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# THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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## INSIDE THIS ISSUE

### INTERVIEW

Philip George Zimbardo, PhD  
Interviewed By Jeffrey K. Zeig 1

### IN THE SPIRIT OF THERAPY

Carol Gilligan, PhD  
Interviewed By John D. Lentz 4

### EVOLUTION CONFERENCE NEWS

5

### CASE REPORT

6

### INSPIRING MOMENTS WITH THE MASTERS

Carl Rogers 7

### FACETS & REFLECTIONS

8

### IN MEMORIAM

Aaron T. Beck 10

### FOUNDATION NEWS

12

### THEORETICALLY SPEAKING

13

### BOOK REVIEWS

14

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## INTERVIEW

### Philip George Zimbardo, PhD

Interviewed by Jeffrey Zeig

*Philip George Zimbardo, PhD, is a psychologist and professor emeritus at Stanford University. He is especially known for his Stanford prison experiment in 1971. It involved simulating a prison environment and analyzing participants' reactions and behaviors under situational variables.*

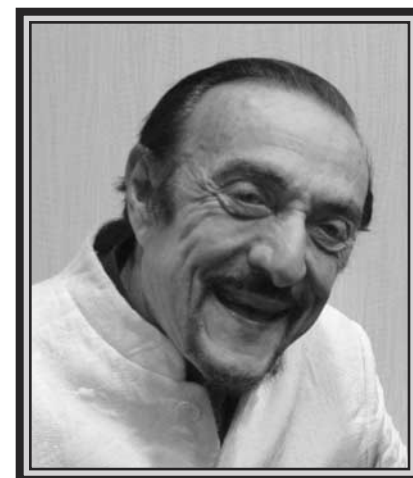
*Zimbardo is the author of several introductory psychology textbooks for college students, as well as *The Lucifer Effect* (2007), *The Time Paradox* (2008), and *The Time Cure* (2012). He is also the founder and president of the *Heroic Imagination Project (HIP)*, a nonprofit dedicated to training people to act in more heroic ways from confronting bullying and discrimination in schools, the workplace and beyond.*

*For more than 35 years, Philip Zimbardo has been a regular faculty member at the Evolution of Psychotherapy Conference and will present this December at the virtual conference.*

**Jeff Zeig: Phil, we go back a long way. I met you in 1977 when I was a volunteer researcher one summer at Hilgard's lab at Stanford. Let's start with hypnosis. How did you become interested and involved with it?**

**PZ:** I got interested in hypnosis when I was at New York University—this was before I went to Stanford. I was trained in hypnotherapy at the Morton Prince Clinic. Most of the people there were medical people. I was actually the only psychologist. I was the out guy. It was a formal training. At that time, I was good at self-hypnosis. and I used it to deal with surgery problems. It worked very well. I also used hypnosis in a creative way. I would think about a problem that I was dealing with—in research or in teaching—then put myself in a kind of an expanded present time zone, visualizing different alternatives. And it worked. Then I retrained myself in those techniques. I would say to myself and alternative self, “Okay, you’ve got to remember everything that we’ve gone through. And when you make the presentation, all these ideas will come back to you in a coherent form.”

I did a little early research at Stanford on hypnosis and pain control. In *Discovering Psychology*, I do a very dramatic demonstration of pain control. I hypnotized a female and male student and had them put their hand in a bucket of ice water and keep it as long as they could. The guy pulled it out in 20 seconds. The woman had her eyes closed. At some point, I pulled her hand out because it was turning blue. And she said, “Oh, please put it back in the warm water.” She had visualized that her hand was in warm water. So here is where the psychology was dominating



*Philip George Zimbardo*

the biology.

**JZ: You were trained by Jerome Schneck and Milton Klein.**

**PZ:** Yes, at NYU in the late ‘60s. But it was more like I sat in on the classes and demonstrations.

**JZ: But you never had contact with Milton Erickson?**

**PZ:** Not directly.

**JZ: This is the 50th anniversary of the Stanford Prison Experiment.**

**PZ:** Yes, in was August 14, 1971. I’m lucky to still be alive at 88 years old. And what is remarkable is not just the endurance of that study, but it’s become the most popular study in all fields of psychology. It’s in every textbook. Just before the pandemic, I was in Budapest and a taxi driver asked me what I was doing there. I said, “I’m here for a psychology conference.” He said, “Did you ever hear about that study where they put students in prison?” This is a taxi driver in Budapest! So that was wonderful.

**JZ: Fabulous. Now the experiment is about moral disengagement. It doesn’t take a lot to get people to morally disengage.**

**PZ:** Right. The concept of moral disengagement was developed by my

*INTERVIEW continued on page 9*

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## EDITOR'S COMMENTS

Now that the worst of the pandemic is hopefully behind us, the consensus appears to be that our lives will not return to the way they were before the virus. And while there is a lot of discussion on what the “new normal” may look like, we all agree that the resultant changes—both the minor and profound—will have an effect on therapists and clients. During this time of change, The Evolution of Psychotherapy Conference, November 30-December 5, will be an important focal point for our sense of community and belonging. It offers therapists a sense of convergence, and also promotes creative expansion, which strengthens the community and highlights the unifying principles that guide effective clinical work—so necessary in this emotional climate.



This issue of the newsletter is dedicated to that spirit of expansion, convergence, and unifying principles—the result of many lenses distilling what it means to be human in the current environment.

We begin with our Featured Interview where Jeff Zeig talks with Philip Zimbardo, who will be a keynote speaker at the upcoming Evolution Conference. Zimbardo discusses his experience with hypnosis, his 1972 experiment on moral disengagement, and his founding of the Heroic Imagination Project, which offers training on how to become an “active upstander.” A major theme in the 21st century.

Carol Gilligan, who will also present at the Evolution Conference, is interviewed by John Lentz for *In the Spirit*. Gilligan is the author of *In a Different Voice*, which Harvard University Press described as “the little book that started a revolution.” Her research in the moral development of women prompted Lentz to ask, “Do your children and grandchildren know that you are a hero?” Her answer is interesting.

Eric Greenleaf’s *Case Report* features Lisa Larson’s “Getting Rough with Spirits.” I appreciate how Larson layers complementing interventions, each specific to the results of the previous intervention. And, of course, Greenleaf’s commentary places it in its historic Ericksonian context, highlighting the brilliance of Larson’s interventions and style.

In *Facets and Reflections* Michael Hoyt and Rubin Battino share their learnings from Erickson’s observations about his “failures.” Then, both Hoyt and Battino share their cases, which also did not produce positive outcomes, despite their efforts to help clients change. As it was with Erickson, if the client does not have the motivation, therapy cannot work. It takes both therapist and client to produce change.

Hoyt and Battino team up again in the *Theoretically Speaking* column with “On Using Magic Words.” Hoyt and Battino are consummate wordsmiths and language is their playground. They ingeniously utilize both the dictionary definition and the emotional definition of words. There is much wisdom packed into their two articles.

We finish this issue with two book reviews by John Lentz. The first pairs

well with Hoyt and Battino’s *Theoretically Speaking* column. It is Dan Short’s most recent offering, *Making Psychotherapy More Effective with Unconscious Process Work*. As with Short’s previous works, this one is filled with simple but useful concepts that can be immediately used, but take decades to master, e.g., the section on nonlinear multidimensional language. Short makes topics such as this seem simple because he is a master of reductions. After all, a 20 ft. by 6 ft. Lego® model of the White House is just built from individual Legos®.

Lentz’s second book review is of *Healing Beyond Pills and Potions: Core Principles for Helpers and Healers*, by Steve Bierman. Bierman brings the strategic use of hypnosis and intention to the intersection of illness and emotional trauma, and positively impacts both the client’s biological and emotional state. Again, the emotional value of words takes center stage. Given his own mastery, Lentz’s appreciation for these two books is high praise.

I am looking forward to participating and moderating the second virtual Evolution of Psychotherapy Conference. My colleagues from our clinic,—The Ericksonian Integrated Medical Institute (EIMI)—and I are looking forward to watching the conference together on a big screen. (Of course, we have all been vaccinated.) Over the next 90 days, we plan to watch on our lunch hour the other on-demand presentations we missed, which is already proof that this conference promotes community.

Please enjoy the Evolution Conference by yourself or safely with others.

Rick Landis  
Orange, CA  
EIMI

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# IN THE SPIRIT OF THERAPY

## Interview with Carol Gilligan, PhD

By John D. Lentz, D.Min.

Dr. Carol Gilligan is the author of *In a Different Voice* (1982), which is described by Harvard University Press as “the little book that started a revolution.” She has been named one of the 25 most influential Americans by TIME magazine. She is known for her research in the moral development of women and her criticism of the limitations of Lawrence Kohlberg’s theories of moral development. She is the Patricia Albjerg Graham Chair in Gender Studies at Harvard University, the University Professor at New York University, and Visiting Pitt Professor at Cambridge University. She is the recipient of the Heinz Award for contributions to understanding the human condition, and Grawemeyer Award for contributions to education. Her books include *Meeting at the Crossroads* with Lyn Mikel Brown (1992), a *New York Times* Notable Book of the Year; *The Birth of Pleasure* (2002); *Kyra: A Novel* (2008); *Joining the Resistance* (2011); *Darkness Now Visible with David Richards* (2018); and *Why Does Patriarchy Persist?* with Naomi Snider (2018).

**John Lentz: I began the interview by telling Dr. Gilligan about an abused woman who was profoundly ashamed because she felt that sex was only possible after violence.**

**Carol Gilligan:** That is so moving. Violence and pleasure getting mixed up. That is one of the most interesting things to me—the awareness of that understory. Because if you do not know about it, you do not know to ask. They can’t tell you. I do not think that has been theorized.

**JL: About the language, or...?**

**CG:** There is a double consciousness. It took me so long to appreciate what a woman I quote a lot was teaching me. It was in the early days when I was asking people about these academic moral dilemmas. This woman looked at me and said, “Would you like to know what I think, or would you like to know what I really think?” “And I realized she had learned to think about morality in a way different from what she really thought. She could tell you both things ... whichever you wanted to know.

