



THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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INTERVIEW

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Michele Weiner-Davis, LCSW

Interviewed by Kathryn Rossi, Ph.D.

Michele Weiner-Davis, LCSW, is the Founder of The Divorce Busting® Center in Boulder, Colorado. She is recognized for her groundbreaking work with couples on the brink of divorce. Weiner-Davis is a bestselling author and bestsellers include, *Divorce Busting* and *The Sex-Starved Marriage*. Her most recent book is, *Healing from Infidelity*.

Weiner-Davis is also a sought after speaker whose TEDx talk (*The Sex-Starved Marriage*) has been viewed more than 2 million times. She has received several prestigious professional awards, including the Outstanding Contribution to Marriage and Family Therapy Award from AAMFT. Her website, www.divorcebusting.com, offers valuable information for people in



troubled marriages.

Weiner-Davis' work has been widely featured in major newspapers,

such as *USA TODAY*, *The New York Times*, *Los Angeles Times*, *Washington Post*, and *The Wall Street Journal*, and magazines, including *Time*, *Newsweek*, *Redbook*, and *Ladies Home Journal*. She has made countless media appearances on television shows, including, *48 Hours*, *CBS This Morning*, *20/20*, *Good Morning America*, *CBS Evening News*, *The Today Show*, and *Oprah*.

Kathryn Rossi: What are the most important elements in your life, and what is your growing edge right now?

Michele Weiner-Davis: My most recent book, *Healing from Infidelity*, was released in January of this year and I have postpartum elation!

INTERVIEW continued on page 18

Evolution Conference Countdown Continues

The official countdown to Evolution is still ticking away at: www.evolutionofpsychotherapy.com.

It's been more than 30 years since the first Evolution Conference took place. Yet, it is still the conferences of conferences -- what *TIME* magazine called in 1985 "the Woodstock of psychotherapy," drawing luminaries from around the world to teach and learn in our ever evolving field. The Conference itself has also evolved. Today, it is more clinical and organized around practice-oriented workshops, and there are more interactive events.

The first Evolution Conference drew 7,200 attendees and was sold out three months in advance. This year, the Foundation expects even more attendees.

Keynote speakers at the 2017 Evolution Conference include: Aaron Beck, Tipper Gore, Salvador Minuchin, Robert Sapolsky, Martin Seligman, David Whyte, Irvin Yalom, and Philip Zimbardo.

Faculty members include: Daniel Amen, Judith Beck, David Burns, Robert Dilts, Paul Ekman, Steve Frankel, Stephen Gilligan, John Gottman, Julie Gottman, Steven Hayes, Harville Hendrix, Jean Houston, Sue Johnson, Otto Kernberg, Jack Kornfield, Harriet Lerner, Peter Levine, Elizabeth Loftus, Cloé Madanes, Don Meichenbaum, Scott Miller, William Miller, Bill O'Hanlon, Christine Padesky, Esther Perel, Stephen Porges, Erving Polster, Ernest Rossi, Francine Shapiro, Dan Siegel, Derald Sue, Bessel Van Der Kolk, Michele Weiner-Davis, Michael Yapko, and Jeffrey Zeig.

Although the countdown continues, time is still on your side. Take advantage of our discounted rates.

We will be glad to see you there!

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EDITOR'S COMMENTS

The thought of The Evolution of Psychotherapy Conference coming up this December makes me giddy. As always, I look forward to an amazing experience, and I have never been disappointed. The fact that the conference is held once every four years offers me more time to evolve in my perspectives.

When I attended my first Evolution Conference (I still had hair back then and sported an early Beatles haircut, no less!), I tried to compare the "truths" of each of the individual presenters to determine which I believed to be more "right." (No arrogance in this, huh?) As I look over the list of this year's presenters, Erickson's admonition to "look at things from every possible direction" brings new meaning. One of my favorite metaphors is looking through different windows of a mansion to better estimate what the inside looks like, despite the vision-limiting walls. I now realize that there is no inherently "right" perspective in the study and understanding of the human mind. Each presenter in this year's conference will reveal to attendees which "window" they value most, and what it means to them. This is all part of the mosaic in our field, and the theme of this issue of the Newsletter.

Unfortunately, my own perspective has a downside. Today, I am no longer inclined to just attend the presentations of my favorite faculty, because I've come to the realization that all the presenters can add to my understanding, whether or not I share their perspective. I foresee ending this year's conference happily exhausted with enough downloads of presentations to keep me occupied until the next Evolution of Psychotherapy.

To begin our mosaic, we start with our featured interview of Michele Weiner-Davis, one of the presenters at the Evolution Conference. In this intimate interview by Kathryn Rossi, Weiner-Davis talks about her most recent book, *Healing from Infidelity*. The interview is wonderful -- like listening to two old friends talking, each offering their own perspective.

For *In the Spirit of Therapy*, John Lentz continues a dialogue with Stan Tatkin (Tatkin was the featured interview in our last issue) stimulated by Lentz attending one of Tatkin's clinical



demonstrations. Their talk together reveals Tatkin's spiritual side.

In *Case Report*, Eric Greenleaf presents David Norton's brilliant handling of case in which he utilizes (if you can believe this) an episode of The Three Stooges to help a man suffering with an REM behavioral sleep disorder.

In *Facets and Reflections*, Marilia Baker writes a touching and bitter-sweet tribute to the late Madeleine Richeport-Haley. No one could have better connected us with, in Marilia's words, this "charming, brilliant, highly educated, and well-rounded human being" than our own charming, brilliant, highly educated, and well-rounded Marilia Baker.

In *Theoretically Speaking*, Jeffrey Zeig presents *Noblesse Oblige* -- an insightful, overtly tongue-in-cheek offering. But within Zeig's ironic humor is a cautionary tale. Erickson admonished his students to avoid labeling patients by the symptoms presented. He felt to do so would drastically narrow one's awareness of the multifaceted nature of the unique human being, and clinically important information about the patient would be lost. Erickson shared with me that he had met many students who had gone through the same program and had come out with the same certificate, but with radically different levels of competency. That was why he was unwilling to issue or support the idea of certificates of competency. Instead, he encouraged students to gain merit through their successes with patients. Also, Erickson

was less interested in therapists competing with other therapists for status, and more interested in therapists competing with themselves to become even better therapists.

We continue our mosaic with Richard Hill's *The Beginner's Mind*, an ongoing serial review of *The Complete Works of Milton H. Erickson*. In this issue, Hill reviews Volume 7, *Mind-Body Healing and Rehabilitation*. I was highly impressed with how he was able to successfully review, in so few words, material that is extremely technical and detailed. Not an easy feat.

Keeping in mind Erickson's idea of looking at things from every possible direction, two book reviews by John Lentz offer different perspectives. You might remember in our last issue that Jeffrey Zeig reviewed Dan Siegel's book, *Mind: A Journey to the Heart of Being Human*. In this issue, Lentz of-

fers his perspective of the same book. Again, it's like looking through a different window of the same house. Lentz also reveals Rob McNeilly's unique perspective in his review of McNeilly's most recent book, *Learning Hypnosis*. McNeilly makes this topic easily accessible through the Ericksonian lens.

Our resident autodidact and media review editor, Charles Simpkins, demonstrates the breadth of his knowledge with his reviews of Bruce Fink's, *A Clinical Introduction to Freud* and George Northoff's, *Neuro-Philosophy and the Healthy Mind*. Simpkins presents these subjects with a clarity and salience that only someone with a deep understanding of both could achieve.

Maria Escalante de Smith adds to our mosaic with her perspective of David Rettew's most recent book,

COMMENTS continued on page 4

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IN THE SPIRIT OF THERAPY

Interview with Stan Tatkin

Stan Tatkin, PsyD, MFT, is a clinician, researcher, teacher, and developer of *A Psychobiological Approach to Couple Therapy* (PACT). He has a clinical practice in Calabasas, California, where for the last 20 years he has specialized in working with couples, and also individuals who want to be in a relationship. Tatkin and his wife, Tracey Boldemann-Tatkin, PhD, founded the PACT Institute for the purpose of training other psychotherapists to use the PACT method in their clinical practice.

