). *Experiencing Erickson*. New York, NY: Brunner/Mazel.



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CASE REPORT

Who Would You Like Me to Call for You?

By Suzanna A. Black, PsyD

Recently, I began experiencing stabbing ear pain, shortness of breath, a dry cough, unremitting headaches, and signs of high blood pressure. The online doctor told me I needed to go to ER right away.

At the ER, tears welled in my eyes and I was anxious. I had taken a COVID 19 nasal swab test and spent six hours in ER waiting and wondering. I tried to reach a calm state, but I was scared.

I spent hours talking with physicians, nurses, and other ER staff about their experiences working on the frontlines, all the while being attended to with great care. I was curious to know about how these people survived hour to hour, day to day. I was deeply moved by their dedication and depth of compassion. As clinical psychologist, I tried to distract myself from my own fear by directing all my attention to them. I was viscerally struck by the level of trauma they live with every day; some recounted their struggles with anxiety, fear, sadness, numbness, and nightmares. What a huge burden they have, knowing they may be the last point of contact in their patient's life. Their hand may be the last hand the patient will ever touch, and they will be the last person that patient will ever see.

"Who would you like me to call for you?" they may ask before intubating a patient. They described to me the look of terror in the eyes of their patients. They said they remember all the eyes, the gazes, and the sense memories of being touched, even grabbed at, a hand squeezed in sudden fear, the requests for reassurance of survival.

One nurse told me she makes sure she tells her patients that they are loved and, she says, "We are all here with you. You are not alone." She grabbed my arm tearfully, saying: "I don't know how I do this every day - but I do, and I don't know what to do with everything inside of me. I go home and being home alone is scarier than being here because I'm alone with all the thoughts and images. What do I do with them? I can't get away from them. These images, emotions, and memories remain in us forever."

I became known as "The Psychologist in Room 52 North" and people would peek in to say hello and tell me how they felt: "Excuse me, I'm not working with you, but can I come in to say 'hi'?" We would talk for a minute and they would quickly slip away past the curtain and glass sliding door, back to their patients. I was able to find strength and calm during a time of abrupt and unexpected uncertainty by relating with the medical staff, sharing their heavy emotions and disturbing thoughts.

I thought last night of a woman whose hand I held when I worked in an ER. She was in her last moments of life. I cried...I hadn't thought of her in many years. She remains alive within me. Her hospital ID bracelet read, "26-year-old female." The hospital staff at the ER said that they remember everyone in their care -- all the emotions, voices, and felt sensations of their patients. They said they are shocked at how people "out there" behave as if the pandemic were over, and they are all dreading the next surge of infection.

These frontline medical personnel are angels in disguise. We must all value each other's lives as we value our own.

I know that Dr. Erickson managed his pain by interpersonal engagement. It is what enabled me to show clear thinking, calm, and compassion in the face of great uncertainty, feeling helpless at the mercy of medical staff, frightened, and in pain.

I welcomed the staff dropping in to talk with me because I was in a grounding role offering help -- a patient, kind audience to their distress. I responded to questions of how to manage their pain -- much of which could not be spoken about. I would ask where in their body they felt stress, and then asked them to describe their sense memories of ailing and dying patients. And in doing all this with the ER personnel, my anxiety disappeared. Even though I was in a hospital

gown with an N95 mask on and my mother's light pink sunglasses, feeling just abysmal, I straighten my back and become the healer that I can be.

When I was released from ER, I had another three days to wait for the test results. But I felt relieved to be back home, even though that poignant experience at ER stayed with me. As it turned out, I tested negative for COVID 19, but the experience I had in ER was indelible.

Commentary

By Eric Greenlead, PhD

"Competence is the best defense against the helplessness of trauma." – Bessel van der Kolk, MD

Suzanne A. Black, PsyD, is a highly experienced Erickson-influenced therapist working in emergency situations and in private practice. In uncertainty, trauma, and fear, people immediately flee, fight, or freeze. Dr. Black was afraid and uncertain, but she shifted her to interacting with the hospital staff, and it was a successful response to trauma. As Dr. Pearson said in his famous essay about being hit by a falling brick, "If only Milton were here. But he isn't, so I guess I'll have to do it myself."¹

¹ Pearson, R.E. (1966). Communication and motivation. *The American Journal of Hypnosis: Clinical, Experimental, Theoretical*. IX, #1, 18-25.

6 CORE COMPETENCIES OF ERICKSONIAN THERAPY

Ericksonian therapy is defined as the experiential and phenomenologically based approaches to problem-solving, inspired by the teachings and casework of the great Milton H. Erickson, MD.

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6. Naturalistic



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INTERVIEW*continued from page 1***idea of white privilege, and how that works in society in ways of which we might not be aware.**

Derald Wing Sue: One of the issues is that whiteness is a default standard in our society. And as a result, it is invisible to most people who are white, have power, and privilege, but it is not invisible to people of color. There are unearned benefits and advantages that white people have just by virtue of having white skin. And oftentimes, it challenges the myth of meritocracy – a white skinned person believing that everything they attain is due to their efforts and hard work. And they do not understand why people of color are disadvantaged. But there lots of examples of how people of color are disadvantaged. They are often monitored when walking around a store, and they are required to show more ID to cash a check, especially African Americans. My white brothers and sisters don't experience that.

JZ: Now, this gets into a topic that you have researched extensively, which is the effect of microaggression on both on the perpetrator and the victim. Can you talk about that?

DWS: Microaggressions are the everyday slights, indignities, insults, invalidations, and put downs that people of color experience. Microaggressions are not simply race based, they can be gender based they can be based on disability. Any marginalized group can be the object of microaggressions. The thing that makes microaggressions so powerful, is that they are invisible to the perpetrator. A person who engages in microaggression, is not aware that they said something that was offensive or demeaning.

The example I like to give is that I'm frequently complimented for speaking good English. Now, the person saying this means it to be a compliment, but the hidden communication that they don't see is that they perceive me as a perpetual alien in my own country. African American teenage girls oftentimes say that their white classmates will tell them that they are pretty -- for a dark girl. Now, the classmate saying this means it to be a compliment, but in essence it is saying that the girl is an exception, be-

cause most black people are not attractive or pretty.

And our work now is what we call microinterventions, or anti-bias strategies that people of color can use, because when we receive those 'compliments,' we feel offended and oftentimes we don't know what to do. The dark girl could say to her white classmate, 'Well, you're pretty for a white girl.' This could make the white girl stop and realize that what she said to the girl of color has a deeper meaning and implication. And it's the invisibility of that hidden meta-communication that reflects implicit bias -- reflections of world views of normality, abnormality, inclusion, exclusion, superiority, and inferiority.

Most people who engage in microaggressions are well meaning, decent, moral human beings who experience themselves that way. But they are out of touch with the implicit biases and perceptions they have. And that means that perpetrators' perceptions of reality are distorted because they don't understand themselves as racial, cultural beings.

JZ: They don't understand that they're being disrespectful. You have pointed out in your writing that this is a bind for the person who is the victim of micro-aggression because it's difficult to know how to respond to this type of racism.

DWS: Yes, it is. And when we first published our 2007 taxonomy on microaggressions, many of my white colleagues wrote in and said that we were making a mountain out of a molehill -- that microaggressions are trivial, insignificant, harmless. That it's no different than a white man having an experience with a rude clerk who had a bad day. But we were able to show that micro-aggressions -- racial, gender, sexual orientation -- are much different than the everyday incivilities that a person might experience. Microaggressions are constant and cumulative.

In fact, APA did a major study of 3,000 individuals, and it shows that microaggression occurs from the moment a person of color awakens in the morning until they go to bed at night; from the moment they are born until the day they die. If you see a microag-

gression out of context, you might think that it's harmless and trivial, but it's cumulative. Someone might think, 'What's the big deal?' But that person doesn't see that the person of color might have experienced three or four microaggressions already that day, and that one incident is the straw that breaks the camel's back.

JZ: You have great faith in that if you explain to people what microaggression is, if you make it public knowledge, then those who are inadvertently committing these microaggressions may realize what they're doing and stop. In my experience, knowledge is not the most powerful tool. Experience is the most powerful. I believe that experiential learning, not didactic learning is what makes people change.

DWS: I agree. And this is something I say all the time -- that we could've eradicated racism a long time ago. But what you're really dealing with is not only cognitions, but embedded emotions, the behaviors, and even the spiritual level. And how do you really become open and aware of what's going on? And the point I've made in much of my writing, is that it must come from experiential reality. If you really want to understand the life experience of let's say African Americans or Asian Americans, opening a book and intellectually reading about their history and culture doesn't do it. You must have intimate close contact with people who differ from you in terms of race, culture, and ethnicity. And, you have to monitor your emotional reactions: 'Why am I suddenly tensing up in this elevator with a black man? What is this saying about me?' You must get embedded feelings out. And the only way you do this is to have intimate experiences.