**JL: It seems that through your talks, workshops, interviews, and books that you have been doing therapy with our culture.**

**CG:** That is very moving to me. I never thought of that.

**JL: Your work changes how people think about women, about language, and about how men and women interact. Addressing the whole dual message of what is being said and what is not being said changes everything.**

**CG:** Well, that is very moving to me. Thank you.

**JL: I find your work deeply spiritual because of the therapeutic impact you have had on the world, especially when you went to the Knesset and spoke there. That was a big deal. You impacted the state of Israel.**

**CG:** That was a big deal. It was terrifying. In my class last spring, I spoke of my work as spiritual. One of my students said my class had been a spiritual experience for him, meaning that my class had changed his way of thinking. It was very lovely. All I could think of was that he was never going to get his work past the committee on degrees. [laughs]

**JL: In his book on the mind, Dan Siegel says the mind has four parts: the brain, the body, the culture, and the language and connection between you and the person with whom you are talking. I think the mind also includes what people believe is the ultimate in their life. And that overshadows everything else, whether it is science, truth, or some higher power.**

**CG:** I could not agree more. And when I am talking about voice that is what I am getting at—the psyche and the spirit.

**JL: Please say more about that. I thought that was what you were getting at.**

**CG:** It is interesting to me that we are born with a voice. Even before we have language, we can express emotion; a baby can cry. We are born with an ability—a capacity to communicate. We are not simply the product of a culture. We are a product of our genetic makeup and of our culture, but we also have a voice. We could think of that as a spirit, a psyche. So that is the root of my work. I listen for a person’s voice.

I was on the train in Japan perhaps 10 years ago, traveling between Kyoto and Tokyo. I had been giving talks in Kyoto and one of the graduate students agreed to accompany me to help me find my way through the Tokyo railway station. We were chatting on the train, and I said to her, “Nobody loses their voice. You can hold it inside, but no one loses their voice.” She took out her notebook and said, “Can I write that down?” I said, “Yes, because it is always there.” It is voice that is under the conversation, the voice that doesn’t come forward until there is some inward sense that someone will listen and take you seriously.

After I wrote the book, *In a Different Voice*, a question came to the surface as I did research with adolescent girls in the Harvard project. I realized that women’s psychology was not connected to studies of girls’ development, because most of the development research was about boys. So, I started listening to girls, teenagers, and the I question I would ask myself was, “Where is the honest, perceptive voice of the pre-adolescent girl?” A high school student said to me, “I don’t like myself enough to look out for myself.” I asked her, “Do you really feel that way?” In response, she said, “*Actually*, (her exact word) this is how I look out for myself—by never saying what I am really feeling and thinking.” That way, she explained, whatever people said about her, she could ignore because they would not know who she really was. I realized that we must communicate in a way that says we are interested in the understory—the voice that is unspoken or held in silence—and that we will listen to that voice. Therapists do this all the time.

**JL: We must make it safe enough for the person to tell us who they really are and what they feel.**

**CG:** Or even tell themselves.

**JL: Oh yes. Absolutely. Often just to tell the truth to themselves is scary. They feel as if they are betraying a part of themselves.**

**CG:** I totally agree. Or betraying someone they love. The word voice came into my work because I have a background in literature, so the question of who is speaking as the narrator is reliable. That is part of my education. But I also have a background in music, and I sang in a chorus, and played Bach. And so, voice and multiple voices in counterpoint are something that I know to listen for—the soprano voice, the tenor voice, the bass voice. When a person speaks, I ask myself if it is actually their voice. The psyche is layered, and we can also hold parts of our experience outside of our awareness, so that we can know and at the same time not know. In Judaism, there is the idea that we all have a spark of the divine inside us. So, we must ask “Where is this person’s soul? I think that is a good question.

**JL: As I understand it in Hebrew you do not have a soul; you are a soul.**

**CG:** Oh, that is lovely.

**JL: Do your children and grandchildren know that you are a hero?**

**CG:** Because of the Internet, they know who I am, but I am still Carol. I am their grandmother. One of my grandsons now calls himself a feminist. My granddaughters are fantastic. Because I have three boys, having granddaughters is a real treat.

**JL: So, your influence shows up with them.**

*SPIRIT OF THERAPY continued on page 7*



Carol Gilligan

# EVOLUTION CONFERENCE NEWS

## Evolution 2020 Media Now Available

If you were unable to participate in the virtual Evolution Conference 2020, no worries—we have you covered. Highlights of the conference are now available through the Erickson Foundation.



We feature several of the most popular presenters, including Jeff Zeig and Rob Kapilow with their keynote, *Listening and Impact*; and Martin Seligman in his keynote, *Agency and Positive Psychology*.

We also offer two Great Conversations, one with Michael Yapko and Erving Polster: *We've Had Antidepressants for Over 30 Years Now: So How's That Working for Us?* and *Microaggressions and Implicit Bias* with Derald Wing Sue.

Also available is Harriet Lerner's speech: *The Secret Life of Shame* and two workshops: *Feeling Great* with David Burns and *Working with a 3-P Framework of Consciousness in Psychotherapy* with Daniel Siegel.

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## Evolution Conference Virtually Celebrates 36 Years

Since 1985, and under the guidance of Jeffrey Zeig, the Evolution of Psychotherapy Conference has been offering therapists from around the world an experience they may never forget. This world-renowned conference, rated the number one psychotherapy conference, features luminaries who come together to promote convergence—highlighting the shared principles from all schools to promote more effective therapy.

The 2021 conference can be accessed from a state-of-the-art virtual platform. It features with a robust agenda with inspirational point/counterpoint discussions, workshops, clinical demonstrations, dialogues, topical panels, and conversation hours—all geared toward solving the pertinent problems we face today.

The stellar faculty include more than 45 globally recognized presenters, including Diane Ackerman; Amy Van Dyken-Rouen; Helen Fisher, PhD; Carol Gilligan, PhD; John Gottman, PhD, and Julie Gottman, PhD; Rob Kapilow; Cloé Madanes, LIC, HDL; Helen A. Neville, PhD; Martin Seligman, PhD; Elizabeth Smart; Derald Wing Sue, PhD; Zak Williams; Irv Yalom, MD; and Philip Zimbardo, PhD.

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## CASE REPORT

### Getting Tough with Spirits

By Lisa Larsen, PsyD

One of my most delightful experiences was working with a woman diagnosed by her psychiatrist as schizophrenic. In spite of her hearing and seeing things that other people did not perceive, she was a very happy-go-lucky, functional human being who worked with special education students, attended to her daily living, and drove her own car. In many ways she was just like any other person. She feared earthquakes. But she was also visited by “spirits” — some friendly and cooperative, but others threatening, unkind, and persistent.

I used EMDR therapy to help her handle her fear of earthquakes. She was able to use it, along with an application on her smart phone, to distract herself and alleviate temporary distress. However, when she felt that she was vulnerable to the earthquakes, her imagination convinced her that everything was shaking.

In order to help her, I decided to utilize her powerful imagination. I told her that she has an amazing imagination, and that she could hear about earthquakes in any part of the globe and imagine that they were happening in her own home. She realized that she did indeed imagine the earthquakes, but felt powerless to control the effect that her imagination had long had on her.

What seemed to finally banish the fear for good was to have her hold onto things that she knew to be solid and stable when she started to enter the “bad trance” of the imagined earthquakes. I had her go through each body part mentally and say to herself, “This body part is touching something solid and heavy. If I am touching something solid and heavy, is it moving? If I am touching that and it isn’t moving, am I moving?” With enough practice she could take herself out of the trance with physical reality testing.

She was happy to banish the fear of earthquakes, but then a few “bad spirits” attached themselves to her and interfered with her sleep. We did a number of hypnotic sessions that made her feel relaxed, happy, and in control. These sessions seemed to help prepare her to do battle with what still lingered and troubled her.

This woman was in her 40s and worked with teenagers in special education. The students had difficulty regulating their own feelings when they were thwarted or disappointed. She complained about not having very much control over what the spirits did or said to her. They often appeared as decomposing zombies who were seeking resolution between this world and the next. I did not argue with her about whether the spirits existed. She was taking antipsychotic medication, and under the care of a competent psychiatrist. Still, these “hallucinations” seemed very real to her and still bothered her.

Some of the spirits could be sent on—to “go to the light”—where she believed they would pass into the spirit world. She liked having the ability to help

the spirits, but did not like it when they made unreasonable demands of her. Sometimes they wanted her to pass messages on to their families, but then would not give her accurate information to get in touch with them. On rare occasions, the spirits were angry and made threats against her or her mother, which was very disturbing to her.

I asked what the spirits wanted, and she said that they wanted things that she could not give them. She often became flustered and angry when they asked her for these unreasonable things.

I asked if she was able to set strong limits with the kids at school when they made unreasonable requests. She said that she usually could. She explained that if she expressed anger toward them and lost her temper, they just escalated their bad behavior. If she was calm with the kids at school, they responded much better. I asked her how confident she was that she could de-escalate a situation like this, and she said she was very confident. I remarked that this seemed like a good approach to take with the spirits who would not leave her alone and made unreasonable requests.

I instructed her to go to a specific place in her home, where the spirits were likely to enter, and to bring water, a blanket, and a good book. When the spirits awakened her, she was to go to that area, sit down, and read the book, waiting patiently for the spirits to arrive. This was usually 3 a.m. When the spirits come, I suggested she treat them the way she would treat a student at school who was having a behavior issue. “Be firm, but don’t lose your temper,” I advised.

She said that she did this and no spirits came. But one came back a few weeks later when her guard was down. At that time, she took matters into her own hands. She did a smudging ritual and said a certain prayer, which seemed to banish that particular spirit forever. She was proud of the fact that she could control how the spirit treated her, instead of being pushed around by an unhappy soul who had lost its way. Together we worked in being more creative in solving her problem, rather than her feeling victimized and helpless.

#### Commentary

By Eric Greenleaf, PhD

The artist Redon once said, “I have placed there a little door opening on to the mysterious. I have made stories.” Lisa Larsen patiently made stories with her patient until the fear of earthquakes subsided and the annoying spirits receded.

Dr Erickson once kept a patient’s hallucinations in an envelope in his closet so that the patient could visit them when she came to see him. Just like Erickson, Dr Larsen showed the gentleness of hypnosis and the power of utilization. As Ernie Rossi put it, “Your job is to introduce the interplay between dreams and reality.” (Mirroring Hands Workshop, San Francisco, California, 5/5/19).

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# INSPIRING MOMENTS WITH THE MASTERS

## Carl Rogers

By Jeffrey K. Zeig

In the mid-1980s, when I met Carl Rogers, he was considered the most influential psychotherapist in history (Freud came in third). At the time, he was certainly beloved by many, which is not surprising because his approach was person-centered. He was also one of the founding fathers of research in psychotherapy.