In addition, Tatkin teaches and supervises first- through third-year family medicine residents at Kaiser Permanente, in Woodland Hills, California. He is also an assistant clinical professor at the UCLA David Geffen School of Medicine, Department of Family Medicine. He is on the board of directors of Lifespan Learning Institute and serves as a core member on Relationships First, a nonprofit organization founded by Harville Hendrix and Helen LaKelly Hunt.

Tatkin has written several books, including, *Wired for Dating*, *Wired for Love*, *Your Brain on Love*, and *Love and War in Intimate Relationships*, with coauthor Marion Solomon.

John Lentz: The reason I wanted to interview you was because of the clinical demonstration you did in San Diego with that couple. I felt it was deeply spiritual and you seemed



so focused on helping them.

Stan Tatkin: They were an amazing couple, and yes, I was focused on helping them.

JL: You not only helped them, but when I looked around the room there were therapists crying. What you did was so connected and loving that it touched all of us. I wanted to know more about you because of that.

ST: You are kind to bring it up. I didn't notice what was going on in the room. I was only paying attention to the couple.

JL: Yes, and that one of the reasons it was so spiritual, emotionally powerful, and beautiful. Do you think what you do is spiritual?

ST: Yes, I do, and I also think of it like jazz. I started out in life as a musi-

cian, and I believe that jazz is similar to the intimacy of couples. When musicians play together, we communicate with each other without words and go into a trance where we are in a flow with each other.

We communicate with each other by paying close attention to what the other person is saying, to what we are experiencing. But also, to who is saying it, and who is listening, as well as who will be impacted by what we are doing later. All of this is part of the complicated communication that we have with our loved ones.

JL: What you are saying sounds like a trance.

ST: Yes, it is a trance, and it is easy to induce a couple into trance. All you have to do is have them sit close to each other and look into each other's eyes and they will go quickly into a trance. It may have to do with the intimacy,

JL: It seemed as if you were deeply into a trance when you were working with that couple in San Diego.

ST: Yes, I go into a trance with couples.

JL: So that is part of your secret; by you going into a trance with them you have available information that is between them and you. It is what Jeff Zeig believes is part of hypnosis, and what Dan Siegel says is part of the mind.

ST: Yes, that is exactly right. It offers up much more information and it is deeply spiritual and fun. It is also en-

joyable and satisfying. It produces a flow, and everyone seems to benefit. The couple says things to each other that resonate, and they become closer.

JL: I refer to what you do as a positive trance -- where you are aware of everything around you and of your strengths as well as weaknesses. You are in a flow, and your positive trance helps the couple be in a positive trance where they can access resources that they had all along.

In your book, *Wired for Love*, you talk about how people in relationships usually have only three or four buttons. I think this offers couples hope because they frequently think of the process as almost impossible, and you're saying it is only take a few buttons to make the relationship work.

ST: Yes, and it is relatively easy to help individuals discover their own buttons and their partner's.

JL: I want Newsletter readers to know how easy and enjoyable it was to interview you. You are so genuine and your joy of being alive and in what you do comes through in your voice. It's been a pleasure to interview you.

ST: Thank you.



THE MILTON H. ERICKSON
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RECALL

COLLECTED WORKS OF MILTON H. ERICKSON VOLUME 15

Substantial changes have been made in Volume 15. Please contact us and we will exchange a new volume for the old one.

These changes include:

A new and expanded introduction; a revised Part IV; and a new Part V, "The Psychosocial Genomics of Mind-Body Healing." Also, the index has been re-compiled to cover the new and updated material.

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COMMENTS

Continued from page 2

Child Temperament: New Thinking about the Boundary Between Traits and Illness, which, in and of itself, covers multidimensional perspectives.

And finally, Roxanna Erickson-Klein, a pillar of both the Foundation and the Newsletter, reviews two audio downloads from the 2016 Brief Therapy Conference. In her succinct style, Erickson-Klein writes about John and Julie Gottman's, *A Research-Based*

Couples Treatment for Domestic Violence and Bart Walsh's, *Utilization Sobriety*. Erickson-Klein's multilevel professional experience is evident in her ability to identify the most important and relevant aspects of the audios.

This year, the remaining issues of the Newsletter (summer and winter) will be dedicated to The Evolution of Psychotherapy Conference, December

13-17, 2017, in Anaheim, California. The mosaic of perspectives at this conference is immense. You will not want to miss this once-in-every-four-year's experience! Check it out at: www.evolutionofpsychotherapy.com.

Richard Landis

Orange, California

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Each volume in *The Collected Works of Milton H. Erickson, M.D.* is a deluxe, limited edition of only 500 copies. The series represents a major and ongoing commitment to gather and assemble the wealth of material created by Dr. Erickson during five decades of work.

Beyond preserving a great man's legacy, the purpose of the series is to make his knowledge, insight, techniques, and discoveries accessible to students, researchers, clinicians and educators in the behavioral and health sciences, including neuroscience.

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

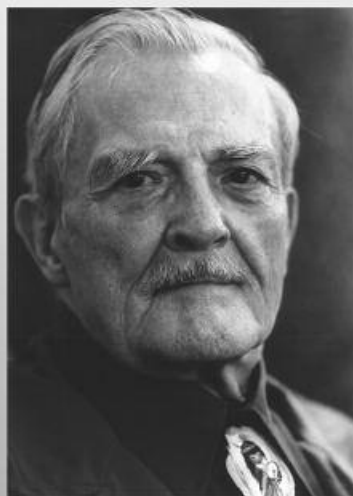
The original editions of Volumes 12-16 included audio cassettes. All of these recordings of Dr. Erickson have been digitized and are available to purchasers of these new volumes as MP3 downloads in the Erickson-Foundation.org online store. You may download them any time for no charge by using the special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

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FACETS AND REFLECTIONS

Remembering Madeleine Richeport-Haley, PhD

By Marilia Baker

On Friday, December 9, 2016, I received an email from Kristina Erickson, making it known to a few friends and family that Madeleine Richeport-Haley had passed away. This news was shocking -- a meaningful personal loss, as well as a significant loss for the Ericksonian community around the world. Kristina wrote: "I am saddened to tell you that Maddy died this morning. She fought a most difficult and courageous battle. However, about six weeks ago it was apparent that she would not beat her illness. Maddy was determined, though quite ill, that she would continue to strive to see that the work that she and Jay had created would be widely known, and well distributed. With the assistance of a secretary, Maddy directed the boxing of some 11 cartons of materials she donated to the Erickson Foundation, and was most proud of getting it done. Likewise, she was able to direct another 12 cartons of materials to Jay's beloved Stanford University."



I feel privileged to have known Madeleine Richeport-Haley. She was a charming, brilliant, highly educated, and well-rounded human being. She had a most adventurous and prolific professional life. Madeleine was a world-renowned cultural anthropologist, author, professor, lecturer, academic filmmaker, trainer, and field instructor. An indefatigable, rigorous researcher on group trance and religious healing phenomena, Madeleine had a special interest in Afro-Caribbean *Santeria*, as well as Afro-Brazilian spiritualist religious practices, known as *Macumba* and *Spiritism*. She traveled worldwide – especially to Puerto Rico, Brazil, and Bali to conduct research by observant participation on those subjects, which also included dance and trance of Balinese children. Along with her husband, Jay Haley, she filmed the Balinese children extensively in the 1980s. The couple visited Bali, 50 years after Margaret Mead and Gregory Bateson were there for several months filming and recording the Balinese temple dancers. In 1995, Richeport and Haley released the documentary, "Dance and Trance of Balinese Children." According to the *International Journal of Clinical and Experimental Hypnosis* (Vol.63, issue 4, 2015), Richeport and Haley's documentation is "a masterpiece of historical importance..." registering "the techniques of dance and trance used to regulate emotion and violence." As an anthropologist filmmaker, Madeline has played an instrumental role as informed witness to clinicians, hypnotherapists, and mental health professionals. Milton Erickson, a longtime friend to the foremost American anthropologist, Margaret Mead, was well aware of the critical value of such cross-fertilization.