I've done a lot of work in terms of raising race-conscious, anti-biased children, and I began to look at the developmental levels. Many people don't realize that infants from three to six months can discern differences. They do it with eye contact. And the three differences they can most likely detect are race, gender, and skin color. And as they grow from very young children up to 5 years old, they know these differences, but they haven't as-

sociated negativity with the differences. They might say out loud, 'Why does this boy (or girl) have a brown skin? Does it taste like chocolate?' Well, those are good questions. The child is making observations, but parents immediately hushed the child up.

From about 6 years old to 10, the differences begin to have negative associations. So how do you stop children from having these associations? Well, the more friends of color that the child has, the more the child's parents socialize with people of color and people who are different, the less likely the child will have negative associations. Do the children witness you, as a parent or a teacher, having fun with people who are different? We have stereotypes and biases. And the approach for us is remediation. But with young children the approach should be prevention.

And to become culturally competent as a therapist, it's not simply, 'I went to a workshop.' Do you have friends who are different? Do you live in an integrated neighborhood? Do you attend events put on by communities of color? Do you go to museums that have a multicultural emphasis? Are your reading materials multicultural in content?

JZ: So, exposure to multicultural experiences is best for everyone, including therapists.

DWS: Yes, and it is also important for helping professionals to understand themselves as racial cultural beings. One of the things that I often do when I'm training mental health providers, is go around and ask people, 'What does it mean for a black person to be African American?' 'What does it mean for an Asian to be Asian American?' Then I say, 'What does it mean to be white?' And I get all these reactions: 'I'm not white, I'm Irish,' or, 'White isn't a race.'

They are baffled because they are unable to understand that being white may not be a race, but it means a completely different experience or reality than being a person of color. And they don't understand that they can be guilty of cultural oppression that imposes their worldview -- by making a determination of what is normal, ab-

INTERVIEW continued on page 24

CONGRESS REVIEWS*continued from page 5*

This workshop presented a compelling review of the extensive research evaluating Thought Field Therapy (TFT). As an example of its efficacy, 94 percent of those who survived the cultural genocide in Rowanda had a decrease in their PTSD symptoms. These individuals survived either personal assault or witnessed the homicide of a loved one.

Schwartz contextually identifies some core elements in Ericksonian therapy that correspond to this approach, for example, utilization, trance, and memory reconsolidation. He presented this material with an ease and humor that flowed from a remarkable depth of experience and expertise. Perhaps the most engaging aspect of this workshop was an experiential component in which attendees were invited to engage in the process, while he conducted a clinical demonstration of the technique.

Jeffrey Feldman, PhD**Getting in Touch with the Energy Within: Ericksonian Utilization Joins Energy Medicine and Neuroscience with a BHAM – WS22***Reviewed by Mike Munion*

Dr. Jeffrey Feldman helped found the New York Milton H. Erickson Society for Psychotherapy and Hypnosis and is an associate professor in neuropsychology, department of neurology. He is also associate director of the Center for Integrative Medicine at Wake Forest University School of Medicine.

In this workshop, Dr. Feldman presented experiential exercises focusing on the hands. He discussed the neuroscience behind the efficacy of this technique in which repetitive tactile sensation is soothing. C-tactile targeted touch of hairy skin is processed in the limbic system with the release of oxytocin. In the Bi-hemispheric Autonomic Model (BHAM), postulate II suggests that optimal autonomic functioning involves relative symmetry in activation of the bilateral cerebral hemispheric regions responsible for management of the autonomic nervous system. This response is characterized by relatively small and healthy fluctuations between leftward and rightward cerebral activation. This leveraging of what the body already does in response to certain kinds of stimulation is a classic Ericksonian intervention.

Scott Miller, PhD**Deliberate Practice for Therapists – WS25***Reviewed by Robert and Sandra Wubbolding*

Who would have thought that therapist self-doubt and lower evaluation scores leads to better outcomes in therapy! But in his presentation, “Deliberate Practice for Therapists,” Scott Miller made the cases that it indeed does. He not only suggested that therapists invest the time at the end of each session to obtain client feedback/evaluation, he showed video examples of his own less-than-perfect effort to obtain feedback from a client. He then showed us another video in which he courageously and more effectively assisted a client to provide honest feedback – and the feedback was not glowing.

Miller described this kind of feedback as immensely valuable and relationship enhancing in the therapeutic setting. Patients feel honored and respected when asked for their honest opinion. Additionally, Scott’s evaluation instruments (available on his website centerforclinicalexcellence.com) demonstrate that effective therapists often receive lower scores than less effective therapists. But it is important when requesting feedback to include questions about the client’s desired outcome, which should be discussed at the beginning of the session. For example: “Did we work on your goals?” “Did you feel understood?”

Unlike many presenters at conferences, Scott connects with his audience by his willingness to demonstrate his own limitation in assisting clients to evaluate the therapy session. Paradoxically, such willingness increases the eagerness of workshop participants to implement feedback-informed treatment and to utilize such instruments as the ORS (Outcome Rating Scale) and SRS (Session Rating Scale).

The idea if for therapists to engage in deliberate practice using effective responsiveness, understanding, empathy, a sense of collaboration, and utilization. A take-away message was that 87 percent of success is achieved through utilization, i.e., responsiveness or the ability to connect with the client.

Bette Freedson, MSW**Becoming a Clinical Wizard – What’s Intuition Got to Do with It? – WS26***Reviewed by Susan Pinco, PhD, LCSW*

Walking into the seminar room on the fourth floor of the Hyatt, I am reminded of why the Erickson congresses are so precious and how much I am going to miss them. Light plays on the ceiling and dances around the room. Looking for its source I notice a small device on the presenter’s table, and I know that magic is in store for us.

While petite in stature with a full head of curly hair, Bette Freedson stands at the front of the class, evoking the presence, intuition, and creativity of Milton Erickson. To say that she is inspiring would be faint praise. Over the course of this 90-minute workshop, with grace, humor, and absolute presence, Ms. Freedson led us through exercises and conversations designed to highlight our innate capacity to intuit, which stand on end classic definitions of clinical skills. One exercise, which she used to close the session, involved passing around bags of glass and stones that she and her husband Ray had gathered from the area surrounding their home in Maine. We were instructed to find the rock that called to us, our talisman. As I carefully sorted through the offering, one by one, I realized that I had not found “it” yet. Then almost at the bottom of the bag, I found it, my rock, the one that felt just right in my hand — as if it somehow belonged to me all along. Once everyone in the group had their rock, Ms. Freedson guided us through a beautiful trance, replete with metaphor, imagery, exquisite turns of phrase, and the invitation to imbue the rock with the wisdom that we wanted to carry forward with us from the session. It was a powerful experience.

Looking back on this workshop, I am struck by the myriad of ways that Ms. Freedson invited us to cultivate our state of receptivity to our own intuitive ideas, sensations, images, and mini-thoughts. She both modeled and reminded us to remember to recognize and seize the opportunity to utilize material and resources from the client’s personal story. The entire workshop exquisitely served as a metaphor for reframing stories in the service of creating intuitive, integrative moments.

Presentations like this are what made the Ericksonian congresses so wonderful. I am sad that this, the 13th congress, is the last. But I am also happy to have experienced the Foundation’s congresses, which brought together amazing therapists so that they could excite and inspire each other.

Bette Freedson in collaboration with Paul Leslie (author of *The Art of Creating a Magical Session*) is now writing a book on intuition and therapeutic wizardry.

John Behrs, MD**Restoring Trauma Victims’ Agency and Accountability – WS30***Reviewed by Alejandra Diaz*

Dr. John Behrs began his workshop with a clear and concise discussion of the pathology of the self-reinforcing orientation to helplessness that results from trauma. His organized sequential PowerPoint presentation introduced well-supported ideas of treatment intended to restore trauma victims’ personal agency. He has done considerable work with this population, both with individuals and groups, and has developed a model for restoration of agency and accountability.

Behrs explained in explicit terms the need and sequence for facilitating the restoration of the sense of personal choice and efficacy. He provided guidelines for working with clients so that they might become active participants in their

CONGRESS REVIEWS*continued from page 12*

treatment in order to reestablish their internal sense of agency. The process described as “Strategic Self Therapy,” is designed to teach the client to become their own therapist, while accepting the professionals in the role of catalyst or consultant.