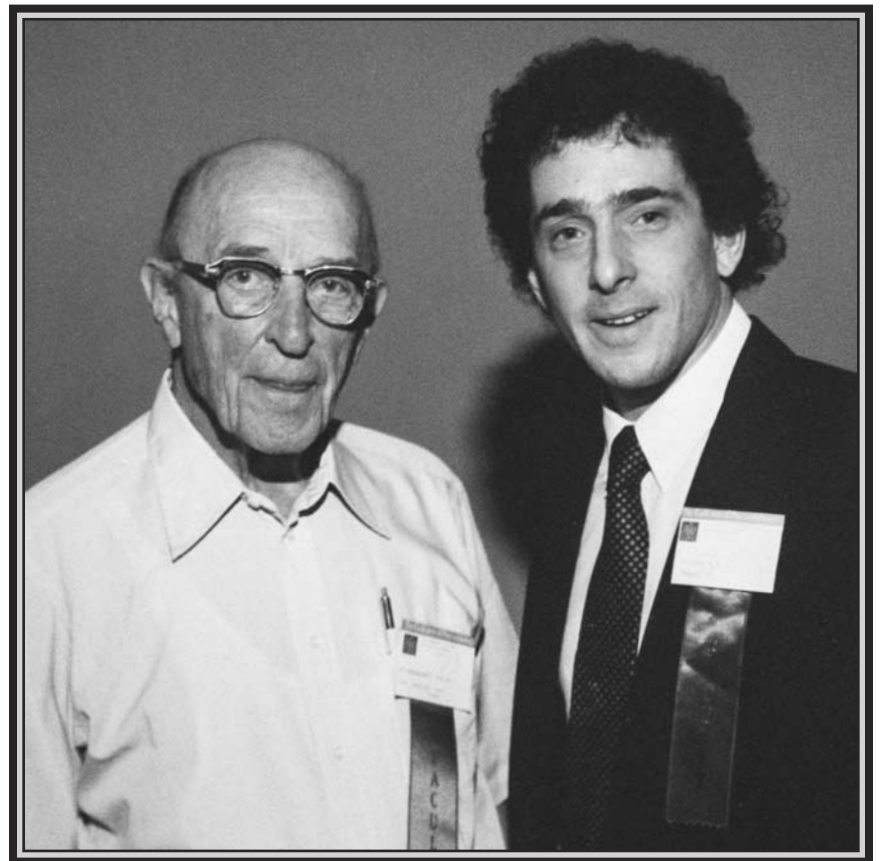
I invited Rogers to speak at the first Evolution of Psychotherapy Conference held in December of 1985, and fortunately he accepted. In August of that year, I attended the meeting of the American Psychological Association in downtown Los Angeles. It was held in the ballroom of a stately old hotel. Rogers was there as a participant in a conversation hour with Psi Chi, the undergraduate psychology honorary. The room was packed with young psychology students eager to be in Roger's presence. At 38, I was one of the few older attendees.

Roger sat at a table on stage with his assistant who helped him field questions from the audience. The students asked him about his research and practice. They were especially curious about his thoughts on empathy, genuineness, and positive regard. Toward the end of the hour, one student boldly stood up and asked Rogers, who was 83 at the time, about the inevitability of death. Rogers chuckled and quipped: "When I was a boy, it was predicted that I would die young. Now that I'm 83, I know that prediction will come true."

At the faculty meeting prior to the Evolution Conference, I watched as Rogers walked over to 78-year-old Joseph Wolpe and introduced himself, indicating that they had never before met. That the titular leader of humanistic therapy and the titular leader of behavior therapy had never met before that conference, spoke reams about the field of psychotherapy at the time. Giants in psychotherapy were not in touch with each other like they are today. There was no email, no websites, no coming together on common ground, which is exactly why I had organized the Evolution Conference. It was the first meeting of great minds in psychotherapy that highlights the similarities in all the different schools. And it continues today to be the leading conference that focuses on convergence.

At the conference, Rogers was revered for his wisdom and experience. He presented to a packed room of 3,000 attendees. There was an extremely long-standing ovation before he spoke, and after his keynote, the audience was back on their feet clapping.

One of the attendees was selected to be a demonstration subject for a 30-minute



*Carl Rogers with Jeff Zeig, 1985*

interview. I have watched the video of this session more than a dozen times, and still marvel at Rogers' mastery.

After the 1985 Evolution conference, I had lunch with Rogers and his assistant. I was shy and uncomfortable in our conversation. It was a moment with Rogers that I wish I could revisit. Rogers politely responded to my questions. He was responsive but did not initiate. The same was true for me. I was too shy.

Rogers died two years later in 1987 at the age of 85. I imagine that he accomplished his goal of dying young. His legacy of placing the person center stage and responsively understanding their thoughts, feelings, behaviors, and relationship patterns endures.

## SPIRIT OF THERAPY

*continued from page 4*

**CG:** Yes, absolutely.

**JL:** You have influenced an entire generation, perhaps three generations of people in their thinking and language. You interweave literature with your thoughts and parts of the Bible and put it all together with stories. Have you consciously recognized that your work is hypnotic?

**CG:** No, I would say that it is just my work. I use my background in literature, and the psychological world is open all day every day. You don't have to go anywhere; it is all around us. It is not only open now, but it was open back then. The people who listen to the world are often writers and artists. When I was interviewing adolescent girls, the voice I was hearing in these contemporary girls was the voice of Iphigenia in Euripides' tragedy, and the voice of Tambu in Tsi Tsi Dangaremba's novel *Nervous Conditions*, and the voice of 10-year-old Jane Eyre in Charlotte Bronte's novel. When her aunt accuses her of being a liar, Jane says, "If I were a liar, I would say that I love you ... when I don't."

When girls reach adolescence and are perceived as young women, they come under pressure to silence that honest voice—a voice that is often called stupid or

rude. But I am a person who listens, and if what I hear resonates with that person's experience, then that is the voice I listen to.

After the study with the girls, I initiated a study of 4 and 5-year-old boys. That is the age when boys first meet the gender codes and learn what it means to be a *real* boy or *one of the boys*. Speaking of her 5-year-old, one mother told me that he asked her, "Mama, why do you smile when you're sad?" This shows you the level of his emotional intelligence and how astutely he was reading the human emotional world.

**JL:** Yes, you have said it well. Your story evokes the experiences in the listener and brings about the deeper experience.

**CG:** That is my way of doing what I am doing.

**JL:** Yes, I absolutely agree. What is hypnotic is your connection and use of words that stimulates the listener and the listener's deeper experience.

**CG:** I am very aware of wanting to connect and that is what people do who connect. I feel like I am connected to you, and that is a good experience.

**JL:** It was a good experience being with you. Thank you.

# FACETS & REFLECTIONS

## When Clients Don't (and Won't) Change

By Michael F. Hoyt and Ruben Battino

In 1965, Milton Erickson published a brief clinical report called, “Hypnoterapy: The Patient’s Right to Both Success and Failure,” and in 1966, another brief report entitled, “Successful Hypnoterapy that Failed.” He described cases that had not yielded the results for which he had hoped. In both cases—the first involving a schizoid young man who had a disabling “phobia” of traveling on certain streets, and the second involving an unusual dental “gagging” patient—he noted that the patients had been seemingly compliant but extremely passive and not especially committed to changing. In his writings, Erickson reported a few other instances of therapeutic “failures” (see Hoyt, 2000). Not even The Master hit a home run every time!

We all have such cases. Either therapy never seems to effect any change; or at your last session with a client, they seemed satisfied that you have helped them, i.e., that they got what they came to you for, and you agreed. But later, you run into them (or somehow learn) that they have not changed and are still overweight, smoking, depressed, etc. You know that you did good work, and that the client had opportunities to change according to their expressed desires. This experience has happened to both of us, of course, and we share here some of what we have learned. This will be done via brief case histories followed by some commentary.

### Case One: *I Want to Come and Talk with You* (Hoyt)

“Ned” was a fellow in his 40s when I first met him. For years, he would contact me sporadically—usually for one visit, sometimes for two. He often spent days driving around buying and selling junk without making much profit. He was friendly but seemed “eccentric” and was living a marginal existence: low-income housing, no steady work or consistent romantic partner. (His therapy copayment was covered by state welfare insurance.) We met when he wanted to discuss a concern, such as his father’s failing health or his brother’s addictions and demands, or sometimes when he just wanted “to check in.” There was never a specific desired “change” outcome from a session—just “I want to come and talk with you.”

We enjoyed our meetings, but I wasn’t sure how useful or “therapeutic” they were. But, when I was getting ready to retire from the clinic, he heard that I was leaving and requested an appointment. When we met, he thanked me for being “very supportive” and “having been there” for him over the years. He said that he always left our meetings encouraged and felt appreciated and affirmed rather than being dismissed as just another “do-nothing weirdo” (his term).

### Case Two: *Non-Disappearing Adipose Tissue* (Battino)

I have worked with clients who are interested in weight loss. I always tell them that I do not talk about weight *loss*, since what is lost can often be found. Almost all of my overweight patients have lots of books on the subject and have tried many times to decrease their weight. (They usually succeed for short periods of time!) Instead, I talk about weight *control*, and the physiology of resetting their metabolic set-point. This is done by the synergistic effect of decreasing their caloric intake and increasing their physical exercise—and that they have to do *both* and continue doing both to go to a lower weight and stay there.

A few years ago, I had two such clients. At the end of their respective sessions, they appeared to know what to do and said that they were willing to do it. About three months later, I encountered both of them and the obese man was still just as obese and the woman still overweight by 30-40 pounds. In separate chats with each of them I noted that nothing had happened weight-wise and offered them another session—a gratis one, since I “guarantee” my work. Both declined, and I (of course) accepted their decision.

## Commentary

We have concluded that we did not “fail” to help these clients. The way they were was the way they wanted to continue to live their lives—or at least, they were not willing to do the sustained work needed to change. That is, being unemployed and collecting junk or being obese was who they were and still are. We emphasize here that changing these clients’ deep sense of being made no sense to them. Everyone has a built-in idea about who and what they are. Although most of us may conceive of ourselves as being agents of change, it is our client’s right to not change.

When faced with a client who does not seem to change, it is often helpful to:

- Clarify motivation and therapeutic goals. Who wants what? What is possible? And what would the client need to do something differently? Michele Ritterman (2019, p. 167) describes watching Erickson refuse to see a severely obese client who was unlikely to change unless he (the client) first made some good-faith efforts, and O’Hanlon and Hexum (1990) also cite several instances of Erickson declining to see unmotivated patients. Battino (2014) also describes various “tools” to try when therapy seems to otherwise be “failing.”
- In addition to making sure that there is a clear goal, and the client is ready, and the therapist is not pushing too hard, it can also be useful to consider if there are other possibly unaddressed but impeding issues (e.g., serious depression, alcohol and substance abuse, domestic violence).