Madeleine's interest in hypnotic phenomena began when she was doctoral student in anthropology. She was influenced by the work of Margaret Mead and her husband, Gregory Bateson, both of whom consulted extensively with Milton and Elizabeth Erickson in the late 1930s regarding their films of Balinese dancers in trance. (See: *The Letters of Milton H. Erickson* (2000) by Zeig, J. & Geary, B.; Phoenix, AZ: Zeig, Tucker & Theisen; pp. 1-50.) Madeleine's achievements (as personally reported to me in 2009) included serving as mental health consultant to the World Health Organization (WHO) and Pan American Health Organization (PAHO) in Brazil; she was also consultant to the National Geographic Society, and made documentaries, including "Macumba Trance and Spirit Healing," (1985) shown on PBS and other media. Together with Jay Haley she produced 25 films

For the ones who had the privilege of knowing her, please disseminate her work. In Jay Haley Revisited (2010), she called her husband a Renaissance man. I dare say, she was a Renaissance woman.

and therapist training videos of special interest to mental health students, clinicians, clinical supervisors, and researchers. Among those is the 1994 documentary, *Milton H. Erickson, MD, Explorer in Hypnosis and Therapy* (published and distributed by Filmmakers Library; available at Amazon.com).

Throughout the years, Madeleine consulted with Erickson and she also worked with other doctors, including Hilton Lopez in Puerto Rico and David Akstein in Brazil. Elizabeth Moore Erickson: "They [the doctors] all encouraged her to study the parallels between spiritualist manifestations and those of hypnotic phenomena." Elizabeth Erickson praised Madeleine's scientific rigor and pleasant, friendly demeanor, saying that it was a major factor in Madeleine being so well-received by both the worldwide academic community, and by the cultures she studied. In fact, for more than 40 years, Elizabeth Erickson, a prodigious, exceptional collaborator with her husband, welcomed Madeleine into the everyday life of her family. Elizabeth also wrote about Richeport-Haley's prolific work for *The Milton H. Erickson Foundation Newsletter* ("Leading Contributors: Madeleine Richeport-Haley, PhD" Vol. 19, n. 3, winter 1999; p. 10).

Roxanna Erickson-Klein reminisced about her intimate friend: "Maddy first met Erickson as a graduate student of anthropology in the mid-1960s. A resident of New York City, she had become fascinated with the healing practices in neighborhoods, mostly Afro-Caribbean and Hispanic, where the residents engaged in spiritualistic approaches that they, and their kin, had brought from other cultures, such as the Caribbean Islands. She consulted with Erickson to better understand the ways that hypnosis was similar to this population's healing practices. Thus began a lifelong, collegial relationship, and friendship that embraced the whole of the Erickson family. As consequence, Maddy shared a close bond with each individual member of our family, visiting, traveling with, writing to, and sharing interests that resulted in frequent, heartfelt, and detailed phone conversations that often included in-depth discussions of mutual interest, such as hypnosis, Spiritism, or ethno-cultural elements."

In nearly 15 years of marriage, Madeleine's felicitous partnership with Jay Haley engendered a profusion of academic and clinical articles, books, films, and training materials. The cross-fertilization between her in-depth knowledge of cultural anthropology, hypnosis, hypnotic phenomena, and trans-cultural factors which influences our clinical work with individuals, couples, and families, perfectly matched with Haley's passions for hypnosis, clinical work, and therapist training. *Theirs was the power of two in action.* (<http://erickson-foundation.org/docs/EricksonNewsV30N3-MRHArticle.pdf>)

As I conclude these reflections on Madeleine Richeport-Haley's professional life, I invite you, the mature professional and the novice therapist to further explore her work and her passions. For the ones who had the privilege of knowing her, please disseminate her work. In *Jay Haley Revisited* (2010), she called her husband a Renaissance man. I dare say, she was a Renaissance woman.

Madeleine is survived by cousins in New York and by the Haley family. Kristina Erickson sums up her final experience with her friend of four decades: "I was fortunate to be able to keep very close contact with Maddy over the years, and to visit her recently in San Diego. We reminisced about all the wonderful times we shared and really enjoyed our time together. I have talked with her on the phone

MADELEINE continued on next page

CASE REPORT

WAKE UP AND GO TO SLEEP

By David J. Norton, LPC

Ben was referred to me by a local hospital for treatment of Rapid Eye Movement (REM) behavioral disorder. Due to aging, a part of his brain had degenerated, resulting in loss of muscular control during REM sleep. Both Ben and his wife were fearful that because he had wild body movements while sleeping, he would inadvertently kick or hit her, or that he would injure himself. After nearly 50 years of marriage and sharing a bed, Ben's wife had resorted to sleeping in the guest room.

Ben was a lively and interesting 70-year old, who had recently retired from his job in a factory where he worked as a master toolmaker. He was looking forward to enjoying his retirement. Ben had a keen sense of history and a strong interest in Native American culture, and he read many books on the subject. We enjoyed talking about this because I share the interest. Ben longed to visit ancient Native American sites and national parks and he purchased a Winnebago for this purpose. He said he was ready to go, but the extremely narrow single bed he would have to bring along, and his symptoms of the REM disorder, made him hesitant about traveling.

For his entire life, Ben had used his hands and mind to produce tools, so it was understandable that he was looking for a simple, concrete solution to his problem. The fact that he felt his disorder was beyond his control, upset and embarrassed him. His mechanical engineering training and tactile problem-solving skills that served him well in his professional life, gave him the air of someone reluctant to consider hypnosis as a tool for achieving wellness.

Matching, pacing, and leading are the cornerstones of good hypnosis. Because of my conversations with Ben about Native Americans, in which I spoke of "trance healing ceremonies" and their similarity to modern day hypnosis, he gradually became open to using hypnosis to help with his REM symptoms.

As part of my early hypnotic training with Steven Heller, I learned of Erickson's technique for creating an unconscious generative suggestion for a patient. Erickson demonstrated this therapeutic intervention in a case he called "The February Man." In trance, he created a positive male character for his female patient who had an emotionally impoverished childhood. This character who appeared in her dreams, valued her by leaving encouraging notes and bringing gifts on her birthday and holidays, which helped her to developmentally progress. (Interestingly, for the past 44 years, Erickson has appeared in my dreams, sometimes offering me helpful advice.)

I decided that with Ben I could create a post-hypnotic suggestion that would happen during his sleep cycle, which would interrupt the REM pattern and disrupt the threatening behavior. There are many references in experimental hypnosis literature that show the success of this type of suggestion. I also had success, as Ben would wake up briefly before flailing, and then fall peacefully back asleep.

There's a Three Stooges sketch where Curley, Moe, and Larry are in one bed. Larry begins to snore, and Moe hits him and says, "Wake up and go to sleep." Larry wakes up briefly, and then falls back to sleep. Then Curley begins to snore and a frustrated Moe hits him and says, "Wake up and go to sleep." Curley is groggy and falls back to sleep, and Moe just smiles. However, like most Stooge antics, it soon turns chaotic. Curley and Larry begin to snore and Moe goes from one to the other slapping and shouting, "Wake up and go to sleep!"

In my next session with Ben, I discussed the idea of a generative suggestion and the Three Stooges episode. He remembered it well, and we were both had a good laugh. I suggested to Ben that we put Moe in his unconscious dream world to wake him up right before any sleep behavioral disorders occurred, and he agreed.

The next week Ben and his wife came to his session together and reported that his violent sleep behavior had not happened the prior week, and then asked me if it would be alright if

they attempted to sleep together. I said yes.

I continued to see Ben throughout that summer as he and his wife worked together on getting ready for their road trip. I repeated the induction with Ben each week, and his wife called me several times to say that they were sleeping peacefully together.

After the couple left on their adventure out West, I had Ben check in with me every week for five weeks. In his words, "We followed the blueprints, installed the boilerplate, and the new circuitry was working well."