The information Beahrs provided was strongly researched and evidenced-based, which added to the program. He effectively divided the time using his PowerPoint as an educational element, which he liberally annotated with case examples. He then opened the floor for discussion. It was evident that Beahrs’ work resonated with participants and their own diverse work situations. The entire group enthusiastically participated bringing many points of view into the discussion. The conversational exchange led to a much broader appreciation for the value of the concepts that Beahrs had presented. While these concepts are not entirely novel, Beahrs’ framework provided an invaluable way to explain the process and guidelines for working with clients who will benefit from these approaches.

Additionally, Beahrs brought together important research considerations and explained them in a way that was both easy to understand and inspirational for application to a multitude of patient populations. This workshop was a valuable forum for discussion of an important topic and contributed in to furthering the understanding of treatment approaches for individuals who suffer from residual effects of trauma.

Rick Landis, PhD and Gary Ruelas, DO, PhD

Experience the Journey of Transformation Beyond the Neocortex: How the Melding of the Conscious with the Unconscious Mind Becomes the Illumination of the Soul – WS43

Reviewed by Teresa Robles

I was pleasantly surprised by this workshop in which Rick Landis and Gary Ruelas introduced spiritual concepts, such as soul and illumination and energy and energetic interchange, backed up with solid theoretical and neurological research. They described their development beginning at conception — the energetic flow between mother and her baby inside — and how, afterward the ego and the tags that others offer to us often disconnect us. The ego disconnects, while the soul connects.

Then the presenters related those phenomena to Dr. Erickson’s work of facilitating the congruency of harmony and resonance of frequency, and of course, connection.

Throughout the workshop, Landis and Ruelas illustrated these phenomena through exercises carried out by participants. They also provided important information, for instance, a baby’s heart spontaneously begins to beat 21 days after conception, and they offered practical tips, including:

The importance of flowing with the other, giving and receiving.

To look at someone as if it was for the first time, trying to perceive them. And to look at him/her from different angles, changing the context.

To give thanks, often, because the act of giving thanks produces a special energy inside us.

All in all, this workshop was a delightful enriching experience aimed at facilitating expansion of consciousness. Thank you to the presenters for a most engaging workshop!

Bernhard Trenkle, Dipl. Psych.

The Chinese Box: Combining Ericksonian, EMDR with Traditional Chinese Techniques – WS48

Reviewed by Roxanna Erickson-Klein

This experientially based workshop brought together hypnotic work combined with a traditional Chinese technique, and invited discussion about the manner in

which both of these relate to EMDR. The workshop began with a brief introduction and an experiential exercise. Subjects were invited to envision a spot on the floor and to imagine a box that they could put their problems in. And then, after a few brief instructions, to close their eyes and “look at” the box as it moved from close to far and far to close in an unpredictable pattern suggested by Trenkle.

This surprisingly powerful experience served as the basis for deeper discussions, annotated by Trenkle’s years of interest and exploration of the connections, included variations of the technique and additional practice sessions. Trenkle was generous in offering his thoughts, ideas, and personal experiences in discovering and applying these techniques to a variety of clinical situations. The large audience responded positively. The potential for integrating this simple technique into practice was both surprising and gratifying.

The relationship of eye movement to hypnotic trance states remains largely unexplored, and even studies or discussions remain scarce in professional literature. Experientially, there seems to be some sort of a catalyst effect or multiplier effect. Trenkle encouraged others to ponder this relationship with the hope that in the future the effects of physical eye movement on trance state will be better understood. Trenkle did an effective job at offering information, leading the group, stimulating discussion, and bringing forth the prospect of creative applications for the participants’ use.

Wei Kai Hung, Ed. M. and Eva Wieprecht, MBA

When Milton Erickson, Virginia Satir, and Lao Tzu Enjoy a Cup

of Tea Together:

Integration of Western and Eastern Somatic Centered Approaches to Treat Anxiety – WS49

Reviewed by Christel Erickson-Collins

The title of this workshop intrigued me, and I was eager to see how the connection was made between the cultures. Fortunately, I was greatly satisfied with my experience.

Wei Kai Hung began the session with a naturalistic induction skillfully executed using language, as he interweaved confusion with permission. Language is most often used to communicate, but in hypnosis it can be used in many different ways. Hung suggested comfort and permission, and then used the Chinese language, which ostensibly few in the room knew, to produce a seamless naturalistic induction. He assisted participants in deepening their trance by providing paradoxical permission, ‘You may stand if you choose, or even if you don’t choose’ followed by somatic experience of relaxation through Tai Chi.

Ms. Wieprecht then introduced us to Virginia Satir’s work. Her gentle voice and elegant movement emulated the warmth and acceptance that epitomized Virginia Satir. Ms. Wieprecht built on Hung’s use of language, time, and experiential learning by introducing Satir’s stress stances through somatic expression — first individually, then in pairs. She offered didactic learning of relaxation techniques that can be done naturalistically. This is an experiential way to self-reflect, and an experiential learning of mirroring others, making experiential that therapy is a dance between participants.

The last part of the session focused on a somatic combining of the learnings of the two sections: Tai Chi postures with the stance dance, followed by a Q&A period.

This session modeled Erickson’s approach of not focusing on anxiety, but rather health and skills. In a world rife with fear and anxiety regarding our ability to welcome the other, both in and outside of ourselves, I was offered momentary respite and an experience I can utilize in the future. I came into the session with the expectation of having tea with three eminently wise teachers from the past, bridging the expanse of cultural divides. I was pleased to get the cakes and cream as well and left feeling full and satisfied.

CONGRESS REVIEWS*continued from page 13***Jeffrey Zeig, PhD****Evocative Approaches to Eliciting Resources – CD01***Reviewed by John Lentz*

In this clinical demonstration, Jeffrey Zeig once again worked his magic. He elicited strengths in the subject that she did not realize she had, and he effectively used trance and non-trance communication. It was a masterful and artful ballet of evoking, ratifying, and substantiating changes the volunteer had requested to make (I confess that I know the volunteer and can attest that the changes she made are real.)

Gunther Schmidt, MD**My Problems as My Guiding Helpers: Utilizing Symptoms and Problem States as Competent Messengers of Important Needs – CD21***Reviewed by John Lentz*

Dr. Gunther Schmidt describes problems as the discrepancy between “what is experienced as it is happening” compared to “what should be.” His solutions are creative, artistic, and deeply respectful to the person. Watching Schmidt work was absolutely delightful as he helped a woman realize how her symptoms were helpful messages from her unconscious mind. It was masterful and a wonderful example of utilization, because Schmidt truly believes that we can heal ourselves.

Norma Barretta, MA, PhD and Jolie Barretta**Entrancing and Enhancing the Confident Competent Self – CD09***Reviewed by John Lentz*

Watching Norma Barretta, assisted by her daughter, Jolie, offer a trance was amazing. Jolie anticipated what her mother would need to assist the volunteer, and

simply did it. Norma artfully coordinated her trance induction with the volunteer’s fingers, weaving in positive suggestions stories, and analogies. Norma also touched certain fingers for anchoring positive memories in such an elegant fashion, that I am looking forward to viewing the video..

This demonstration was like an orchestral performance where the conductor does not need or use sheet music because the music is so much a part of him.

Bette Freedson, Paul Leslie, Robert McNeilly and Scott Miller**Secrets of Ancient and Alternative Healing Traditions and What They Can Teach Modern Psychotherapists – TP07***Reviewed by Rubin Battino*

The abstract for this panel basically stated that psychotherapy did not start with Freud, and that its origins can be directly traced to traditional healing practices. In effect, there are many ways that clients’ cultural and spiritual beliefs can improve engagement and outcomes. The following highlights what each presenter brought to table.

Scott Miller has spent many years researching data on effective therapy. One of the stranger things he discovered is that more money is spent on psychics, than on licensed and trained mental health practitioners.

Rob McNeilly pointed out that the linguistic origin of the word “psychotherapy” has to do with healing the soul. He also state that Erickson emphasized we need to observe, observe, observe.

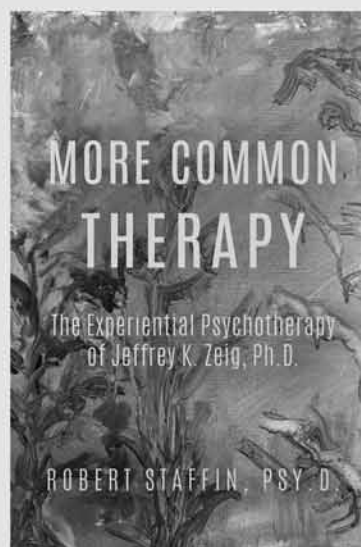
Bette Freedson said that psychotherapy is primarily about the soul.

Paul Leslie emphasized that we need to meet clients where they are and give them space to talk about the supernatural.

In closing (after much audience involvement), the best takeaway is Jay Haley’s statement that the essence of therapy is loving your client.