We should not give up easily, yet we should also remember, as Erickson (quoted in Zeig, 1980, p. 148) counseled: “It is the patient who does the therapy. The therapist only furnishes the climate, the weather. That’s all. The patient has to do all the work.”

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**INTERVIEW***continued from page 1*

colleague, Albert Bandura. Years ago, he and I were invited to go to West Point Military Academy to give lectures. The audience was cadets in uniform with their hair shaved back, looking like a single person. He gave a talk about moral disengagement. In the military, you are trained to kill the enemy before they kill you. And so here he is talking about this theoretical concept to people who are living it. I gave a talk on deindividuation—what happens when you give up your identity. And I looked out at the 1,000 cadets—all of whom looked exactly same—and he and I were almost giggling.

**JZ: Is it easy to morally reengage after you have been disengaged?**

**PZ:** That's a great point. No one has ever looked at that. I would think it's really difficult.

**JZ: Now you have the Heroic Imagination Project, teaching people to step up in a crisis situation.**

**PZ:** It's really the mental state of becoming sociocentric, rather than

egocentric. Most of us are concerned with what is best for ourselves in a situation. When you see someone who is hurt in an accident, at one level, you know you should try to help. But at another level you perceive that it could be dangerous for you. This is what we call the "bystander effect." With the Heroic Imagination Project, we teach how to avoid this and be an active upstander, rather than a passive bystander. Replace "I" with "We," and "Me" with "Us". It is changing the mindset of people. It may be that in your whole life, you are never going to come across a situation where your help is needed. But many of us will. Once you've trained to be an upstander, you are more likely to intervene to help someone.

**JZ: That's super.**

**JZ: Let's talk about attributions. Attributions happen contextually. For example, if you're at the Grand Canyon, you feel awe. If you are in a basilica, you feel faith. In the hypnotic process, an attribution can en-**

**tail going into trance. What do social psychologists say about attributions that could be of potential use to a clinical psychologist?**

**PZ:** I did one of the first studies of attribution with Lee Ross and Judy Rhoden back in 1968. I was visiting at Columbia University for one year in a graduate program, and in my class I had these two incredibly brilliant students: Lee Ross and Judy Rhoden. And they would not only answer questions, but they dominated the class.

And so, I would meet with Lee and Judy informally outside of class. And in 1968, we came up with one of the first studies in attribution theory. Judy Rhoden went on to be president of Rockefeller Foundation. And Lee Ross went to Stanford and had a distinguished career.

Lee and Judy were a brilliant dynamic duo. And we started talking about attributions. In certain parts of New York, people who look different from you are considered dangerous. So, you notice how people are dressed,

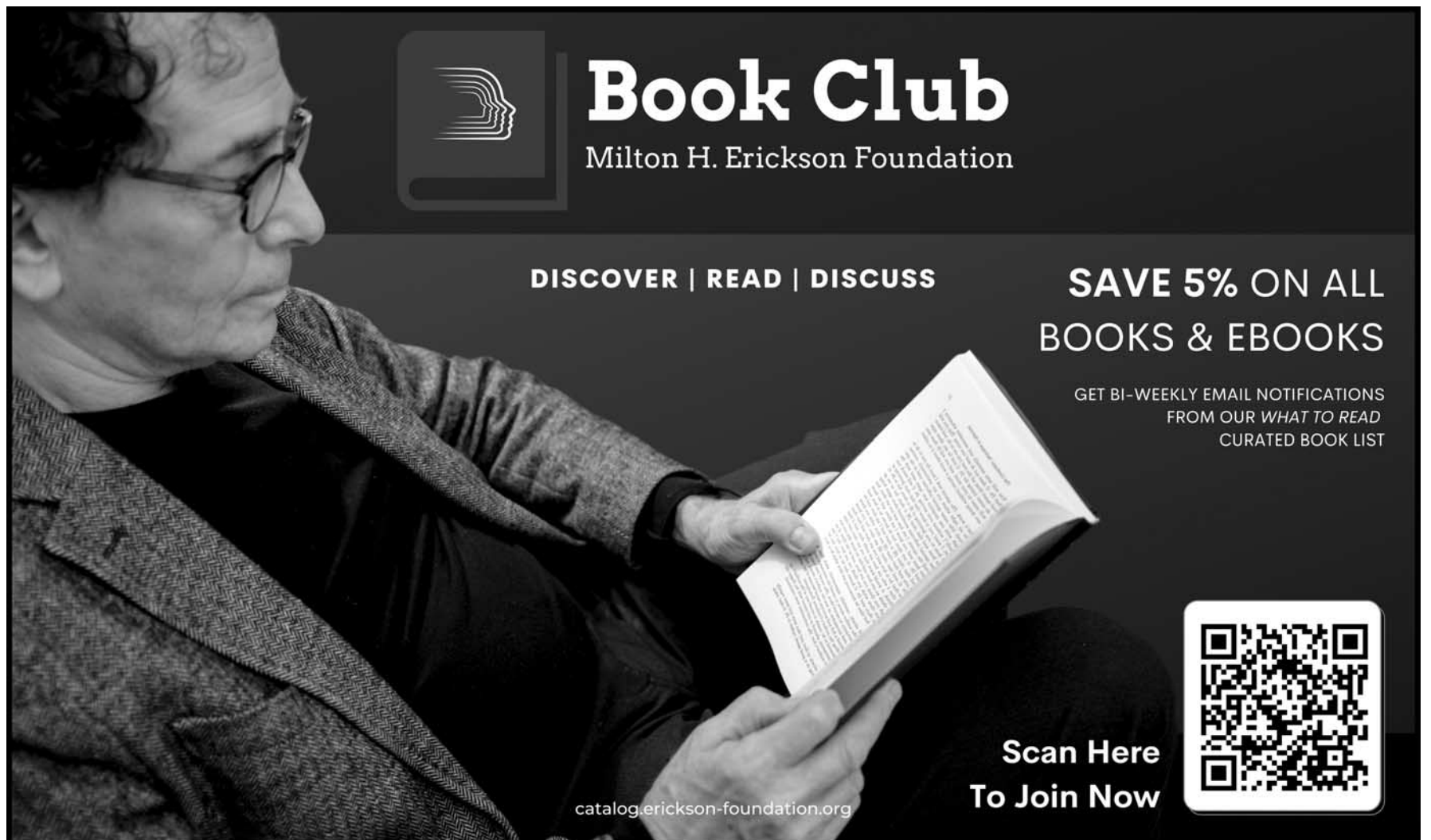
and skin color. The attributions can become reality, in that if you think somebody is a threat, you may act in a way that makes them threatening.


**JZ: It's the same mechanism used when attributing something negative as it is to attributing something positive.**

**PZ:** And in clinical treatment, the therapist makes a positive attribution: "I know you can change. I know you can get past this." It's an act of saying, "I believe in you. I trust that if you share your fears and anxieties, together we can reconstruct a more positive lifestyle for you." The successful therapist consciously or unwittingly promotes these positive attributions in their patients.

**JZ: An attribution is an experience. And if you verbalize it, it may lose some of its power. But if the attribution is offered as part of the overall experience, it can have more effect.**

*INTERVIEW continued on page 20*






# Book Club

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# IN MEMORIAM

## Aaron T. Beck, MD

By Christine Padesky, Ph.D.

On November 1, 2021, Aaron Temkin (Tim) Beck died peacefully in his sleep at the age of 100. He was a giant on whose shoulders other giants will stand throughout this century.

A few highlights of his professional contributions to psychotherapy are captured in this tribute, and yet this does not begin to encapsulate what made Tim Beck such a great man. For this we need stories. Tim Beck was my dear friend for more than 40 years. I am grateful for this opportunity to intermingle parts of his biography with personal memories that highlight some of the many facets of his extraordinary presence and the ways he made this world a better and more humane place. Some of the experiences I recount here took place at the Evolution of Psychotherapy conferences and readers of this newsletter undoubtedly have their own stories of interactions with him at these special conferences. Remarkably, many people have told me they met Tim for just a few minutes and yet those few minutes changed their lives forever.

### Who was Aaron T. Beck?

Aaron T. Beck was a scientist at his core. He believed that research could help us find better and better ways to help people. In the course of his well-lived life, he transformed and disrupted the field of psychotherapy by illustrating that psychotherapy could be empirically evaluated and that patients had a right to know whether the therapy they were receiving had evidence of being effective. This work began quietly in the 1950s. After completing his psychoanalytic training, Tim set out to find empirical evidence to support psychoanalysis by investigating Freud's theory of depression as anger turned inward. When his clinical data provided evidence that contradicted Freud's theory, he followed the evidence instead of his psychoanalytic training and ended up creating a whole new model for understanding human emotion that was rooted in its links to cognition.

Aaron T. Beck was a clinician at his core. He cared so much about every person he interviewed. I once sat with him in a private interview room as he spoke with a woman in a California hospital who was going to be discharged later in the week. He asked her in detail about the circumstances surrounding her attempts to kill herself which led to her hospitalization and about the conditions at home to which she was returning. During the interview, he jotted something down on a slip of paper. At the end, he handed it to her and said, "This is my home phone number. Call me after you have been home a few days and let me know how it is going." When I later asked why he did this, he replied simply, "She lives alone. Leaving a hospital can be harder than people think. I don't want her to be all alone." Often when we were traveling and teaching together, Tim would receive huge packets of mail forwarded from his office. He would open them and quietly hand write replies to every suicidal and depressed person who wrote to him. His home phone number was always listed so that people in distress could contact him. Tim's international expertise in suicide intervention was a lived experience for him. In all my professional years, his level of compassion and commitment to helping others was unparalleled.

Aaron T. Beck was a theoretical and psychotherapy innovator at his core. In the 1960s, he published *Depression: Causes and Treatment*, in which he articulated a new cognitive theory of depression. Throughout the 1970s, he conducted empirical research to test his theory, and when his theory proved robust, he and his team at the University of Pennsylvania developed Cognitive Therapy (now called Cognitive Behavior Therapy or CBT)—an entirely new form of therapy based on his research. The early randomized and controlled outcomes studies of his approach showed for the first time that a form



Photo credit: Kathleen A Mooney, © 2005

Aaron T. Beck, MD

of psychotherapy could attain the same treatment outcomes as psychopharmacological treatments for depression, which were considered the gold standard at that time. This was significant because trumpets were sounding in the late 1970s, predicting that drugs would one day solve all ills and that psychotherapy would cease to exist because it could not possibly help as much or as quickly as drugs.