Commentary

By Eric Greenleaf, PhD

In a letter, Dr. Erickson once wrote, "Concerning my views about dreams, I

can state quite simply that they are the substance that paves the way to the goals of achievement. Such goals are reached more rapidly if a dreamboat is available." (Seminars of MHE #1, 1962)

David Norton's keen understanding of the blueprints of hypnotic suggestion and his workmanlike installation of the boilerplate, allowed the new circuits to hum, and the dreamboat to sail on. The contrast of the Stooges' hilarious lack of workmanship with Ben's own careful and effective craftsmanship was speedily effective, but was only hinted at through laughter. Like all expert craftsmanship, David's work with this patient might look easy, but it was dreamily inspired.

MADELEINE

Continued from page 6

daily for some weeks. Maddy asked me that I tell you all good-bye, and that she sent her love. I know we will treasure our memories. I will miss her. Love, Kristi."

Of further clinical and academic interest:

Madeleine Richeport-Haley & Jon Carlson (eds.) (2010) *Jay Haley Revisited*. New York: Routledge.

Madeleine Richeport-Haley & Jay Haley (1995) "Dance and Trance of Balinese Children" Academic Video Store/Alexander Street (<https://www.academicvideostore.com/video/dance-and-trance-balinese-children>).

Note: The above and other Madeleine Richeport & Jay Haley academic/training videos may be available through: www.haleytherapies.com

Jay Haley & Madeleine Richeport-Haley (2003). *The Art of Strategic Therapy*. New York: Brunner-Routledge. Note: Appendix B of this book contains references and ordering information to 15 supplemental video programs produced by the Haleys.

Madeleine Richeport (1985) "The Importance of Anthropology in Psychotherapy: World View of Milton H. Erickson, MD." In: J. Zeig (Ed.) *Ericksonian Psychotherapy. Vol. I: Structures*. Brunner/Mazel: New York; pp. 537-552

Marilia Baker, (2010) "The Power of Two: Revisiting Jay Haley through the Voice of Madeleine Richeport-Haley" in: *The Milton H. Erickson Foundation Newsletter*, Vol. 30, n. 3, winter 2010; pp. 15-17

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THEORETICALLY SPEAKING

#Noblesse Oblige

By Jeffrey K. Zeig, PhD

As therapists, we have the responsibility to act with generosity and nobility toward those less privileged (other therapists included).

Since I began my career as a psychotherapist more than 45 years ago, the size of the #DSM has increased dramatically. It seems that today there is no problem that cannot be fashioned into a disease...but this may, in fact, be of great benefit to both us and our clients.

Most often on Thursdays, especially on Thursdays, I anxiously and compulsively access a curious state in which I seek esoteric diagnoses for my clients, and in doing this, I not only satisfy my need to categorize them, but I also provide them an opportunity to belong -- for the clients to know that they are not alone in their suffering. I offer clients a title for their distress, something for which they may have longed. After all, a title can be a coat of arms; it can be a shield to protect, and it can also offer the client an exclusive family to which they have earned membership. And with this title comes special privileges, for example, access to any one of the ubiquitous self-help groups and finally being able to declare, for example, "I am a depressive,," or "I am a phobic," which can make one's life much simpler. Without seeming grossly insensitive, part of my job as therapist is to also ensure that no one is diagnosed with a passé disorder. (Who in the 21st century wants to admit to having conversion disorder?)

Could it be best to offer clients a #DSM diagnosis of an oppositional disorder rather than simply classify them as "ineffective in expressing anger and voicing protest?" And although many of the classifications in the #DSM may sound imposing if not garish, at least clients can have an official title with which they can identify. As ineffective as it seems, for some, a #DSM diagnosis could be a badge of achievement.

The Boy Scouts award members merit badges. As a Cub Scout, my failure in this historic organization was because I could not properly light a fire, which of course deflated my confidence so greatly that I did not go on to become a Boy Scout. Still, however, the quest for a badge of identity stayed with me and was recently satisfied when I was bestowed by the American Contract Bridge League, the title of #Bronze Life Master in the game of bridge. Admittedly, this felt good, although I took a long and expensive (considering the price of tutoring) journey to earn this title.

There is also strategic value in providing patients with a title. It may be trite to have the concomitants of insomnia, but being able to declare, "I have Lethargia Gravis," well, that is something to tweet about, or post on Facebook.

In general, we like to be typed, we like a title, and we all like to belong. We are Yankee fans. We are liberals. We are right wing conservatives. We are pro-choice. We are vegan. We are gun enthusiasts. We are gun control advocates. We are evangelicals. We are agnostics. We are Mothers Against Drunk Driving. We are therapists, and we members of the American Association of Marriage and Family Therapy (#AAMFT).

Now, although we are therapists and should be humble, we may delight in lording our rank above those therapists who we consider less fortunate: If one can claim to be among the lofty few who ascend to the throne of #AAMFT Approved Supervisor, well, that kind of prestige may not be humbling, but always remember to act with generosity and nobility toward those less privileged. And, if the honor becomes manifold and a therapist is required to recertify every five years, keep in mind that there are those unfortunates who may not be required to do this, and thus suffer from recertification envy. But what would a training program in psychotherapy be if it lacked a complicated system of earning titles and/or certifications?

And what therapist can claim expertise without a mastery of esoteric language? It is much more satisfying when we say to clients, "Behavioral activation is the proper medicine for your condition," as opposed to, "Do something constructive," because the latter decidedly lacks panache; it is not grand enough to match the client's title.

So, back to Thursdays, and my yearning to categorize even myself: "Dear

#DSM, I need something convincing, something impressive to describe my state on Thursdays, because, after all, a case of 'Thursday-itis' is not a legitimate diagnostic designation."

And speaking of esoteric designations, I believe there is a need for therapists to have at their disposal as many esoteric designations as possible for the prosaic problems that patients may present because the #DSM repository, as large as it has become, may not be sufficient. Enigmatic designations, it seems, are more in demand today than ever before.

The constructivists knew of the magical healing power of words. Paraphrasing a story from the lexicon of Paul Watzlawick: The setting is a provincial Austrian hospital and the patient's condition appears to be serious but cannot be determined by the local doctors. The physicians explain to the patient that a great diagnostician is coming from Vienna and if he can provide a diagnosis, then the condition can be treated. Accompanied by a bevy of enthusiastic students, the great diagnostician arrives at the patient's bedside, glances at the poor man, thumbs through the chart, and announces to his eager minions that the patient has moribundus. (Latin, roughly translating as, "He who is going to die.") Years later, the patient travels to Vienna expressly to meet the great diagnostician. At the encounter the patient gushes: "I have to thank you for my life. They told me that if you could provide a diagnosis, I would be cured. And when you explained that I had moribundus, I knew that I would get well."

It is my pleasure, no, my duty to share my most recent project -- an expansive (though by no means complete) table of #Psychiatric Buzz Words. This table is laid out like a restaurant menu: Choose one concept for each column, like choosing an appetizer, a main course and dessert. Therapists can select a descriptor from each column and present it with authority. Working their way across the columns a therapist might opine: "I believe you suffer [from] _____." For example, "I believe you suffer from Reactive Attachment Issues. Every multiple word, polysyllabic diagnosis can have a special, if not bittersweet effect. Your clients may garner something constructive, perhaps a sense of belonging. (In your honor, maybe they will start yet another self-help group for the condition.)

#Psychiatric Buzz Words:

Reactive	Attachment	Issues
Ambiguous	Restrictive	Disorientations
Maladaptive	Protective	Over-Involvements
Complex	Psychic	Wounds
Obtuse	Defensive	Misperceptions
Latent	Systemic	Disorders
Implicit	Functional	Breakdowns
Anhedonic	Relational	Comorbidities
Unconscious	Dissociative	Illusions
Simmering	Developmental	Suppressions
Circumscribed	Subcortical	Repressions
Deceptive	Limbic	Entanglements
Pronounced	Opaque	Deprivations
Self-referential	Critical	Regressions
Deep	Unheeded	Compunctions
Unsatisfied	Primal	Longings
Misplaced	Retrogressive	Dysfunctions
Hyperactive	Insecure	Limitations
Incipient	Primitive	Disintegrations
Compulsive	Territorial	Disengagements
Chronic	Rhythmic	Malfuctions
Precipitous	Displaced	Obsessions
Fulminating	Subconscious	Denials

NOBLESSE continued on next page

NOBLESSE

Continued from page 8

The following is another table for the limited number of those who favor a solution-focused approach that requires empowering descriptors. A therapist can suggest to the client, "Your hard work has led you to strengthen _____." And then fill in the blank with the three words going across the columns.