**Zeig, Tucker and Theisen****Featured Titles**

This book is an opportunity to study single-session therapies that are based in experiential methods. The learning from these methods is primarily stimulated by the client living the change, not by intellectual understanding of how to change. The participants declare what they are going to do differently and the sessions are designed to create experiences that foster the accomplishment of stated goals. Participants have solved complex problems and have made significant life changes.



With Rob Staffin’s book, you are invited into the therapy room of a great master and what may seem his unattainable artistry in practicing therapy. Dr. Staffin divides his material into clear and accessible elements that readers can bring into their own work in order to practice new skills. I recommend this book to all therapists who have an interest in refining their presence in therapy.

— Dr. Grethe Bruun
Supervising Psychologist,
Denmark

Learn more at: www.zeigtucker.com

FOUNDATION NEWS

A Conversation with Erv Polster and Lynne Jacobs

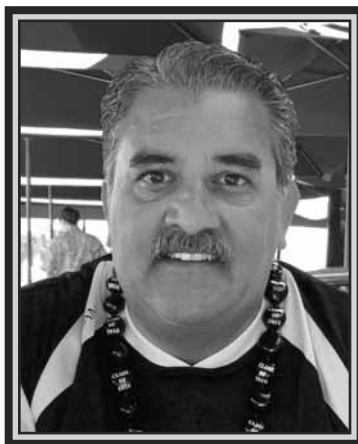
The Foundation now offers for streaming a wide-ranging and thought-provoking conversation with Erving Polster and Lynne Jacobs as they swap personal stories and discuss their shared passion for gestalt therapy. Polster and Jacobs discuss points of disagreement as well as points of agreement. The entire four-hour conversation consists of eight chapters so viewers can easily skip through the video to the segments that most interest them. Purchase this streaming conversation at: <https://catalog.erickson-foundation.org/item/a-conversation-with-erving-polster-lynne-jacobs>

Meet Our New Marketing Director

Goge Johl, the new marketing director, comes to the Foundation with more than 25 years of experience in marketing, sales, and operations. He has knowledge of both digital and traditional marketing and has worked with well-known brand names helping organizations translate their business goals into reality.

He earned a BSBA from San Francisco State University and an MBA from the University of Phoenix.

Goge grew up in San Francisco, California and played soccer in college, professionally, and with the U.S. national team. He continues to play competitively. Goge lives in Gilbert, Arizona and has two adult children.



Goge Johl

Intensives Training Program Moves Online

For convenience, value, and safety, the Erickson Foundation team is in the process of preparing for our first ever Intensive Training Program online. The Intensives is a unique educational opportunity to learn the fundamentals of Ericksonian hypnosis and psychotherapy and how to apply them in your clinical practice.

No prior knowledge or experience in Ericksonian approaches is needed for this level, although participants must be licensed in their venue. Primary emphasis is upon elicitation of therapeutic trances, and ways to utilize these states in focused treatment.

Each class will be two hours in length, held one Wednesday per week. Classes will be held from 10am-12pm PST. The first hour of each class will focus on demonstration and content. The second hour will be practice and discussion with our expert faculty.

Classes will be conducted over our Zoom online video chat platform.

Each class will be recorded by the Erickson Foundation. Registrants will be able to view these class recordings for two months, which will be distributed with an English text transcript.

The Erickson Foundation Intensives have been offered since 1987, with students from around the world taking advantage of this foremost educational opportunity. Don't miss out on our online Fundamental Intensives Program with Level A beginning October 7th and Level B beginning January 6th and earn the same CE credits you would if this were an in-person event.

For more information and to register for the Erickson Foundation's Intensive Training Program, please visit: <https://www.erickson-foundation.org/intensive-training-online/>

Phoenix Master Class - Online This October

Jeffrey Zeig will conduct his elite Phoenix Master Class online beginning October 24th at 9 a.m. (Phoenix time) to 5 p.m., and ending Tuesday, October 27th at 5 p.m.

This four-day workshop is designed to enhance skills and promote both personal and professional growth. The Master Class is open to licensed, experienced mental health professionals.

Based on expert modeling and direct feedback of attendee's clinical work, this intensive online workshop allows each participant to assume four roles: two as patient; one as supervisor; and one as therapist with a peer. Each participant will experience being a demonstration patient with Dr. Zeig and will also rotate into the role of therapist for another attendee, be a patient with a personal issue (not an actual case), and work as a supervisor of the peer-therapy dyad.

Our online platform is personally attentive and supportive, and the learning experience is rich and fertile. Although focused on Erickson-derived approaches, this program is an opportunity to advance clinical skills no matter what your professional orientation. The Master Class is an exceptional opportunity for therapist growth and development. Please contact registration@erickson-foundation.org for inquiries or register online at: <https://catalog.erickson-foundation.org/item/phoenix-master-class-online-this-year>

IN MEMORIAM

A Guiding Light Goes Out

By Jeffrey K. Zeig

On June 9, 2020, Nicholas (Nick) A. Cummings, PhD, passed away at the age 95. The field of psychology lost a guiding light and I lost a friend and mentor.

Nick Cummings had an illustrious career. He wrote 47 books and several hundred articles and still had time to establish initiatives to revamp clinical education. He served as president of the American Psychological Association and as director of Mental Research Institute. In 1969, he founded the California School of Professional Psychology and served as its chancellor. He also created the Biodyne Model, which became part of the Blue Cross Blue Shield network. Because of his generous philanthropic donations, the Archives of the History of Psychology were renamed to the Cummings Center for the History of Psychology. Recognizing that properly trained behavioral healthcare providers could offset more expensive medical care, Nick established programs to train clinicians to work on the frontlines of medical care.

Nick Cummings has been faculty for Evolution of Psychotherapy conferences and a keynote speaker at the Brief Therapy Conference.