Once his treatment for depression was established as one of the first empirically based therapies, Tim turned his attention to anxiety disorders. But he did not assume that the same treatment methods that helped depression would be helpful for anxiety. Instead, he developed a new cognitive model for understanding anxiety disorders. Research teams working with him at the University of Pennsylvania and in a number of countries around the world began empirically testing his theory and creating therapy approaches specifically designed to address key maintaining factors in each of the anxiety disorders. This was one of the first times a branch of psychotherapy was committed to developing nuanced protocols specifically designed for particular diagnostic issues. Over the next few decades, evidence-based protocols emerged and were empirically evaluated for almost every diagnosis in the psychiatric lexicon.

It was during this period of rapid development in cognitive therapy that Tim Beck was invited to participate in the first Evolution of Psychotherapy conference in Phoenix, Arizona, held December of 1985. He was the youngest on the faculty at that conference and his therapy was the most contemporary. Nonetheless, over 1,500 people attended his workshop "Cognitive Therapy for Anxiety," which I had the honor of co-presenting with him.

Over the years, Tim and I taught many workshops together in the U.S. and abroad. And I had a front row seat, observing his quiet humility in the face of audience skepticism. When therapists stood up at workshops and attacked him for his ideas, saying that they were simplistic or that his therapy was superficial, he would quietly summarize the evidence that supported his work, if it existed. Or, he would humbly say, "You might be right. We need more data on that. I hope you do some research and send me your findings."

## IN MEMORIAM

At the second Evolution of Psychotherapy conference in Anaheim in 1990, Tim and I were shadowed throughout the conference by Marjorie Weishaar who was interviewing him for the biography she was writing about him, entitled, *Aaron T. Beck* (1993). One afternoon, between sessions, as we were walking, she asked, “Dr. Beck, where do you hope Cognitive Therapy will be in 10 years?” Without skipping a beat, he looked at her and said, “I hope Cognitive Therapy does not exist in 10 years.” We must have looked shocked. He went on to say, “In the same way that few therapists say today that they do Rogerian therapy and yet all therapists recognize that the elements of therapy Rogers taught us are important foundations of all psychotherapy, I hope in 10 years there won’t be a need for Cognitive Therapy. My hope is that all psychotherapists will work with patients collaboratively and be patient-centered and encourage patients to actively test out ideas. And my hope is for therapists to follow the best evidence supported therapy methods that exist.” His answer to her speaks volumes. He never saw himself as a guru who needed to be honored as the top psychotherapist in the world. Instead, he was dedicated to making psychotherapy the best it could be for the benefit of patients worldwide.

By the end of the 20th century, CBT had rapidly become one of the most dominant forms of therapy throughout the world. Its exponential growth had been spurred on by its empirically supported efficacy and the relatively brief length of time required for the effective and enduring treatment of depression, anxiety disorders, and many other problems for which people seek help.

In early years of the 21st century, Tim Beck was in his 80s and enthusiastic to take on new challenges. In the remaining 20 years of his life, he worked tirelessly to address serious, chronic mental illness. I have never seen him as happy. Whenever he would talk to me about his research and ideas, he would bubble over with excitement. He and his team worked in tandem with psychosis researchers and therapists in many other countries and they created a specialized therapy called Recovery-Oriented Cognitive Therapy (CT-R) for people experiencing psychosis and similar mental health challenges. CT-R is a collaborative, strengths-based, person-centered approach that focuses on identifying a person’s values and motivations in order to build greater empowerment, engagement, hope, and sense of belonging. His team developed their approach working with people who had been chronically institutionalized, often for decades in state hospitals.

Like Cognitive Therapy, Recovery-Oriented Cognitive Therapy has been empirically tested and found to be highly effective with long-lasting positive outcomes for the majority of people. After participating in CT-R, many patients have been able to leave institutions and return to community life. When Tim spoke virtually about CT-R to a packed convention center at the 2017 Evolution of Psychotherapy conference in Anaheim, California, he received a standing ovation for his heartfelt presentation that demonstrated his deep humanistic understanding and respect for patients. At one point, in response to a question about improving adherence to the use of anti-psychotic medication, Tim simply asked, “Why would we want to force a person into a treatment they don’t want?” The audience burst into applause. He went on to show how CT-R is a valid alternative treatment that patients often prefer.

In fully listing Tim Beck’s achievements, I would need to go into detail about his award-winning contributions to our understanding of suicide, psychological assessment, case conceptualization, innovative therapy approaches, and so much more. The dozens of awards and honorary degrees he received include the Lasker DeBakey Clinical Medicine Research Award (considered the U.S. Nobel Prize), the Grawemeyer Award for Psychology, the Sigmund Freud Award, the Heinz Award for the Human Condition, Lifetime Achievement Awards from multiple state and national organizations, and the Kennedy Community Mental Health Award. He was also short-listed for the Nobel Prize in Medicine.

In 2005, at an international Congress of CBT in Gothenburg, Sweden, Tim

Beck enjoyed a lively on-stage dialogue with the 14th Dalai Lama, winner of the Nobel Prize for Peace. At one point in the wide-ranging discussion of cognitive and Buddhist understandings of anger and mind, the Dalai Lama burst out in a wide smile and exclaimed to Tim, “You should win the Nobel Prize for Peace.” After their exchange in Sweden, the Dalai Lama carried on a personal friendship with Tim for the remaining years of his life. In 2014, the Dalai Lama traveled to the United States on a speaking tour and asked Tim to meet him in one of the cities. Tim was in a wheelchair at that time and could not easily travel. So, the Dalai Lama adjusted his schedule and traveled to Philadelphia to meet with him in his home. After a morning of having his home swept by U.S. Secret Service agents, Tim, his family, the Dalai Lama, and his translator enjoyed lunch and conversation and a warm exchange of gifts.

So, what was it about this soft-spoken, yet prolific scientist, compassionate clinician, and innovative thinker that attracted thousands of therapists and researchers around the world to devote their careers to his work? And what was it that led eminent people like the Dalai Lama to want to be his friend? And how was Tim Beck able to radically transform the field of psychotherapy in just a few decades?

Aaron T. Beck was one of a kind. He had the gift of being sincerely interested in every person with whom he spoke. Students were stunned that he genuinely wanted to hear about their ideas. That is how my relationship with him began. I was a 24-year-old graduate student at UCLA and one of the first therapists outside of Philadelphia to learn about his new therapy. I began using it with both adults and children. He asked me to send him email updates about what I was doing with my clients. I did so, and he wrote back and sometimes phoned me so that we could discuss my thinking behind the interventions I was piloting. He came to California for a month each winter and we would meet and discuss his latest ideas and the books he was writing. He always treated me like a colleague and friend, rather than a student or young professional, even before we began teaching together. Our relationship flourished and deepened over the remaining 43 years of his life.

Colleagues were amazed to hear their names mentioned in his workshops and lectures. He was always quick to share credit for ideas and cite others whose ideas informed his own. Clients knew he genuinely cared about what was on their mind.

Tim Beck’s genuine curiosity and interest in others opened the door to many relationships. The depths of his compassion, breadth of his intellectual rigor, and his creative brilliance that he was willing to use as a spotlight to shine on young professionals, transformed those relationships into deep love for and loyalty to him. It is a rare person who gains recognition in their lifetime as a top scientist, top clinician, top theorist, or top psychotherapy innovator. Tim Beck was all of these things, simultaneously, with equal excellence. He lived his life with passionate engagement, working until the final weeks of his life. He dedicated his life to science, clinical service, theoretical innovation, and the singular goal of improving other people’s lives. Over the course of his lifetime, he radically shifted the field of psychotherapy, developed innovative psychotherapy approaches, and empirically examined their power to alleviate distress and suffering. In doing so, he has empowered millions of people around the world to lead more fulfilled and resilient lives.

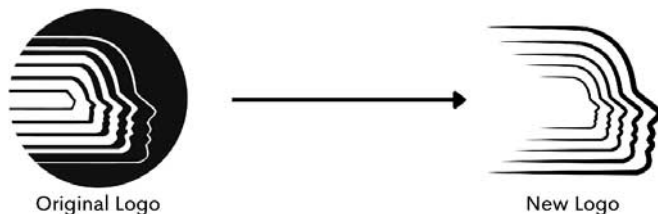
None of us need to be giants to be proud to stand on Tim Beck’s shoulders.

**Rest in peace, Tim.**

Christine A. Padesky, PhD, is a clinical psychologist, co-founder of Strengths-Based CBT, an award-winning CBT lecturer, and author of six books including *Mind Over Mood*. In 2007, Aaron T. Beck presented her with the Aaron T. Beck Award from the Academy of Cognitive Therapy.

# FOUNDATION NEWS

## Foundation Announces Its New Logo and Rebranding



Original Logo

New Logo

In the past two years, the Erickson Foundation has made tremendous strides in adjusting to the ever-changing conditions of the psychotherapy market. Instead of several few baby steps forward, we have recently leaped decades ahead. Even before the pandemic, the Foundation was beginning to offer more online training. But the pandemic exponentially sped up that process as the Foundation quickly adapted to a full online platform with the help of staff, registrants, faculty, and donors. And fortunately, the transition was smooth. It not only proved to be an educational success, but a way to bring more education to a wider audience. We can also now offer more in the way of after-the-event media for ongoing learning at one's own pace.

The Foundation is focused on building off this success and incorporating more modern strategies into its educational practices. "We are dedicated to enhancing the quality of the overall experience of the Foundation," says Christian Marcum, marketing manager for the Foundation. "Change is inevitable. But to successfully change, we must grow and evolve with the market."

With this mission in place, the Foundation is proud to announce the beginning phase of this plan by revealing the new Foundation logo. "I can't think of a better way to celebrate our growth in this new era of Ericksonian education than revealing our new logo," says Marcum, who designed the new logo. "It has been an honor to work on the recreation of the logo. Since its inception, it has held important meaning. The emerging faces is a visual representation of the layers of the subconscious, so I knew that would be still be the foundation. But there were technical aspects of the logo that needed more support to fit into our modern-day branding."

"Our new logo communicates the Foundation's ongoing efforts on multiple levels," says Jess Repanshek, operations supervisor for the Foundation. "The emerging faces represent the expansion of therapeutic development, and it incorporates the Foundation's 40 plus-year history of therapeutic exploration and historic preservation. The negative space beautifully speaks to the evolution of the Erickson Foundation and psychotherapy in general, from its humble beginnings moving forward into the unknown potential of the future. It is an iconic image that pays homage to everything the Foundation stands for, bringing us into the 21st century and beyond."