Adaptive	Integrated	Understandings
Evolving	Realistic	Appreciations
Well placed	Meaningful	Realizations
Growing	Adult	Reorientations
Balanced	Secure	Connections
Organized	Mature	Formulations
Emerging	Targeted	Goals
Clear	Positive	Visions
Thoughtful	Focused	Sensibilities
Well developed	Ascendant	Capabilities

Remember that Shakespeare missed an opportunity: He could have simply declared that Juliet suffered Chronic Relational Deprivations rather than having her offer the poetic analogy, "What's in a name? A rose by any other name would smell as sweet."

#Noblesse oblige.

IN MEMORIAM

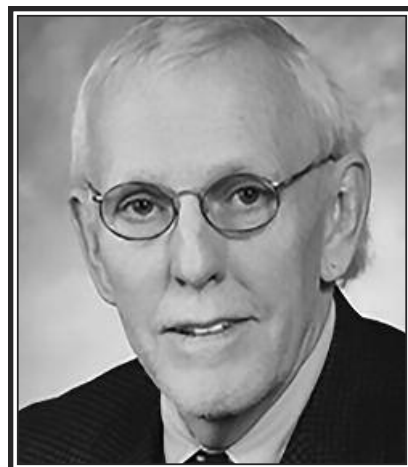
The Passing of Dr. Jon Carlson

By Mark S. Carich, PhD and
Leena Anand, BA

The passing of Dr. Jon Carlson, February 1, 2017, was a major loss, personally and professionally. As Jeff Zeig wrote, "Jon Carlson's passing is just tragic."

A mentor from afar, Dr. Carlson was coauthoring a book with us on therapy techniques and it was an honor to work with him on this project. He was encouraging, creative, supportive, and boosted our morale and confidence. Following the Adlerian tradition, he was always looking toward the future.

Dr. Carlson published more than 60 books, and wrote more than 175 chapters and articles. He embraced the role as editor of several journals (including the *Adlerian Journal*), as well as the role of therapist, logging in many hours seeing clients and teaching throughout the world. Perhaps his best contribution is a series of 300 videos consisting of interviews with therapeutic experts using their particular orientation. The American Counseling Association (ACA) bestowed upon



him several years ago a "Living Legend" award, and he truly was -- and an inspiration to us all.

Mark Carich: I have a deep appreciation for his help in my professional development and in encouraging me to publish.

Leena Anand: I will always be grateful for his support, mentorship, confidence in me, wisdom, and vast contribution to our field.

Jeff Zeig: Jon was a dear friend and a tireless contributor to psychotherapy. I will miss him greatly.

Dr. Jon Carlson will forever be missed!



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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2017		
5/3-7	Principles of Psychotherapy / Beijing, CHINA / Jeffrey Zeig, Ph.D.	1.
5/10-6/28*	Master Class in Advanced Ericksonian Language / New York, NY / Rita Sherr, LCSW, BCD *Wednesdays	2.
6/2-3	Coaching for Managers / Milan, ITALY / Zeig	3.
6/9-10	Advanced Techniques of Hypnosis and Therapy / Paris, FRANCE / Zeig	4.
7/2-9	Master Class and International Hypnosis Workshop / Mexico City, MEXICO / Jeffrey Zeig, Ph.D.	5.
7/10-14	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, AZ / Brent Geary, Ph.D.; Zeig; Lilian Borges, M.A., LPC	6.
7/14-15	2nd International StoryPlay® Conference Event: Creative Pathways for Healing Children and Families / Scottsdale, AZ / Joyce Mills, Ph.D.; Amy Davis King, LMFT; Danielle Woods, LPC; Janet Courtney, Ph.D.; Invited Faculty	7.
7/17-21	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, AZ / Geary, Zeig, Borges	6.
7/24-28	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Advanced</i> / Phoenix, AZ / Geary, Zeig, Borges	6.
7/31-8/3	Phoenix Master Class / Phoenix, AZ / Zeig, Invited Presenters	6.
8/14-18	Cape Cod Institute: Enhancing Your Therapeutic Impact: Advanced Techniques of Therapy / Eastham, MA / Zeig	8.
10/7-8	Master Class and International Hypnosis Workshop / Mexico City, MEXICO / Zeig	9.
10/9-13	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, AZ / Geary, Zeig, Borges	6.
10/16-20	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, AZ / Geary, Zeig, Borges	6.
10/26-29	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	10.
12/13-17	Evolution of Psychotherapy Conference / Anaheim, CA / Invited Faculty	6.

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Evolution of Psychotherapy Conference: www.EvolutionOfPsychotherapy.com
- 7) Register online: www.StoryPlayGlobal.com; For information: Dr. Joyce Mills, Email, drjoyce@drjoycemills.com; Tel, 602-999-8773
- 8) Cape Cod Institute: 270 Greenwich Ave, Greenwich, CT 06830; Web, www.Cape.org Email, Institute@cape.org; Tel, 888-394-9293 (toll-free) or 203-422-0535; Fax: 203-629-6048
- 9) For information: Email, lilianavelarde@hotmail.com
- 10) For information: Email, Stacey Moore: sjmtjm@msn.com

To submit a listing for Upcoming Trainings please send dates, title of workshop, venue (city/state/country), list of presenters, and complete contact information ONLY. Information must be sent in the format above. A \$25 fee per listing is required. Deadline for the August 2017 issue (mailed mid-August) is June 3, 2017. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact Karen Haviley: karen@erickson-foundation.org **Online Ad Rates/Specifications** at: www.erickson-foundation.org



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NEWS

New Employees Join Foundation Staff

Early this year, the Foundation welcomed two young and energetic staff members: Rachel Callahan and Jess Repanshek.

Rachel is the Foundation's new Digital Marketing Specialist. A native of Arizona, she recently graduated from Grand Canyon University where she majored in theater and minored in digital design. When not absorbed in a design project, Rachel enjoys swing dancing, singing, and training her dog, Chico. Rachel's responsibilities at the Foundation include building marketing



Rachel Callahan

plans, designing graphics, and writing content. "I enjoy working at the Foundation," Rachel says, "because part of



Jess Repanshek

Erickson's legacy is the incredible wealth of information he left behind. Part of my job is to help make this in-

formation available by clearly communicating with words and design tools."

Jess Repanshek serves as the Foundation's new IT Specialist. Jess has lived in a variety of places in the West, including Wyoming, Utah and more recently, Arizona. His background includes Web design, Apple technical support, audio engineering, and music production. When not tied to his computer, Jess loves the great outdoors and spending time with his girlfriend, and their furry family of two cats and a puppy. "It's inspiring to be able to help share Milton Erickson's techniques and teachings with the worldwide community. I'm humbled to be a part of this great collection of wisdom."

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CONFERENCE NOTES

The American Psychological Association Annual Convention will be held August 3-6, 2017 in Washington, D.C. The convention will include Collaborative Programs, CE Workshops, Film Festival and Media Program, and more. For information contact APA, 750 First St. NE, Washington, D.C. 20002-4242; Tel, 800-374-2721; 202-336-6123; TDD/TTY: 202-336-6123. Web: <http://www.apa.org/convention/index.aspx>

The XIV European Society of Hypnosis (ESH) Congress, *Hypnosis: Unlocking Hidden Potential—The Value of Hypnosis in Communication, Health and Healing in the 21st Century*, will be held August 23-26, 2017 in Manchester, United Kingdom. Hosted by the British Society of Clinical and Academic Hypnosis (BSCAH). Information is available on the Congress website: www.esh2017.org Or contact ESH: Web, www.esh-hypnosis.eu ; Email, esh2017@meetingmakers.co.uk ; Tel, +44 (0) 141 945 6880; Fax, +44 (0) 141 945 6899.