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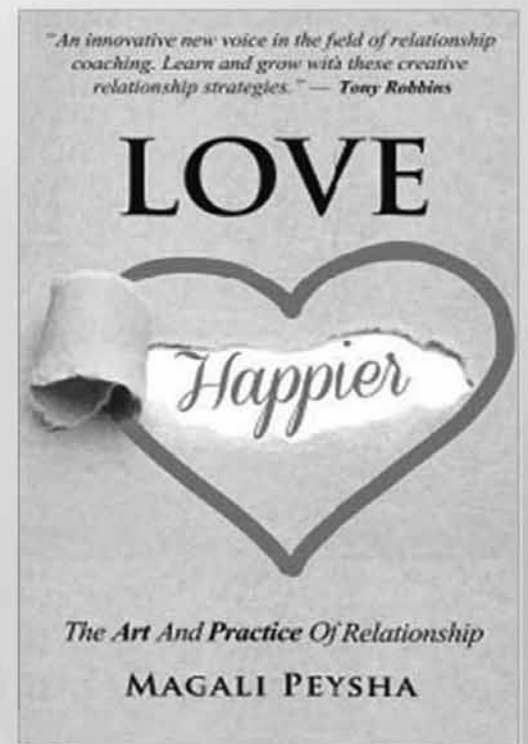
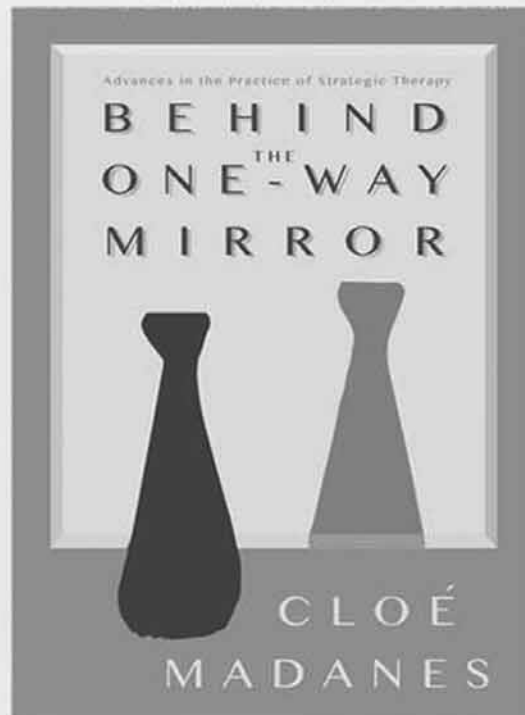
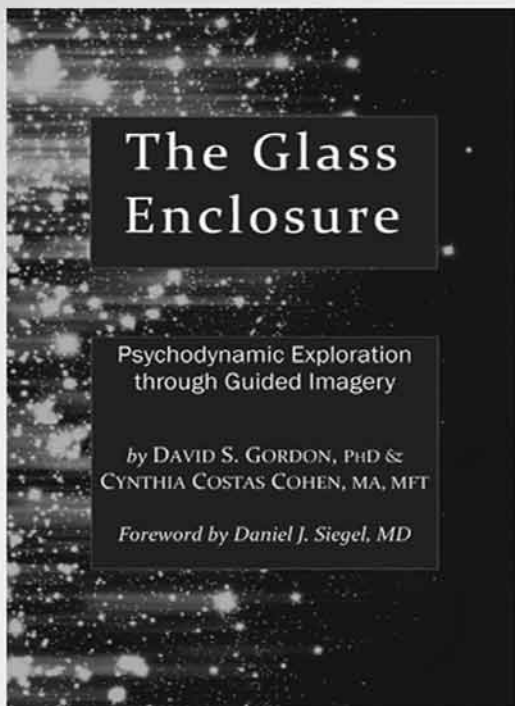
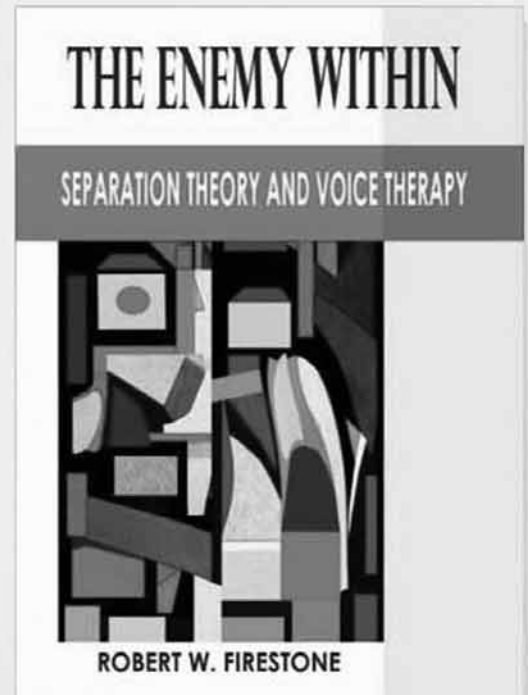
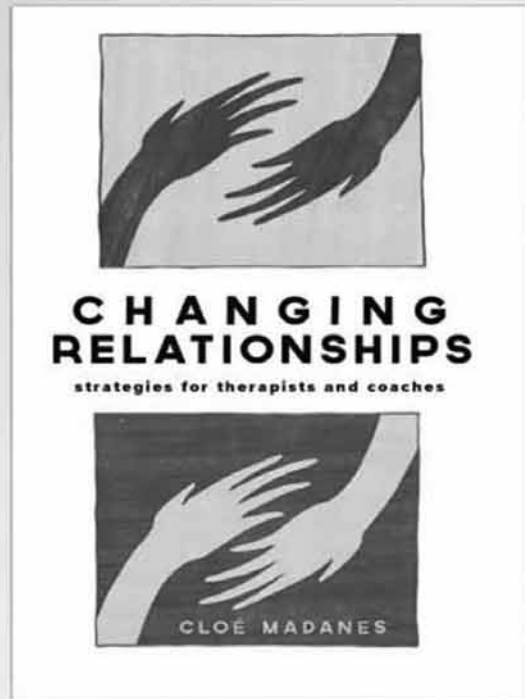
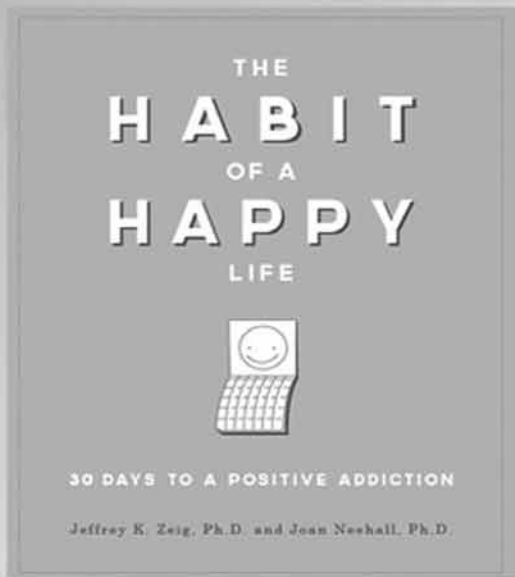
I once told Nick that I was sorry that I did not have the skill set to help him advance some of his causes. But despite this, he included me in the initial meetings to establish a doctoral program for behavioral healthcare at Arizona State University, and he also invited me to take part in other initiatives, which I was glad to do. I have been honored to publish some of his books.



Nicholas A. Cummings

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EXCERPT FROM ERICKSON BIOGRAPHY

The following is an excerpt from the biography on Milton Erickson and was taken from an interview with Paul Lounsbury and Nancy Winston in May 1993.

Paul C. Lounsbury and Nancy Winston were married from 1987 to 2003. They live in New York. Lounsbury is a marriage and family therapist and Winston is a clinical social worker and therapist.

In the 1970s, Paul Lounsbury and Nancy Winston met at a transactional analysis conference and they began studying together. Both had read *Uncommon Therapy* (Haley, 1973) and both were intrigued with Milton Erickson. Lounsbury visited Erickson first, then the two went together. For the next few years, they visited separately or together. Lounsbury recalled his first visit: “My first impression of Erickson was how small he looked in the wheelchair. He was a small man, but by the end of the week there was this giant sitting there. I think I was in a stuporous trance most of the time. We [the group] were all staying in the same hotel. I remember everyone was getting ready to go out and have a good time, but Erickson was insistent. He said, ‘You all have a lot of work to do. And God help you if you don’t do it now!’ It almost scared the stew out of everyone, and then he wheeled his chair out of the office like he was annoyed. We all went to the hotel, dropped our plans for a party, and started practicing trance work.”

Winston’s first impression of Erickson: “I was going to be better than this guy. I was just going to watch and see what he was going to do. And so, that first day, I didn’t take my eyes off him. At some point he asked, ‘Well, does anybody know that they have been in a trance, or do they know that they have not been in a trance?’ And he just looked at me. And naively I said, ‘Yes.’ ...and I laughed and he laughed too...and the feeling that I got was that I could challenge him, and he was right there and could play...he was uncannily perceptive.”

Lounsbury also recalled Erickson’s perceptiveness: “What was striking to me was how he would orient in an instant to the tiniest movement in the room. And it was almost shocking to see how quickly he would reorient someone because of it.”

Winston: “There was once a woman with an all-day sucker, and he didn’t say anything about it. By the end of the week, she was still sucking it – but slower and slower. I also remember a time when there were three big men on the couch and one in the chair and there was me. Erickson said, ‘Can you get this guy on the chair to sit on the couch’ ...and so I did...and all the men looked crunched on the couch, and I got to sit in the chair. It [Erickson’s directive] gave me permission and empowerment.”

Winston stated that how Lounsbury and she got married “is an Erickson story.” “Our relationship with him evolved through letters we would write when we came...” Lounsbury added, “And the video camera.”

Lounsbury and Winston would also write questions for Erickson, but the first times they saw him, it was difficult to get Erickson to answer them. He would stick with his program. But they did not give up and continued writing questions that developed into them videotaping Erickson.

“The first time I brought the video camera,” Lounsbury recalled, “I was fumbling around with it. I was pretty much in awe of him, and I had this sense that he was watching me, and it made me very uncomfortable...and he was playing with Blinky – and it was very powerful because he had me pull the plug out, and of course Blinky remained on. And then he said, ‘Now, put it back in.’ And I went to plug it in, he said, ‘adequately!’...one of the things that stayed with me most about him was that no one had ever looked at me like that before; he saw me in so many different ways. He sat there in the chair and looked at everybody. He was so centered with where he was.” [Blinky was an electronic device fashioned by Erickson’s son, Allan. It had a capacitor and would continue to blink, even after the plug was removed.]

Erickson began using Lounsbury’s video as feedback to the group. “A number of times,” Lounsbury recalled, “Nancy and I would both be awake, but everyone else would be in trance – and we wondered why. And I would find myself moving the camera toward someone. And I looked over at Erickson’s finger and noticed it

was pointed. He had been directing me to point the camera over there, so he would be using what was going on in the room to answer questions. It was rather fascinating — this was sort of an unconscious dialogue...the relationship that we found was through the video camera...”

“One of the questions that we asked was: How did he utilize the dominant-non-dominant hemispheres? How did he utilize those distinctions? He went into discussion about dominant relationships and he began talking about his daughter [Roxanna] marrying. We had this indirect sense...because when we got back, we moved in together. Then he [Erickson] told us to get married...It was interesting how this thing [Lounsbury and Winston’s relationship] hopscotched its way forward...we kept moving closer together.”