The new logo stays true to its predecessor, but with different hues of the color purple. The spacing was fine tuned to be center aligned with smoothed out edges, giving the illusion of moving while being still. There are multiple variations of the logo, which allows for versatility in the different avenues of placement. This strategy rolls over into the rebranding of the Foundation's overall identity with email and social media communication, which have been completely revamped. We have also added new incentive programs and opportunities to support the Foundation.

This logo unveiling is the first in a series of announcements regarding the new identity of the Foundation. We are now revamping the website which will launch early next year. We are also continuing to enhance the online learning experience of the online continuing education curriculum. With the improvements in branding, the purchase of new studio equipment and the successes we have had in transitioning to an online education platform, the Erickson Foundation is demonstrating that we do indeed have a firm foothold in the 21st century.

## The Smart Art of Psychotherapy Classes

In 2020, Jeff Zeig began his online Art of Psychotherapy class, featuring a live brief therapy session and live clinical demonstration, wherein Zeig artfully demonstrates a variety of experiential therapeutic techniques to guide the client to their goal— techniques that can be applied to a wide range of client issues.

After each clinical demonstration, Zeig deconstructs his methods with co-faculty for more impactful learning. Participants are invited to take part in the Q&A following each session.

Beginning in 2022, two new sections will be added: One on self-esteem issues, beginning Sunday, January 23; and the other on emotional regulation, beginning on Sunday, February 27.

More information can be found at: <https://www.erickson-foundation.org/art-of-psychotherapy-2022/>.

## A Grand Approach

Learn from the best, in the Erickson's Foundation's Grandmasters' Approaches to Psychotherapy class. Participants will be immersed in the clinical work of innovative masters who pioneered the development of psychotherapy. It is an opportunity to revitalize your practice, making it more contemporary, effective, powerful, and playful. Regardless of theoretical orientation, you will learn practical ways to incorporate new methods.

Prior to class, registrants will watch video demonstrations by Milton Erickson, Salvador Minuchin, Erving Polster, Carl Rogers, Virginia Satir, and Carl Whitaker. Then Jeffrey Zeig will discuss the techniques used in the videos, and then provide a comprehensive background of the masters' approaches. He will also tell of his personal history with each master.

To register, visit: <https://www.erickson-foundation.org/grandmasters-approaches-to-psychotherapy-2022/>.

## Foundation Offers Fellowship Opportunity

The Erickson Foundation is searching for a Research Fellow to work in the Foundation archives sorting through archived media for publication. This position would also require organizing and coauthoring books. This is a two-year, full-time, non-clinical position.

Candidates should be a post-graduate in any mental health field, and possess strong writing and organization skills, as well as the ability to work independently. A background in hypnosis and/or the work of Milton Erickson is desirable. English must be candidates' native language.

If you are interested in this position, please email Jeff Zeig at [jeff@erickson-foundation.org](mailto:jeff@erickson-foundation.org).

## Media Reviewers Needed for Newsletter

Our newsletter needs more media reviewers. "It is gratifying to give individuals to see their words published," says John Lentz, media editor for the newsletter, "They gain professional affirmation and validity when they put a review out for peer evaluation."

Reviewers will get a complimentary copy of the book or DVD they are reviewing.

To join our team of media reviewers, please contact John Lentz at: [Lentzhome@aol.com](mailto:Lentzhome@aol.com).

*continued next page*

# FOUNDATION NEWS

## Intensives Training Program: Intense, Instructive, and Intelligent

By Marnie McGann

Last year, in the midst of COVID, the Erickson Foundation adapted to the new normal by transitioning several in-person training programs and conferences to online. This was the first time in the Intensives' 30-plus-year history that the program was offered virtually. We not only wanted to continue to provide this unique education opportunity to our audience of licensed professionals, but we also wanted to prove that we could adapt; we could make this work. And fortunately, we did, as 288 registrants from 45 countries and 37 different states in the U.S. participated—nearly three times the number we normally could accommodate in the In-

tensives throughout the year in person.

The Intensive Training Program online registration is now open for 2022. It is a year-long course broken down into six levels and conducted in classes held once per week beginning Wednesday, January 5. Course topics include *Fundamentals of Hypnosis*, *The Language of Hypnosis*, *Metaphors and Storytelling*, *Pain Management*, *Anxiety*, *Depression*, *Emotional Impact*, *Therapist Development*, and more. Classes are a combination of didactic lecture, live demonstration, individual practice groups, group discussion, and live Q&A. Faculty includes Lilian Borges, MA; Brent Geary, PHD; Wei Kai Hung, MEd; Stephen Lankton, LCSW; Dan Short, PhD; and Jeffrey Zeig, PhD.

Join the global audience in learning the core competencies and techniques of Erickson Therapy. Participants are not required to have experience in Ericksonian Therapy. For more information see: <https://www.erickson-foundation.org/intensive-training-online/>.

## THEORETICALLY SPEAKING

### On Using Magic Words

By Rubin Battino and Michael F. Hoyt

Milton Erickson was a master of the *precise* use of *vague* language. Both factors are significant, in that words must be carefully chosen and also sufficiently ambiguous for the client to interpret and apply to themselves and their lives. As Zeig (2019, p. 44) has written: "Signification is ambiguous, so the receiver must extract personal meaning."

Erickson was fond of using the phrases such as, "That's right, is it not?" This phrase is just five words, yet an analysis reveals their magic. The referent is vague as to the word "that." It may refer to either the client or the therapist. What is "right?" Consider that the meaning of both "that" and "right" is what the client thinks, feels, and believes. Finally, "is it not?" forces the client to respond, i.e., they have to decide whether "that" and "right" realistically apply to them.

Rubin Battino: I recall being in a Gestalt Therapy training group where the man on the "hot seat" said something that got the group leader to look a bit puzzled at him and to say, "So?" This man took a while to think and respond. He was then greeted by another "So?" The "so?"-ing went on through another three rounds until the man attained a resolution to what had been troubling him. Like opening the varying sizes of Russian Matryoshka nesting dolls, repeating this word guides and challenges the client to explore what is going on in their lives, and how they have responded. (The "downward arrow" technique in CBT also invites a scaffolding exploration of implications. See Beck et al., 1990.)

In a guided imagery model (Battino, 2020), the healing and change entity chosen by the client in the third step approaches the client. (This way of working is best done with the client in some level of trance.) The most important word at this time is often "somehow." After the healing entity (e.g., a religious figure or healing hands or healing light or healing force) makes contact, I say, "And now, somehow ... somehow the healer knows exactly where and how to heal you, to bring about the mental and body changes that you need at this time. You may even sense and be aware of just where ... somehow ... these changes are occurring." When the healing entity finishes its work the client thanks it within his/her mind for this gift. The magic word here is "somehow," for the client somehow picks the way(s) these changes will occur.

There are many words and phrases that can initiate what NLP calls "transderivational searches." These are times when clients "go inside" themselves to find answers and circumstances that fit them. In Rossi's mirroring hand approach (Hill & Rossi, 2017) the second step is: "Review all of the relevant factors related to what you are working on now." And the third is: "Think of two or three or more realistic things you can do to resolve those difficulties." Chapter 5 on language forms in Battino and South (2005) contains many examples with suggested words,

phrases, and sentences related to "magic" words, such as: *and*, *yet*, *now*, *as*, and *how*. Yapko (2019) provides many illustrations of how to use the word "how," which he considers to be one of the most important words that a therapist can use. An example: "How have you managed to get to where you are now with all of the difficulties in your life?" One of our primary objectives as therapists is to help a client change the initial restrictive "I can't" to "I won't." The change implies that they have control over their activities and responses. Therapists need to avoid the word "try," as that implies failure in the English language. (Michael Hoyt: I can hear Bob Goulding ringing his cowbell whenever a trainee would disingenuously say "try"! ) The words "experiment" and "test" are better. Asking "why" will get you endless responses that have no usefulness!

Recognition of the power of language is not new in the field of psychotherapy. Steve de Shazer (1994) borrowed a phrase from Sigmund Freud for the title of his book, *Words Were Originally Magic*. Freud's words (1915/1961, p. 17):

*Words were originally magic and to this day words have retained much of their ancient magical power. By words one person can make another blissfully happy or drive him to despair [...] Words provoke affects and are in general the means of mutual influence among men.*

T.S. Eliot (1951/1961, pp. 76-77) drew what he called a "triple distinction," noting that there is mere talking in "ordinary speech which is mostly below the level of either verse or prose." In therapy, words can resonate and be magical and powerful.

*That is right, is it not?*

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## BOOK REVIEW

### ***Making Psychotherapy More Effective with Unconscious Process Work***

By Dan Short

Routledge

New York, New York

Copyright Dan Short 2022

ISBN: 978-0-367-64965-4

Reviewed by John D. Lentz D. Min

Shepherdsville, KY

In his most recent book, Dan Short provides a history of our understanding of the unconscious, backed up by clinical examples of effective unconscious work. I like how he mixes intellect with science, insight, and practical examples. Short demonstrates the power of partnering with the client's unconscious to solve issues and offers relevant information about how the unconscious mind works, and ways to assist it. For example, we learn that unconscious conflicts cannot be directly resolved directly by conscious dialog, but by evocative and experiential methods that target to the unconscious.

Additionally, Short provides way to stimulate clients' motivation and resources to achieve their goals.

He offers practical tips on priming. On page 33, he writes: "priming is the easiest way to reduce conscious interference while activating unconscious problem-solving process."

This 177-page book has 10 chapters covering topics such as prediction, mental contrasting and nonlinear multidimensional language and unconscious process work. I liked the chapter on predictions because it was immediately useful. I also enjoyed the information on cognitive therapy, and the interspersed useful facts. Each chapter has bullet points highlighting important aspects and separate key points.

The clinical examples that Short provides are impressive. The first one involves reading the client's concerns that she had faxed to him, slowly back to her with inflections and emphasis that give her words depth and meaning, which stimulated positive change in her. I also loved the last clinical example—a marriage that sounded hopeless, with multiple violations that made it sound impossible to come to a resolution. Many of us would have thought the case too daunting and given up, or at best, only worked with the woman, since she seemed more open to change. Practicing what he preaches, Short intervened using the methods he describes in the book. Based upon something the man said, Short used his intuition and it changed the tone of everything, as Short zeroed in on the unconscious conflict the man was having, without ever having to directly pointing it out. Short simply used what the man had said, to bring about a minor miracle. It is an example of a master therapist at work.