The American Association of Marriage and Family Therapy (AAMFT) will hold its annual conference October 5-8, 2017 in Atlanta, Georgia. For information contact AAMFT, 112 South Alfred Street Alexandria, VA 22314-3061; Tel, 703-838-9808; Fax, 703-838-9805. Web: http://www.aamft.org/iMIS15/AAMFT/Content/Events/2016_Annual_Conference.aspx

Hypnosis for the Ages, the 68th Annual Workshops and Scientific Program of the Society for Clinical and Experimental Hypnosis (SCEH) will be held October 25-29, 2017 in Chicago, Ill. For information visit www.sceh.us/2017-chicago or contact SCEH: Email, info@sceh.us ; Tel, 617-744-9857.

The Evolution of Psychotherapy Conference will be held December 13-17, 2017 at the Anaheim Convention Center, The Hilton Anaheim, and the Anaheim Marriott in Anaheim, Calif. The conference is sponsored by The Milton H. Erickson Foundation, Inc. Presenters to include Amen, A. Beck, J. Beck, Black, Burns, Carlson, Cummings, Dilts, Ekman, Frankel, Gilligan, J. Gottman, J. Gottman, Hayes, Hendrix, Houston, Johnson, Kernberg, Kornfield, Lerner, Levine, Linehan, Loftus, Madanes, Meichenbaum, Miller, Miller, O'Hanlon, Padesky, Perel, Polster, Porges, Rossi, Sapolsky, Seligman, Shapiro, Siegel, Sue, van der Kolk, Weiner-Davis, Yalom, Yapko, Zimbardo. Information and online registration is available: www.EvolutionOfPsychotherapy.com Or contact The Milton H. Erickson Foundation: Email, support@erickson-foundation.org ; Tel, 602-956-6196; Fax, 602-956-0519.

The *Annual Scientific Meeting and Workshop on Clinical Hypnosis*, sponsored by the American Society of Clinical Hypnosis (ASCH) will be held March 15-18, 2018 at Embassy Suites Lake Buena Vista South, Kissimmee, Florida. For information contact ASCH: Web, www.asch.net ; Email, info@asch.net ; Tel, 630-980-4740; Fax, 630-351-8490; Mail, 140 N Bloomingdale Rd, Bloomingdale, IL 60108.

The International Society of Hypnosis will hold the *XXI World Congress of Medical and Clinical Hypnosis*, August 22-25, 2018, in Montreal, Canada. The theme of the meeting is *Hypnosis and Synergy*. The Congress will be held at The Palais des congrès de Montréal in the heart of downtown Montreal. For information contact ISH: Web, www.hypnosis2018.com (English) / www.hypnose2018.com (French); Email, info@hypnosis2018.com ; Mail, P.O. Box 620, Berwyn, PA 19312; Tel, 800-550-ISH1.

BOOK REVIEW

The Beginner's Mind ***The Complete Works of Milton H. Erickson***

Available at: www.erickson-foundation.org (click Store)

Volume 7 – Mind-Body Healing and Rehabilitation

Review by Richard Hill MA, MEd, MBMSc, DPC

In the first half of this volume, Erickson explores a phenomenon he calls *controlled physiological functioning*. The mechanism of this mind-to-body shift is not clearly understood by Erickson in the mid-20th century. The second half of the volume contains papers written in the 21st century by Ernest Rossi (and associates) that open our understanding to the mechanisms of physiology in our inner world. Rossi calls this *psychosocial genomics*. These papers, written in two different centuries, are exciting dynamics in the ongoing efforts to understand what it is that we do -- and how it works.

The opening sentences of Chapter 1, written by Erickson in 1942, talk of "...psychosomatic interrelationships and interdependence..." (p.5). Several reports of "...coincidental phenomena..." are presented to show "...the interrelationship of hypnotically induced behavior and conditions." (p.5) The nature of the coincidence varied between individuals. One subject with hypnotically induced deafness also found it difficult to focus visually. Another experienced nausea and vertigo. Erickson speculates that the "...seemingly different symptoms may be but various aspects of a single manifestation..." (p.17). This idea is prescient of the more recent thinking that the brain is a dynamic, non-linear system, rather than a linear, computer-like processor. Rossi describes the system nature of psychotherapy in his 1996 book, *The Symptom Path to Enlightenment*, but it is only recently becoming more widely understood.

In Chapter 2, Erickson explores hypnotically induced amnesia. He observed the subject's confusion when responding with hypnotically induced amnesia. He noted that when items "...lose their conscious identity...they combine with other items to form a more complicated unit." (p.31) "This patient was unaware of what was missing..." and was unable to construct a coherent experience because the subject just knew that "...something wasn't right." Erickson felt that "...apparently very large chains of neurons were thrown out of action." (p.31) Today, the belief might be that the confusion and delusions were unsatisfying attempts by the patient's system to find a stable state and some coherence. In Chapter 3, we see a similar exploration in relation to hypnotic regression. Subsequent chapters discuss altering the nature of a variety of physiological processes, from blood flow to infertility and even breast development. These are all fascinating examples of mind-body healing. But is it through "controlled physiological functioning?"

Today, the "control" is seen as having more to do with changes to the subject's biological system made by implicit self-organizing activity. Our usual perception of control is a cognitively directed and consciously organized action. Erickson admitted, "How I did it, I don't know. Neither does she. We are all ignorant on that subject." (p.57) The conscious control of physiology has been shown through biofeedback. Erickson describes the difference: "Waking responsiveness tends to be goal directed towards an integration with objective reality in some form, while hypnotic responsiveness tends to be its own goal, complete in itself and without need for integration into objective reality." (p.62) Hypnotic *realities* (dealt with in-depth in Volume 10) are shown to be different than conscious realities. In hypnosis it is possible to "...withdraw from objective reality and create and 'experiential reality'..." (p.67), which is a key concept when reading this volume.

Part II continues this frame of investigation to explore pain resolution. Erickson was no stranger to pain. In the 1940s, he was well aware that pain was a necessary stimulus to prompt exploration of the body for a cause, but pain also involved the mind: "Pain is a complex, a construct, composed of past remembered

pain, of present pain experience and of anticipated pain in the future." (p.96) The chapters in Part II show various ways in which Erickson interrupted the patterns, disrupted the flow, used time distortion, and changed the way the patient experienced pain, even to the degree that there was no pain at all. Erickson reminds us that "...hypnosis is a state of intensified attention and receptiveness and an increased responsiveness to an idea or a set of ideas." (p.117) This *ideodynamic process* is an important aspect of understanding the nature of mind-body healing -- a subject thoroughly explored in the book, *Mind-Body Therapy*, by Rossi and Cheek (1988).

In Part III, we progress to cases of rehabilitation – something of which Erickson was familiar. At 17, he suffered a near fatal bout of polio and could not walk or move for nearly a year; as an adult he had post-polio syndrome. During both these periods, Erickson worked to self-rehabilitate. In this part, Erickson works with brain injuries, brain disease, and other conditions. Motivation is elicited in different ways for different patients, which, again, highlight the Ericksonian idea that every client is an individual field experiment -- a learning opportunity for future work.

Part IV takes us to the 21st century, where Ernest Rossi leads us deep within, providing an understanding of why and how the case studies in this volume are possible. Each chapter is a separate paper published in recent years. They include the unique experiments by the International Psychosocial Genomics Research Group to measure the actual gene expression that is triggered during a hypnotic process. This mind-to-body activity is measured with DNA microarray analysis, which is carefully explained. Chapter 27 takes us through the dreams of Ernest Rossi during the time he was healing from a stroke. Dreams trigger, and are triggered by gene expression. Some dreams almost seem to be what the deeper, microscopic biology was doing when Rossi was working through his recovery, healing, and rehabilitation.