“Another experience that was very powerful for me,” Lounsbury continued, “was we were having this argument one day about differences and similarities. He [Erickson] was saying, ‘Well, everyone is different.’ And I started arguing with him, and said, ‘Well, everyone is similar too.’ Then he looked at me and said something that stunned me. He said, ‘All right...I have a heart and you have a heart. Now, tell me, what side of your body is your heart on?’ I could not talk. All I could do was point down to where it was. And he shifted and got very warm and nurturing and said, ‘Yes, mine is on the left side too, but it is different for some people... It was a very accepting message: ‘We are here together.’ He went down to the deep reservoirs...into the emotional domain, and met people there...”

From 1977-’80, Lounsbury and Winston continued seeing Erickson. They both remember leaving sessions with Erickson and feeling tired and hungry. They chalked it up to working hard in session and concentrating. “[It was]...like moving furniture ...” Lounsbury stated.

Near the end of Erickson’s life, Lounsbury recalled Erickson metaphorically talking about or telling stories about death more frequently. He recalled Erickson saying, ‘You have that big tree Palo Verde in the backyard [Erickson had a Palo Verde tree in his back yard], and it’s wonderful. But soon, it is not going to be there.’”

The Lounsbury Winston collection of videos is housed in the Erickson Foundation archives. Some annotated videos from the collection can be streamed. (See erickson-foundation.org)

References:

Haley, J. (1973). *Uncommon therapy: the psychiatric techniques of Milton H. Erickson, M.D.*, W. W. Norton & Company.

COMMENTS

continued from page 2

And the final book offering is reviewed by Kate Hubert Bilotta who writes about Mary Eno’s, *The School Savvy Therapist: Working with Kids, Families, and Their Schools*. Eno presents the interrelated nature of “the school, academics, social relationships, relationships with teachers and staff, emotional/behavioral problems, health concerns and attendance, as well as extracurricular activities.” Each facet is interlinked in the highly multidimensional world of the child. It reminds me of Erickson’s admonition to look at things from every possible angle. Truly, the nature of the problem dictates the nature of the solution.

And as I promised in the last issue, look for the second and final installment of the mini-reviews of last December’s International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. These 15 reviews represent in totality the many facets of what it means to be human.

All in all, this is an exceptional edition of our newsletter, preparing us for the ultimate experience this December for the Evolution of Psychotherapy Conference. Stay safe and well and human.

Rick Landis
Orange, CA

BOOK REVIEW

Handbook of Therapeutic Storytelling: Stories and Metaphors in Psychotherapy, Child and Family Therapy, Medical Treatment, Coaching and Supervision

By Stefan Hammel

Routledge

London and New York

ISBN 978-1-78220-556-2

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Reviewed by

Barry Winstead M.Div, M.A., LMFT

Kilgore Samaritan Counseling Center

Louisville, KY

When you pick up a book with the word “handbook” in the title, you may have a certain expectation for its contents. Merriam-Webster defines handbook as “a book capable of being conveniently carried as a ready reference; a concise reference book covering a particular subject.” Stefan Hammel’s book is indeed a handbook, but his work moves far beyond a convenient reference for therapeutic storytelling. It is a powerful and convincing story about stories. As he puts it, “The aim of this handbook is to harness the transformative power of stories and to turn therapy into a living language.” His belief in stories is infectious, and once exposed, you will become symptomatic.

Hammel expanded, no exploded, what I thought I knew about stories and how to “harness” their “transformative power” in clinical work. He begins with a brief but meaningful introduction to his approach, emphasizing his belief in the unique and historic ability of stories to bypass therapy-as-usual, and speak to the unconscious in ways in which conventional psychotherapeutic approaches seem unable. He asserts, “Stories are therapeutic remedies that complement psychotherapeutic and medical approaches and sometimes provide the missing piece of the treatment puzzle, yet the art of using stories for therapeutic and medical purposes has in many respects been lost and needs to be rediscovered.” He outlines 12 “Therapeutic Principles” that provide the foundation on which his therapeutic-storytelling-house is built. To highlight just one, “The general goal of therapy is to expand the range of possibilities open to the client, and the therapist’s task is to offer the client alternative ways of perceiving, thinking and behaving rather than reducing the options available in this respect.” He closes out the introduction with his “Philosophical Position” and “Instruction for Use” in which he makes suggestions on how to best utilize his work.

In the next section of the book, “Part One: The Stories,” he provides the reader with a mind-blowing (to my best count) 230 actual stories aimed at meeting needs in five general clinical domains. The domains include “Promoting Understanding, Promoting Health, Promoting Wellbeing, Promoting Successful Relationships, and Promoting Development.” Accompanying each story is the

topic or problem being addressed, and the intervention the story is servicing.

One example which caught the eye of my inner 4th grade boy, was the story, “At First Fart.” The domain was “Promoting Successful Relationships,” the topic was “faithfulness, romantic relationship,” and the intervention was “provocation, psychoeducation, reducing complexity.” The story is as follows, “My mother, who has been happily married for many years, was talking to me about what makes a happy relationship. ‘Being head over heels is all well and good,’ she said, ‘but all of that goes out the window at the first fart...’”

In this last section of the book entitled “The Methods,” Hammel offers concrete guidance on how to “identify therapeutic stories, develop therapeutic stories through dialogue, invent therapeutic stories, tell therapeutic stories, and experience therapeutic stories without words.” While complex and challenging, if I had to pick a favorite part of the book, “The Methods” section would be it. I must admit, I am sucker for all things process (versus content), and this section was full of such material. However, one very clever aspect of the book was if I needed a concrete example of what was being discussed in “The Methods” section, Hammel conveniently referred me back to a specific story in the “The Stories” section to further anchor my understanding.

Finally, perhaps most encouraging, was the spirit in which Hammel wrote the book. Even though the depth of his intellect and experience was clear, his humility gave me a sense that what he wrote about, I could actually do. I did not get the sense he simply wanted the reader to know how smart or clever he is, rather, he genuinely hopes other clinicians will give themselves permission to experience the power and potential of therapeutic storytelling.

Now available in streaming format at a reduced cost!



Now You Wanted A Trance Demonstrated Today

by Milton H. Erickson, M.D.

The 1978 video (with subtitles) where Dr. Erickson demonstrates his induction and direct and indirect suggestion techniques for:

Deepening	Positive & negative hallucination
Dissociation	Arm levitation
Amnesia	Mind/body separation
Age regression	Utilization of resistance

What makes this offering unique is the companion manuscript that analyzes Dr. Erickson’s approach with cross-references to *Hypnotic Realities* and *Hypnotherapy: An Exploratory Casebook* and contains the subject’s own experience during and after the hypnotic demonstration.

To preview of the video and manuscript go to:

www.SCSEPH.org.

Check out the other video and audio offerings

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JOURNAL NEWS

Jeff Zeig Publishes in IJCEH

In the current issue of the International Journal of Clinical Experimental Hypnosis July-September (Vol. 68 #3), you will find a lengthy article written by Jeff Zeig and Kaloyan S. Tanev: “Marital Hypnotherapy: A Session with Milton Erickson with Commentary.”

BOOK REVIEW

Transforming Bipolar: How to Help Folks Diagnosed with Bipolar Disorder Indirectly

By John D. Lentz, D. Min.
Healing Words Press 2016
Jeffersonville, Indiana
ISBN:0983675589

Reviewed by Bart Walsh, MSW, LCSW

Transforming Bipolar provides a primer for the layperson and therapist to help soften the effects of the bipolar symptom complex. Anyone who has closely engaged with a person imbued with bipolar disorder readily recognizes the limiting beliefs and perspectives that are detrimental to this population, causing problems in self-esteem, self-perception, and self-trust. These detriments are reinforced by socio-cultural attitudes in the U.S. This book likens these detriments to a bad trance.

The conversational, fluid text illustrates specific approaches intended to transform the negative trance to a good one. Although Dr. Lentz does not elaborate on the specific trance phenomena often displayed in bipolar disorder, anyone familiar with trance and hypnosis will recognize trance phenomena in the affected individual. Since conventional logic has little impact in trance induction, the tools of transformation take the path of indirection. Stories, metaphor, references, and double binds, color the indirect exchange. Ideally, this indirect process allows a

positive trance to replace the negative trance. The positive trance recognizes strengths, talents, and resources available in the individual in the current situation.

Transforming Bipolar provides indirect interventions which can be beneficial to those suffering from bipolar disorder, as well as others struggling with depression, low self-esteem, trauma, eating disorders, and addiction.