This an impressive book that highlights the scholarship that Dan Short and others have done on the unconscious. With quotes and insights that could only come from one who has read carefully, extensively, and with strategic insight, Short has created a resource that will be valued for years to come.

I love this book and have already taught from it. I highly recommend it to therapists who want to become more effective in using their client's unconscious mind to achieve goals.

## BOOK REVIEW

### ***Healing Beyond Pills and Potions: Core Principles for Helpers and Healers***

By Steve Bierman, MD

Gyro Press International, California

Copyright 2020 Steve Bierman

ISBN: 978-0-578-64370-0

Reviewed by John D. Lentz D. Min

Shepherdsville, KY

There is much to be excited about in this book. It is filled with ways to enhance care and sidestep pain. There are many examples, including how to help people pass kidney stones, quit smoking, or quickly go into a state of receptivity to enhance their life. There are also tips about using the power of authority to enhance health, lessen pain, and improve healing. Bierman maintains that authority offers an easy path to induction.

When I first read this book, I thought that I knew most of what the author talks about, since I too have long studied hypnosis and NLP. But when I reread it, I was amazed at how much Bierman has inserted that is not from NLP, but from his experience of simply being with people and learning of their needs. It is obvious Bierman has that sense of confidence that comes from experi-

ence. For example, he has perfected his own brand of brief inductions by using just a few words and the person's own trance to bring about healing.

Most of us know to avoid the word "try." However, in Bierman's hands, when employed with intention, it is a scalpel that cuts to the heart of problems. Something else that got my attention was "Why Today?"—an approach he invites us to employ to help others heal quickly and efficiently, no matter what the source of the pain. It will seem like magic, but it is Bierman's distilled knowledge of people and hypnosis that makes the difference. Another concept that he promotes is linkage, which is a very useful hypnotic device.

We know there are connections to illness and emotional trauma, and Bierman has made his healing into an art form. He assists people in overcoming both the emotional conflict as well as the biological one. His approach helps clients move beyond pills and potions.

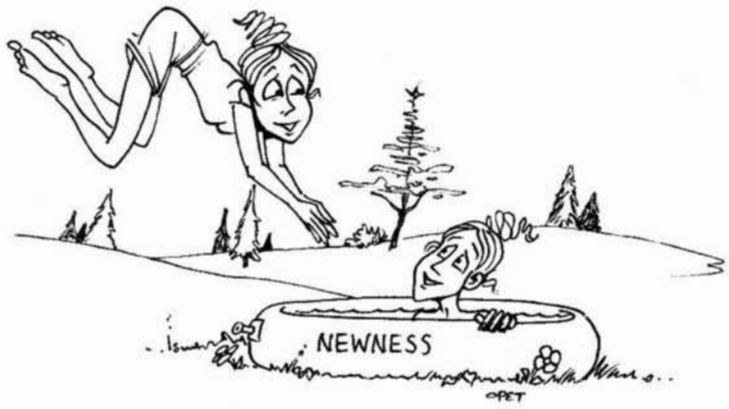
I love how Bierman demonstrates that caring is not enough, and that words matter. He shows us how to convert caring into healing words that have lasting impact. Doing something that makes a practical difference can greatly improve the outcome.

There are three parts to this 293-page book—Elements of the Art, Rethinking the Whole, and Artful Applications and Exquisite Outcomes—with many excellent and inspiring clinical examples.

I not only recommend this book, but I will be teaching many of the techniques to my students.

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*OUT OF MY MIND: Quotations that Delight, Dazzle, and Confound, by Leslie Miklosy*



*Dive into newness  
And discover another you.*

*One way to solve a problem  
Is to give it a different dress;  
Another way is to send it on an errand;  
A third way is to blow it out of proportion.*

These 195 best original quotes – serious and offbeat – are from his four previous books, with added short essays, playful drawings, and new material [October 2020; 253 pages].

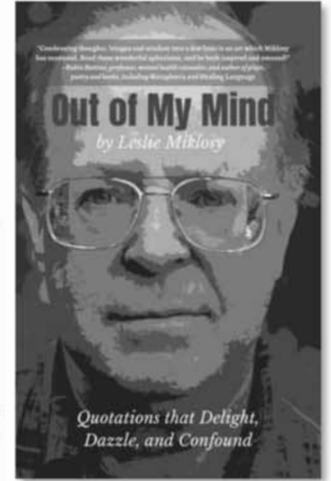
**"It is so Ericksonian."** --Joseph Carlton, LMFT, Book Reviewer, Erickson Foundation Newsletter

**"Leslie Miklosy has written a gem."**  
--Rob McNeilly, MBBS

**"Read these wonderful aphorisms, and be both inspired and amazed!"**  
--Rubin Battino, MS, PhD

*Sapped of strength,  
I discover a self  
That doesn't rely on strength.*

*Convert limitations into limits,  
Limits into boundaries,  
Boundaries into borders,  
And borders into passageways.*



**Out of My Mind**  
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## NEWS

## Cloé Madanes Releases Riveting New Memoir

By Marnie McGann

Despite the many hardships of the pandemic, there are also silver linings, including Cloé Madanes' candid new book, *Not by Accident*, with a foreword written by Jeff Zeig.

Madanes takes us on a fascinating and humanistic journey from her privileged childhood in Argentina amid political upheaval, through her schooling, travels

abroad, move to the U.S. and eventual citizenship, to her familial relationships as well as her professional and personal relationships. Her memoir reveals her joys of motherhood, of learning from great minds, and following her dreams, but also her challenges with anti-Semitism and sexism and her grief from personal loss.

Throughout Madanes' life, her mission and work have been most important, and her successes and accomplishments are testimony to this. The biographical sketches in this important book are the underpinnings of the development of Madanes' brilliant contributions to psychotherapy.

From an early age, Madanes has been driven to help people. In these revealing and inspirational autobiographical sketches, she shares her keen perspectives on life, love, and the pursuit of bettering humankind.

## Paper on Hypnosis and Pain Relief Published

In the past 10 years, one of the core projects of the International Society on Hypnosis (ISH) is having the World Health Organization (WHO) recognize hypnosis as a viable and effective treatment.

With the publication of the "White Paper," Giuseppe de Benedittis, MD, PhD, and colleagues have made significant strides in achieving this goal.

In the paper, a historical background on hypnosis is provided and the impact of hypnosis on healthcare is addressed, as well as hypnosis for pain relief, including in dentistry, childbirth, and neurorehabilitation. The authors also discuss hypnosis and complementary and integrative medicine.

To read the paper in its entirety, see: <https://www.ishypnosis.org/blog/>.

## Ericksonian Core Competencies Gain Recognition

By Dan Short

Back in 2017, Jeff Zeig began a discussion about what constitutes the core components of Ericksonian Therapy and how this topic can be researched. Without knowing the essential features that define a given approach, it is impossible for practitioners or their patients to evaluate standard of care. With close consultation and help from Scott Miller, I conducted a survey of the leaders in the field and pilot tested a measurement devise designed to help identify Ericksonian Therapy for researchers. What I found is that there are six core competencies that reliably define the work of Ericksonian therapists. They are tailoring, strategic development, utilization, destabilization, using experiential methods, and using a naturalistic approach. These markers serve as a crucial measure for deliberate practice and future outcome research.

This work was described in the 2017 version of the Ericksonian Therapy treatment manual, which was posted and then made available to researchers and training institutes around the world. Then, in 2019, I was joined by Norma and Jolie Barretta, Roxanna Erickson-Klein, Steve Gilligan, Stephen Lankton, Scott Miller, Michael Yapko, and Jeff Zeig to create a series of videos that help identify and explain these core competencies. These resources can be found on the Foundation's website at: [www.erickson-foundation.org](http://www.erickson-foundation.org).

Now another important milestone has been reached: having this work recognized in a prestigious peer-review journal. Therefore, I am proud to announce that "What is Ericksonian Therapy?: The Use of Core Competencies to Operationally Define a Non-standardized Approach to Psychotherapy," has been published in *Clinical Psychology: Science and Practice*. This highly influential journal is a publication of the Society of Clinical Psychology (APA Division 12) and is considered to be one of the top 10 journals in clinical psychology (ranked 7 of 131).

This new status achievement for Ericksonian Therapy will be useful to those in our community who are advocating for legal recognition in various countries and/or recognition by insurance companies. Please feel free to share news of this

publication (which documents earlier research efforts, including those by Charles and Annellen Simpkins and Ernest Rossi) with students or colleagues that you know in the research community.

### The 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.

The Core Competencies of Ericksonian Therapy is a project spearheaded by Dr. Dan Short. Designed for practitioners and institutes seeking mastery in Ericksonian therapy, this video project consists of a series of principles that cover the most important aspects of Ericksonian therapy. The Core Competencies of Ericksonian Therapy are:

Tailoring	Strategic	Experiential
Utilization	Destabilization	Naturalistic

Learn More at: [erickson-foundation.org/core-competencies/](http://erickson-foundation.org/core-competencies/)



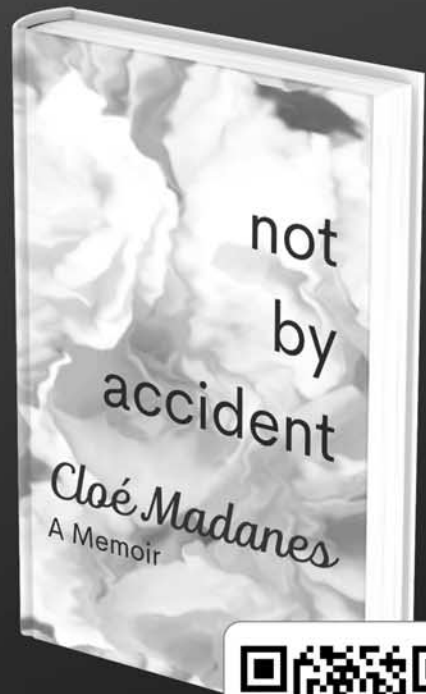


## HER PATH HELPED SET THE PATH FOR SO MANY WOMEN IN THE FIELD TODAY.



*Honest, clear, brilliant... Cloé Madanes presents her own story and, in the process, explains how a psychotherapist is born, develops and contributes. She weaves a tapestry of her personal history, her social context and the politics of the time. The book is a gift to all who hope to understand the role of the past in who we become.*

*Not By Accident* reflects Madanes' conviction that free will and a system that follows its own rules exist simultaneously, and that the human spirit has the capacity to triumph in the face of all kinds of adversity. This conviction is central to Madanes' account of her own life journey. In *Not By Accident*, she shows us how her therapy strategies evolved from her unshakeable belief in the power of people to drive each other sane and the power of words to change the world. The book is a no-nonsense exploration of the hard truth about how Madanes went about constructing her own life. She captures contradiction, paradox and the complexity of the human experience in ways that will resonate with her readers' own experiences and life stories.