By the end of Part IV, readers will have an awareness of the magic within and feel the numinosum – fascination, mysteriousness, tremendousness – of their very being. Healing processes can begin when a mindset and mental activity triggers one's extraordinary, self-organizing system to begin activating genes that make the proteins that become the necessary biological material. This volume shows how mind-body healing is not so much a process of control, but of an engagement in the natural cycle and system of creating beneficial change.

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BOOK REVIEW

Mind: A Journey to the Heart of Being Human

By Daniel J. Siegel, MD

W.W. Norton & Company, Inc.

2017

ISBN 978-0-393-71053-3

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

Daniel Siegel has an amazing grasp of neuroscience, but he also relates well to readers in his most recent book, *Mind: A Journey to the Heart of Being Human*.

I appreciate the way Siegel characterizes the mind in four areas and found this so useful that I've used it in my practice. He writes with such attention to philosophical approaches that the energy he has put into writing this book is palpable.

Siegel maintains that good mental health comes from integrating our experiences into understanding in ways that bring energy. His approach includes being flexible, adaptable, coherent, energized, and stable and he illustrates his theory with his own experiences. Readers will experience Siegel, the man -- living and practicing his theory.

This substantial 345-page book with 10 chapters includes references and an index. In the chapter, "What is Mind?" Siegel sets up the premise for the book: what the mind is and how it works. In Chapter 3, "How Does the Mind Work in Ease and Dis-Ease?" he addresses trauma and ways of healing it. In Chapter 4, he offers reasons why our subjective reality is something that we can trust, and ways to trust it. Other chapters include: "Who Are We?"; "Where is Mind?"; "Why of Mind?"; and even "When of Mind?"

I greatly enjoyed this most useful book and have already recommended it to many people. In fact, upon reading it, I found myself taking notes and even began liking Siegel's use of acronyms. (Even he admits he likes them.)

AUDIO REVIEW

Utilization Sobriety: Incorporating the Essence of Mind-Body Communication for Brief Individualized Substance Abuse Treatment

By Bart Walsh, MSW

Audio available at: www.erickson-foundation.org (click Store)

Reviewed by Roxanna Erickson-Klein, LCDC, PhD

BT 16SC10AUDIO

90 minutes

Bart Walsh opened this session with an overview on his work in Portland, Oregon, and said that he would be briefly talking about resolving accumulated emotions, gene expression, ideomotor signaling, and the parts model of ego state work as they pertain to treatment of substance abuse.

He then moved quickly into an experiential demonstration with the audience as a whole that illustrated a powerful, rapid non-invasive ideomotor technique. He invited audience members to self-explore, which was powerful, and gave rise to many questions, which Walsh then used as a platform to provide information and instructions. He calls this technique "goldfinger." Successfully used, the goldfinger technique connects with the benefits of the addictive substance. The individual can then use that skill -- reconnecting at will to the pleasurable parts without the risks and difficulties associated with use.

After the demonstration, Walsh discussed how his use of ideomotor signaling and the suggestions made with the goldfinger technique are actually a naturalistic trance induction. His went on to engage additional hypnotic approaches -- connecting with different parts of the self. Ideomotor signals provide a potent tool that is broadly used to facilitate exploration of problematic symptoms and other factors that may be less evident.

Walsh's considerable experience with both the technique and the target population provided resource illustrations relevant to the questions that arose from the

audience. He used an analogy of the unconscious mind as a library. Accessing unconscious resources is like getting a library card. He generously provided case examples, as if he was picking certain books within the library of knowledge.

Walsh described the sequence in which he works with people using a series of steps. Starting out with a manner often used at treatment centers, he begins with rapport building, history taking, and description of where the substance(s) fit into current daily life. He then goes into his own techniques of identifying the "best parts" of substance use, and engages the goldfinger technique to tap into the beneficial aspects.

He explained the use of the parts model, acknowledging, "Anxiety comes with the territory of addiction." Walsh redirected the negative energy into a new "job" of information processing. He then explained how the different parts of an individual can express themselves. Individual parts can get the attention or time that is needed to work, so that individuals work in harmony. Specific instructions were given to facilitate the release of fear, to address internal needs of various parts of the self, and to elicit the concept of internal teamwork through creative reassignment of jobs.

Walsh connected these ideas with current research on gene expression, and described the process of using experiential work as a technique to activate or suppress the gene switches. Due to the potential for some of the mechanisms to become reactivated after an interval of time, Walsh recommends that his clients perform a daily self-check and he sometimes recommends ceremonies of rituals to mark the changes that occur.

Walsh's folksy style and wealth of experience working in this area complemented his semi-structured manner of presentation. The quality of the recording download was excellent, and Walsh was careful to cover the topic in a way that one could clearly follow, even without the written materials from which the audience members benefited.

The overall process of turning off the addictive force can be useful for many different conditions. Walsh's goldfinger technique is solidly based on research, and provides a quick, effective way to get to deep emotions. I was left with the feeling that Walsh has a lot to offer, and I look forward to learning even more about the methods that he has developed.

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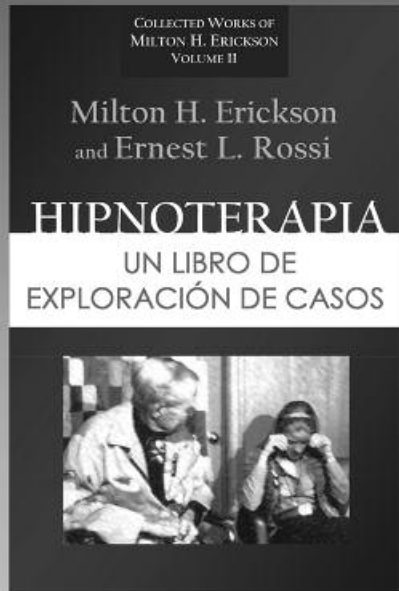
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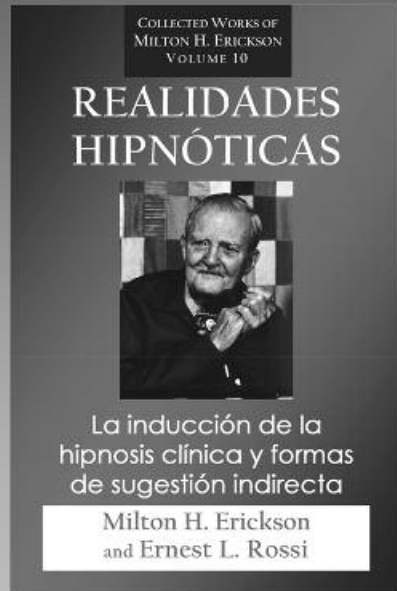


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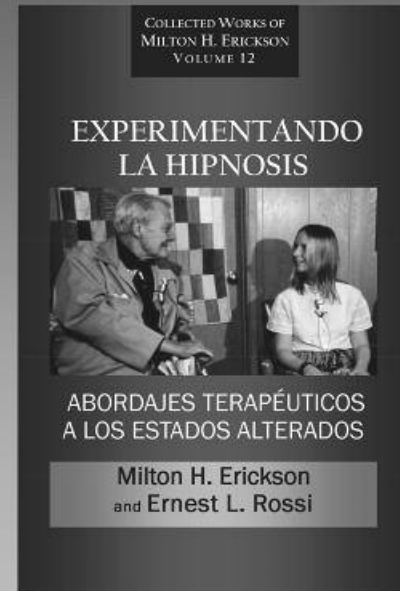
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**FROM REAL LIFE TO CYBERSPACE (AND BACK AGAIN):
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BOOK REVIEW

A Clinical Introduction to Freud Techniques for Everyday Practice

By Bruce Fink

W.W. Norton & Company, Inc.

2017

ISBN 9780393711967

358 pages

Reviewed by Charles A. Simpkins, PhD, San Diego, CA

A Clinical Introduction to Freud, by Bruce Fink, is uniquely suited to therapists who see the usefulness of working with the patient's unconscious. Fink focuses on Freud's techniques of accessing repressed material. The author believes that the literature in psychoanalysis has afforded too much attention to resistance, transference, and defenses. Interpretation is intended as a means of facilitating therapy.