Over the years I have worked with people who had a bipolar diagnosis but were not bipolar. These people were genetically predisposed to chronic depression and anxiety. But the symptoms were similar enough to those of bipolar disorder to fool the clinician. I have also seen bipolar symptoms displayed on a continuum, from somewhat gentle expression (still quite disruptive), to extreme depression and mania. Because of these expressive idiosyncrasies, great caution needs to be exercised when offering medication. Regardless of the actual diagnosis or intensity of expression, the approach Dr. Lentz provides in this book is worth applying.

While I do not see this approach as a cure for bipolar disorder, it certainly has healing components. However, if the beliefs and perceptions the bipolar individual is carrying are changed for the better, the possibility of gene expression being influenced does exist for some people. There are many things in our day-to-day lives capable of influencing gene expression. Only time and experience of the affected individual could substantiate lasting change.

Thank you, John, for this usable text!

BOOK REVIEW

The School Savvy Therapist: Working with Kids, Families, and Their Schools

By Mary M. Eno
W.W. Norton & Company, Inc.
New York, NY
ISBN 9780393711905

Copyright Mary Eno 2019
Reviewed by Kate E. Hubert Bilotta, LCSW
Louisville, KY

Mary Eno has deep care and compassion for students, families, and the school system, in a way that is necessary for treatment. Eno has broad experience, expanding from public to parochial schools, and many years in a Quaker school. She has worked to find solutions and help empower families in advocating for themselves.

This book would be particularly beneficial for the novice clinician supporting clients within an academic environment. Eno helps her readers find a starting place and gain a deeper understanding of how to function in this “other world” of a school. When I first began doing mental health therapy in an elementary school, I had little to no instruction about where to start or what to do. I was not sure what was expected of me regarding communicating with teachers and administrators, nor had I any concept about exam schedules or school events. My first year was filled with much trial and error and I was able to find a rhythm with deeper understanding as time went on. Eno’s book would have been hugely beneficial for me in that first year, providing a guide as to how to navigate the school and its many contributors.

After having worked in the school system for many years, Eno goes beyond the basics for therapists and highlights the importance of therapeutic care in a variety of situations. When discussing something seemingly routine, like an IEP meeting in a school, Eno mentions with sensitivity where the therapist might position themselves in the room, in order to maintain support for the child and parent during what might otherwise feel quite lonely. Oftentimes parents feel bombarded with information —dealing with different teachers and staff addressing them and the needs of their child. Eno explains that having the therapist present in a particular way, provides another level of support and care, that otherwise may be overlooked.

Frequently, the agenda between schools and therapists are not totally in line, due to the academic component that most therapists do not usually address in their sessions. Eno looks at the whole child and notes how the school, academics, social relationships, relationships with teachers and staff, emotional/behavioral problems, health concerns and attendance, as well as extracurricular activities are all interrelated and can affect the child deeply. In my own much shorter experience within the school system, I have learned the importance of collaborative relationships and how to approach different “players” in a client’s life. Eno discusses how to address each of these players, how to build collaborative relationships, strengthen these relationships, and have ongoing feedback. She also explores how to communicate with leaders within the school and how to effectively communicate so that all the child’s needs are best met.

Eno’s attention to detail in all situations and her emphasis of collaboration is what makes her work so important. She wrote, “School-savvy therapists ask the sort of questions that reveal a deep underlying respect for each particular school they encounter.” (p. 218) Mary Eno will help providers working within a school system to feel empowered to approach their work and support their client on multiple levels, helping their client to find their own empowerment and success.

Ericksonian Therapy

continued from page 1

Gilligan talks about utilization; Stephen Lankton discusses destabilization; Michael Yapko expounds about being strategic; and Jeff Zeig discusses being experiential. There is also introduction where Dan Short and Scott Miller discuss the meaning of the core competencies and why this body of knowledge matters.

Becoming identified as an evidence-based practice is important for anyone wishing to participate in the healthcare arena, because it helps consumers discern what program of treatment can be trusted and what might be mere quackery. To achieve the status of evidence-based practice (EBP), a given therapy must be tested in at least two controlled studies with randomized controlled trials (RCTs), with a specific population, and implemented using a formal set of core competencies that have been outlined in a treatment manual.

This where more help is needed. Ideally, we need access to a research clinic that has the capacity to video-record sessions and monitor the implementation of the research protocol. Fortunately, the treatment outcome measures that will be used in this study have already been developed and validated by Scott Miller in research on his model of feedback informed treatment. The scales that patients will be asked to complete during the course of treatment are quick and easy to use. All that is really needed at this time is access to a research clinic. So, if you are a professor or a graduate student affiliated with a university or institute that has such a clinic, we would love to hear from you. Please contact either the Erickson Foundation at: support@erickson-foundation.org, or Dan Short: dan@iamdrshort.com.

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**Space Reserve / Art Deadline for the December 2020 issue:
October 5, 2020 (Mail Date: Early December)**

**Questions? Email, karen@erickson-foundation.org
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CONFERENCE NOTES

The 71st Annual Workshops and Scientific Program, "Hypnosis to Enhance and Augment Treatment Outcomes," will be held online October 14-18, 2020. The meeting is sponsored by the Society for Clinical and Experimental Hypnosis (SCEH) and includes introductory, skills and advanced workshops plus a scientific program. For complete information about streaming the conference and to register visit: <https://www.sceh.us/2020-annual-conference>

The Evolution of Psychotherapy Conference will celebrate its 35th year, December 9-13, 2020, and will be held entirely online. Since 1985, the Evolution of Psychotherapy conference has attracted worldwide attention as the most respected gathering of master practitioners in the field. Scheduled Keynotes include Aaron T. Beck, John Gottman and Julie Gottman, Rob Kapilow, Martin E.P. Seligman, Derald Wing Sue, Irvin Yalom, and Philip Zimbardo. The conference includes point/counterpoint discussions, state-of-the-art addresses, workshops, clinical demonstrations, dialogues, panels, and conversation hours. For complete information including the full list of speakers and to register visit www.EvolutionOfPsychotherapy.com or registration@evolutionofpsychotherapy.com or Tel, 800-766-6014. For Exhibitor information contact Tara Fields: Email, tfields@hmpglobal.com

American Society of Clinical Hypnosis (ASCH) will hold the Annual Scientific Meeting and Workshops March 4-7, 2021 at the Omni Hotel Jacksonville, Jacksonville, Fla. For more information visit: www.asch.net or Email, info@asch.net or contact ASCH: Tel, 630-980-4740.

The American Counseling Association (ACA) 2021 Conference and Expo will be held March 18-21, 2021, in Orlando, Fla. For information visit: <https://www.counseling.org/conference> or contact The American Counseling Association: Tel, 703-823-9800; Fax, 703-823-0252.

Psychotherapy Networker will hold the 2021 Annual Psychotherapy Networker Symposium, March 18-21, 2021, at the Omni Shoreham Hotel in Washington, D.C. Featured speakers include Taraji P. Henson, Shankar Vedantem, John and Julie Gottman, Stephen Porges, and many more. For complete information and to register visit: www.PsychotherapyNetworker.org

The Couples Conference will be held June 4-6, 2021, at the Hyatt Regency San Francisco Airport, Burlingame, Calif. The conference is sponsored by The Milton H. Erickson Foundation and The Couples Institute, Menlo Park, Calif. Full conference information including faculty, workshops, and registration will be available at: www.CouplesConference.com. To be placed on a list to receive information as soon as it is available, email support@erickson-foundation.org or sign up for the email list at www.erickson-foundation.org

The 18th SAMRM Biennial International Conference, "Bridging Worldviews: Inclusion, Partnership, and Collective Wisdom," will be held September 23-25, 2021 in Bemidji, Minn. The conference is sponsored by the Society for the Advancement of Modeling & Role-Modeling (SAMRM). Guest speaker will be Helen L. Erickson, Ph.D., RN, AHN-BC, FAAN. Engage and experience different cultural perspectives, develop partnerships, and enhance collected wisdom facilitating healing, health, and well-being. For complete information go to: www.mrmnursingtheory.org. Registration to begin March 2021.