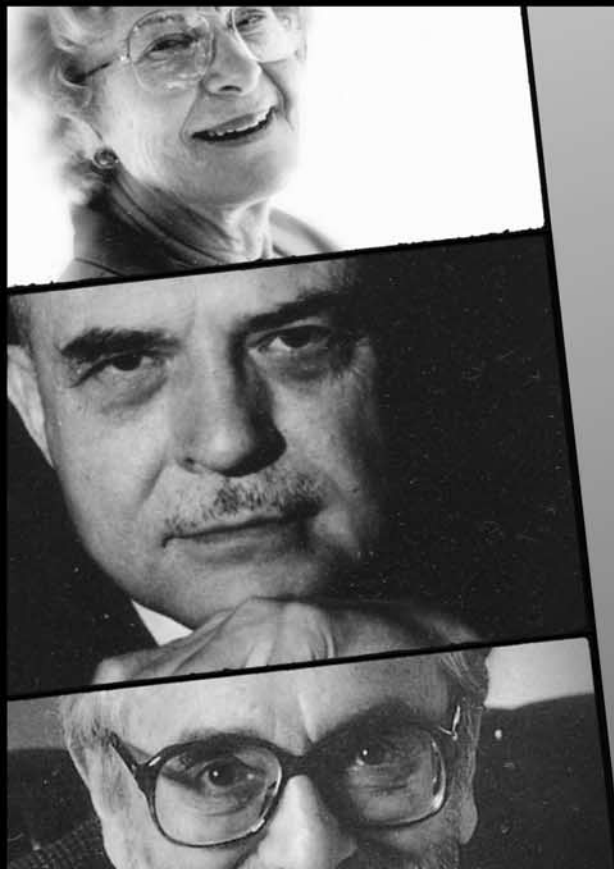


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DATE	TITLE / LOCATION / LEADER	CONTACTS
<b>2021</b>		
11/30-12/5	Evolution of Psychotherapy Conf. / Virtual / Invited Faculty	1.
<b>2022</b>		
1/5-12/28	Intensive Training Online – Levels A-F / Virtual / Lilian Borges, MA, LPC; Brent Geary, Ph.D.; Wei Kai Hung, M.Ed., LMHC; Lankton; Short; Zeig	2.
1/13-16	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	3.
1/23-4/3	Art of Psychotherapy – Rounds 9 & 10 / Virtual / Zeig	2.
3/25-26	Ericksonian Psychotherapy / Rome, Italy / Zeig	4.
4/7-10	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	3.
4/24-5/1	International Master Class: Ericksonian Brief Therapy / Mexico City, Mexico / Zeig	5.
4/15-9/16	Grandmasters' Approach (one class per month) / Virtual / Zeig	2.
6/24-26	The Couples Conference / Burlingame, CA / Invited Faculty	2.

## Contact Information:

- 1) Evolution of Psychotherapy Conference: [www.EvolutionofPsychotherapy.com](http://www.EvolutionofPsychotherapy.com); Evolution questions? Email, [registration@evolutionofpsychotherapy.com](mailto:registration@evolutionofpsychotherapy.com)
- 2) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, [support@erickson-foundation.org](mailto:support@erickson-foundation.org); Web, [www.erickson-foundation.org](http://www.erickson-foundation.org)  
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- 3) For information contact Stacey Moore: Email, [SJMTJM@msn.com](mailto:SJMTJM@msn.com) ; For information on virtual programs with Jeffrey Zeig visit: [www.jeffzeig.com](http://www.jeffzeig.com)
- 4) For information contact Camillo Lorio: Email, [camillo.lorio@gmail.com](mailto:camillo.lorio@gmail.com)
- 5) For information: Email, [sandra@ccipmexico.com](mailto:sandra@ccipmexico.com)

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

**For Upcoming Trainings, ad rates / specifications** visit <https://www.erickson-foundation.org/newsletter/> or contact Karen Haviley: [karen@erickson-foundation.org](mailto:karen@erickson-foundation.org). A \$25 fee per Upcoming Training listing is required. Deadline for the April 2022 issue (mailed mid-April) is February 10, 2022. All workshop submissions are subject to approval by the Erickson Foundation.

## CONFERENCE NOTES

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

The Evolution of Psychotherapy Conference will be held November 30 – December 5, 2021, Online and On Demand. Since 1985, the Evolution of Psychotherapy conference has attracted worldwide attention as the most respected gathering of master practitioners in the field. For complete information including faculty, program, hotel and travel, and to register visit: [www.EvolutionOfPsychotherapy.com](http://www.EvolutionOfPsychotherapy.com) For questions: Email, [registration@evolutionofpsychotherapy.com](mailto:registration@evolutionofpsychotherapy.com) or Tel, 800-766-6014.

The American Society of Clinical Hypnosis (ASCH) will hold its annual Scientific Meeting and Workshops, March 3-6, 2022 in Jacksonville, Florida. For more information visit: <https://www.asch.net/aws/ASCH/pt/sp/asmw> ; Email, [info@asch.net](mailto:info@asch.net) ; or contact ASCH: Tel, 410-940-6585

The 2022 Psychotherapy Networker Symposium is planned for March 10-13, 2022 in Washington, D.C. The symposium will be held both live at the Omni Shoreham in D.C. and virtually. For more information visit: <https://www.psychotherapynetworker.org/> ; or contact Psychotherapy Networker: Tel, 800-844-8260

The American Counseling Association (ACA) is planning the 2022 ACA Conference and Expo, April 7-10, 2022, in Atlanta, Georgia. More information will be available soon. Visit: <https://www.counseling.org/conference/conference-2022> ; or contact ACA: Tel, 800-347-6647

The International Society of Hypnosis (ISH) and the Polish Milton H. Erickson Institute will hold the XXII World Congress of Medical and Clinical Hypnosis, "Cooperation in Hypnosis. Challenges and Benefits," will be held June 8-11, 2022, in Krakow, Poland. The Congress will be held at the Auditorium Maximum, the conference center of Jagiellonian University. For information visit <https://www.hypnosis2021.com/en> or Email, [info@pie.pl](mailto:info@pie.pl)

The Couples Conference will be held June 24-26, 2022, in Burlingame, California. The Conference is sponsored by The Milton H. Erickson Foundation, Inc. with organizational assistance provided by The Couples Institute, Menlo Park, California. Conference information will be available in coming weeks at [www.CouplesConference.com](http://www.CouplesConference.com) To add your name to the mailing list for a brochure when available contact The Milton H. Erickson Foundation: Email, [support@erickson-foundation.org](mailto:support@erickson-foundation.org); Tel, 602-956-6196; or sign up for the Erickson Email list at [www.Erickson-Foundation.org](http://www.Erickson-Foundation.org)

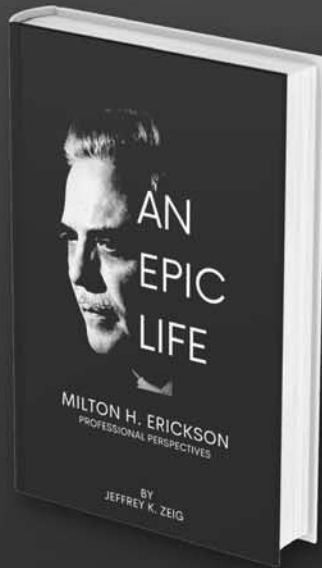
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## OVER 30 YEARS IN THE MAKING...

*An Epic Life* is a biography written by many authors. Throughout his professional life, Milton H Erickson attracted a diversity of critics and supporters, and this book gives all a voice. Erickson was known to work with patients to elicit in them the innate ability to "connect the dots" to discover their adaptive potentials. Readers will delight in being able to connect the dots too, piecing together a portrait of an extraordinary and complex figure, as they look through the eyes of the men and women who met him at important junctures.



“Milton Erickson was one of the most influential psychotherapists of the 20th century.”  
Jeffrey Zeig



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**INTERVIEW***continued from page 9*

**PZ:** Yes. It's getting the patient to share your positive future orientation that things will get better, but not magically. Things will get better when they change the way they think about themselves, creating solutions rather than problems.

**JZ:** I am interested in the experiential nature of things. To become motivated, curious, and resilient, requires an experiential realization.

**PZ:** Yes. You can look at your behavior and come up with that attribution yourself. For example, you could say, "I had these bad times. I failed at this and that. I was abused. I was bullied. But I bounced back, so I am resilient." And people can give you that attribution. They might say, "Hey, I'm really impressed. Other people in your situation would be still suffering, but here you are not despondent but actually positive and even creative."

**JZ:** And that attribution is not just a passing stage or a passing concept. It can stick and become a new identity.

**PZ:** Oh, yes. It becomes I am.

**JZ:** You have done work with the phenomena of time. In your book, *Time Paradox*, you talk about future orientation.

**PZ:** I have been involved in the International Congress of Time Perspective, which I started 12 years ago. We meet every two years in a different part of Europe. We are meeting this week in Lithuania. I developed the Zimbardo Time Perspective Inventory, which was the first reliable valid scale to measure individual differences in timeframes.

**JZ:** You will be presenting at the Evolution Conference in December. What will you talk about?

**PZ:** I'm going to talk about several topics, including the psychology of evil, and I may get into shyness. I was the first person to do research on shyness, right after the prison study in 1972. Certainly, I will end with what we're doing with the Heroic Imagination Project.

**JZ:** Phil, you've done so much. Thanks for being you.

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\*PLEASE NOTE: The Milton H. Erickson Foundation Newsletter is no longer mailed outside of the United States.  
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**Eligibility:** The *NEWSLETTER* is available to professionals in health-related fields including physicians, doctoral-level psychologists and dentists who are qualified for membership in, or are members of, their respective professional organizations (e.g., AMA, APA, ADA). The *NEWSLETTER* is also available to professionals with mental health-related graduate degrees (e.g., MSW, MSN, MA or MS) from accredited institutions. Applications from graduate students in accredited programs leading to a degree in the above fields will be accepted if they supply a letter from their department on letterhead stationery certifying their student status.

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### RETURN COMPLETED FORM TO:

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Phone, 602/956-6196 | Fax, 602/956-0519 | E-Mail, [support@erickson-foundation.org](mailto:support@erickson-foundation.org)

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