The International Society of Hypnosis (ISH) will hold the XXII World Congress of Medical and Clinical Hypnosis, "Cooperation in Hypnosis. Challenges and Benefits," will be held June 10-13, 2021, in Krakow, Poland. The Congress will be held at the Auditorium Maximum, the conference center of Jagiellonian University. For information visit <http://www.p-i-e.pl/konferencje-trainings/> or Email, info@pie.pl

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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2020		
9/25-27	Intermediate Workshop on Ericksonian Psychotherapy / Mexico City, MEXICO / Jeffrey Zeig, PhD	1.
10/6-9	Therapist Development Workshop and Master Class / Vienna, AUSTRIA / Zeig	2.
10/10-11	Master Class: Ericksonian Brief Therapy / Vienna, AUSTRIA / Zeig	2.
10/7-11/25	<i>New!</i> Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy – Fundamentals Level A / Online, Wednesdays, 8 weeks / Brent Geary, Ph.D.; Zeig	3.
10/24-27	Phoenix Master Class / Online / Zeig	3.
12/9-13	Evolution of Psychotherapy / Anaheim, CA / Invited Faculty	4.
2021		
1/6-2/24	<i>New!</i> Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy – Fundamentals Level B / Online, Wednesdays, 8 weeks / Lilian Borges, MA, LPC; Wei Kai Hung, M.Ed.; Stephen Lankton, LCSW, DAHB, FASCH; Geary, Zeig	3.
3/4-7	American Society of Clinical Hypnosis (ASCH) Annual Scientific Meeting and Workshops / Jacksonville, FL / Invited Faculty	5.
3/18-21	Psychotherapy Networker Symposium / Washington, D.C. / Invited Faculty	6.
6/4-6	Couples Conference / San Francisco, CA / Invited Faculty	3.

Contact Information:

- 1) For information: Email, contacto@ccipmexico.com
- 2) For information: Email, c.mang@green-field.at
- 3) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016-6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org; Web, www.erickson-foundation.org;
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- 4) Evolution of Psychotherapy Conference: www.EvolutionofPsychotherapy.com ; Evolution questions? Email, registration@evolutionofpsychotherapy.com
- 5) American Society of Clinical Hypnosis (ASCH): Web, www.asch.net ; Email, info@aschn.net ; Tel, 630-980-4740
- 6) Psychotherapy Networker: <https://www.psychotherapynetworker.org/symposium/2021> ; Email, symposium@psychnetworker.org ; Tel, 888-851-9498

Note: Due to the current public health situation, some of the above trainings may be postponed, cancelled, or modified. Please use the contact information above to confirm status of events.

For Upcoming Trainings, ad rates / specifications visit www.erickson-foundation.org (click *Media > Newsletter*). Or contact Karen Havi-ley: karen@erickson-foundation.org. A \$25 fee per Upcoming Training listing is required. Deadline for the December 2020 issue (mailed early December) is October 5, 2020. All workshop submissions are subject to approval by the Erickson Foundation.



Fall 2020 Intensive Training is Transitioning to an Online Class!



Fall 2020 Presenters:

Jeff Zeig, PhD

Brent Geary, PhD

Lilian Borges, MA

Wei Kai Hung, MEd

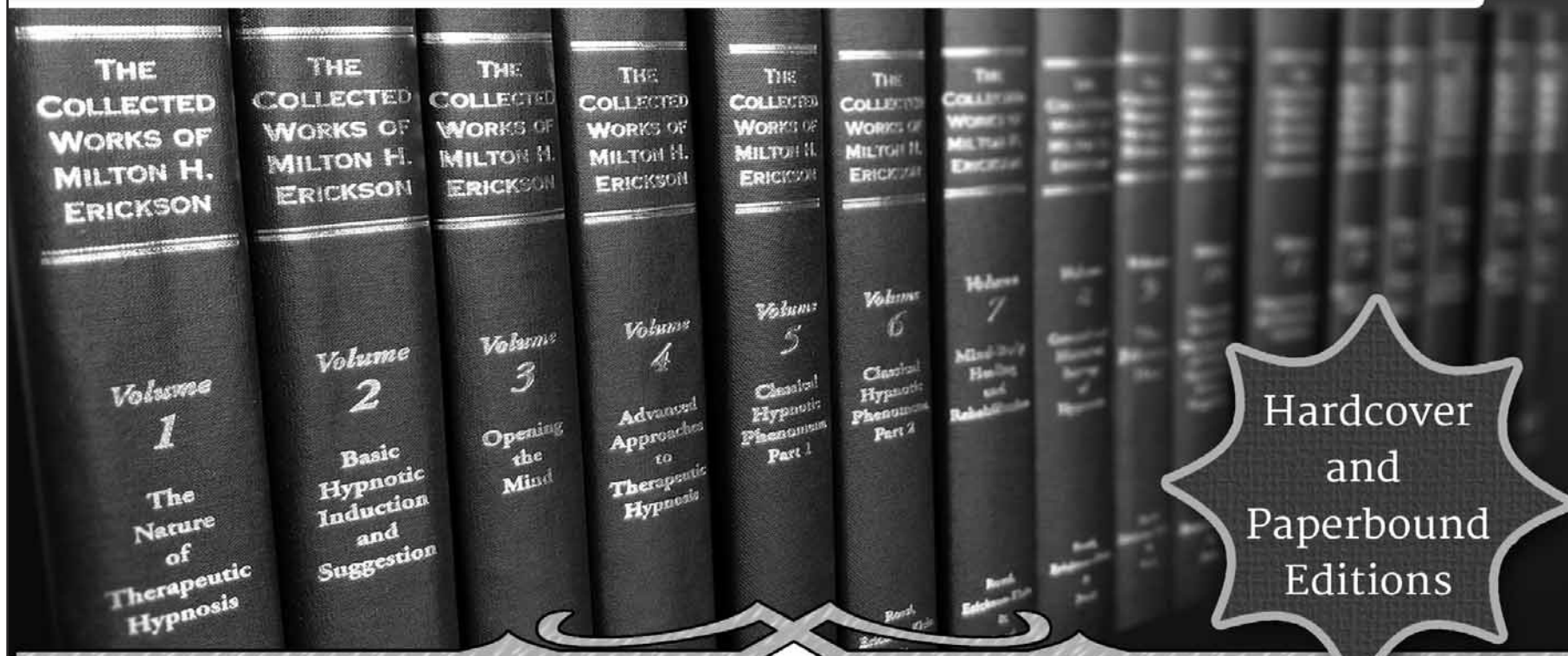
Stephen Lankton, MSW

The Intensive Training Program is a unique opportunity to learn the principles of one of the fastest-growing treatment models in contemporary psychotherapy. For the past 30 years, the Intensives have drawn professionals from around the world. While we all strive to get to a place to have in-person learning again, we wanted to update everyone on the current status of our Intensive Training Program.

We are in the process of turning this program into an online event with the continued dedication to providing the same amount of high-quality service as a live event. We will provide more updates through our email and social media platforms in the upcoming days.

For more information, visit: erickson-foundation.org/intensive-training-online/

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INTERVIEW*continued from page 11*

normal, healthy, and unhealthy. And they don't realize what that worldview consists of; it's invisible to them.

JZ: You are going to keynote at the Evolution of Psychotherapy Conference in December. We're glad that you will be gracing our podium as you've been one of our most popular speakers. But you're also a wonderful writer. How many books have you written?

DWS: I've written 23 now.

JZ: You seamlessly immerse the reader into the topic with stories and it's always a pleasure to read your work. You have also studied hypnosis. What can you say about that?

DWS: I'm a certified hypnotherapist in Portland, Oregon. I like the power of sending what I call 'meta-communication.' Erickson was a master at nonverbal communication -- able to send messages that the person might not be aware of. That's what I find with microaggressions -- it's hidden

communication -- and that's why I link the two as being very similar. And one of the things that I train people in is this concept of perspicacity: the ability to see beyond the obvious, to read between the lines, to understand non-verbal and verbal communication. And that is what I find so intriguing about hypnosis.

JZ: Yes, me too. Let me ask another question that may be related to microaggressions. As human beings, we're like chickens, in that we form a pecking order. And being hierarchical creatures, there is going to be one group that is oppressed -- if they're too tall or short, or black or whatever. Whatever the distinguishing characteristic is, it's as if we are biologically designed to be hierarchical, which means that we are overtly or implicitly going to oppress the 'out' group. So then, we're fighting against a biological imperative. But do we need to follow that imperative?

DWS: This is where neurobiology

reveals much about how our bias is developed. And this raises a primary issue. People ask me, will we ever eradicate racism? And, I don't think so. And thinking about this, I do get depressed and think, 'Then why am I doing this?' And the answer is that I do have impact on my family, my friends, and so forth. It gets back to this concept of do the right thing -- that what you do is as important as the outcome.

Elie Wiesel [Holocaust survivor]

once said that even if what you do is not going to have a major impact, you have to do it, because it is the right thing to do.

JZ: To do the right thing is to be in integrity with yourself, and not so wedded to grand outcomes.

DWS: Yes. Excellent.

JZ: Thank you so much. It's been wonderful spending time with you.

A Conversation with Erving Polster and Lynne Jacobs

In this wide-ranging conversation about their lives and their gestalt therapy passions, Erving and Lynne also discuss a video session together. The conversations include a look at points of disagreement as well as points of agreement between them. The entire conversation consists of 8 chapters, so that viewers can easily skip through the video to the segments that interest them the most.

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