Fink simplifies Freud's approach for clarity, and to express his concerns. This allows the reader to easily grasp the author's perspective. Fink is critical of certain aspects of Freud's theory, and throughout the book he supplements perceived weaknesses with his carefully considered viewpoint.

In Chapter 1, Fink explains the central psychoanalytic notion of tracing a symptom back to its source. He includes that the purpose of defenses and resistances are the patient's way of maintaining unconsciousness of inner concerns.

In Chapter 2, the author argues that unconscious content is the opposite of the conscious, which is obscured by defenses. In the next chapter, he describes and explains Freud's early concept that unconscious processes are symbolically expressed in dreams. The author emphasizes, however, that at best, dream interpretation leads to facilitating the therapeutic process.

In Chapters 4 and 5, Fink presents several of Freud's case examples of psychopathology, obsession, and hysteria. The author believes that what was once termed "hysteria" is now considered panic disorder. In both chapters, Fink discusses classic Freudian case histories to illustrate symptom formation and solution. He shows how psychoanalytic concepts help psychoanalysts trace patients' presentations back to their source: the patients' unconscious processes. By example, the author indirectly instructs readers, by interspersing technique with his criticism of Freud and the mistakes he felt Freud made. But Fink also includes corrections Freud made as he matured, with which Fink often agrees. Fink wisely encourages readers to be inspired by Freud rather than merely complying with Freudian doctrine.

In the last chapter, "Beyond Freud," Fink clarifies what he believes about psychoanalysis and the conduct of psychotherapy itself. He states that the difference between psychoanalysis and other forms of psychotherapy is that psychoanalysis focuses on the unconscious. When the unconscious is revealed, the symptom dissipates. The author concludes with advice on how therapists can be flexible and follow their inner intentions, and not just Freud's model.

At the end, there are appendixes that deal with matters tangential to the book. One is a brief dismissal of direct suggestion in psychotherapy, claiming that its effects do not last, which a common observation by psychoanalysts. Another appendix offers notes and details about the Freud case that exemplifies obsession.

Throughout the book, Fink subtly embeds techniques and advice and also intersperses vignettes with tips about technique. Psychoanalysis uses rational processes to cure patients, so employing reasoning to teach, fits the model well.

This book offers a new angle on psychoanalysis from a seasoned teacher and supervisor. I recommend it for psychotherapists who want to integrate aspects of psychoanalytic methods into their practice.

AUDIO REVIEW

A Research-Based Couples Treatment for Domestic Violence

John Gottman, PhD & Julie Gottman, PhD

Reviewed by: Roxanna Erickson-Klein, PhD

BT16-K01 AUDIO

Available at: www.erickson-foundation.org (click Store)

One hour and 15 minutes; 25 minutes of Q & A

This audio download of a keynote from the 2016 Brief Therapy Conference in San Diego is co-presented by John and Julie Gottman. It addresses a pervasive social issue present in most societies, and offers both a deeper understanding of the nature of the problem, as well as research and information relevant to treatment.

The audio recording begins with John providing an overview of information regarding the nature and incidence of domestic violence. While accuracy of such statistics is inherently biased by the limiting factors associated with surveys and with shame, John does credit to his research orientation by exploring available information. He then went on to introduce two distinctly different types of domestic violence revealed in an earlier study (*When Men Batter Women*, by Neil Jacobson, John Gottman, 1998). That nine-year longitudinal study identified two divergent profiles of violence: "situational violence" and "characterological violence." Gottman discussed the qualities associated with each. This distinction is relevant, as the Gottmans' research focused on situational offenders, excluding the characterological group. John compared and contrasted the two groups with fascinating descriptions of the salient features of each.

Julie then took the stage and began discussing the challenges associated with

working with low-income couples. Difficulties with the services offered, particularly as they relate to gathering follow-up data for interventions, were discussed in an open manner. Julie then described a study exploring the treatment of situational violence that was initiated at the Gottman Institute. The study was performed in seven states and included more than 3,000 couples. With the information gathered from the initial programs, the Gottman Institute in Seattle developed a longitudinal research protocol that included an intervention group and control group to test the material that they had developed. Julie described the development of their program, which involved a manualized series of 22 treatment intervention sessions. Julie described these sessions in such clarity that her descriptions offer reflective thought to clinicians everywhere. The ideas and ways of working with this target group are relevant to problems that individuals and couples may experience in a multitude of situations. The descriptions provided are specific enough to provide a good understanding of the methodology and findings of this important research.

John concluded the presentation with findings and recommendations for further work in this critical treatment area. The study was useful in terms of better understanding the problem of domestic violence and how it relates to other problems that may be heard in any clinician's office.

The quality of this audio download is excellent...so much so that it sounds as if the Gottmans are in the next room. Although the handouts, illustrative slides, and video clips were not readily available, their absence did not significantly interfere with my appreciation of this program. Overall, I am grateful to the Gottmans for the work they do in exploring treatment for this pervasive concern. The general approaches used, including self-awareness and skill-building in ways to resolve conflict, goes far beyond the problems identified in the title, and is relevant to a broad swathe of clinical situations. The information presented in this audio can enhance the practice of any serious therapist in a multitude of ways.

BOOK REVIEW

Learning Hypnosis: A Common Everyday Approach After Erickson

By Rob McNeilly, MBBS

Published by Tandava Press, Australia 2017

Forward by Michael Yapko, PhD

Electronic Version

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

Rob McNeilly is a gifted therapist whose innovations and creativity are becoming legendary. In this book, he offers readers tips on working with group hypnosis, children, and pain. McNeilly ascribes to Erickson's belief that the client supplies the solution, and because of this, he is extraordinarily positive, encouraging clients to believe in themselves. Although the author utilizes what he gleaned from Erickson, he is unique in his own approach, which is characterized by his use of associational hypnotic approaches. McNeilly's writing is more on the un-

conscious level and is sometimes complicated. However, he is clear about how to offer healing through associations, and readers will learn and delight in his approach. One of the most remarkable characteristics of McNeilly's approach is that it can be done publicly without revealing private information. His use of implication and associational impact to make changes is respectful, elegant, and powerful.

This short 78-page book begins with an introduction where readers can learn about the author. Then, there are five sections: Demystifying Hypnosis Principles, Designing a Hypnotic Session, What is Different After Hypnosis, Experiencing Hypnosis, and Applying Hypnosis Clinically.

McNeilly has written a delightful book that offers readers a streamlined approach to understanding and using hypnosis. He makes the complicated, simple and understandable, while offering wisdom that is practical, accessible, and teachable. I found this book so stimulating that I read it twice. And, I have been recommending it because it offers an easy-to-understand approach to hypnosis.

BOOK REVIEW

Child Temperament: New Thinking about the Boundary Between Traits and Illness

By David Rettew, MD

Copyright 2013

W. W. Norton & Company, Inc.

New York/London

273 pages

ISBN: 978-0-393-70730-4

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

This book is an excellent resource on the subject of child temperament; it covers a wide array of topics that help readers understand temperament. In "A Brief History," we read about "Historical Theories of Temperament," such as in ancient Chinese culture where people believed that "mental functioning is related to a balance in the forces of energy (*or chi*) between the more active and action-oriented *yang* and the more cautious and inward *ying*." (p. 4-5)

In "Basics of Child Temperament," the author provides Mary Rothbart's definition of temperament: "constitutionally based differences in reactivity and self-regulation," (Rothbart & Derryberry, 1981) and readers will learn about issues, such as appearance in life, genetic influence, and stability. There is also an interesting chart in this chapter, entitled, "Major Temperament Frameworks Since Chess and Thomas," (p. 24) and useful scales, such as the Infant Behavior Questionnaire.

Chapter 4, "Neurobiology: The Brains Behind Temperament," addresses the neurobiology of temperament. The author states that major areas of the brain are involved in temperament, like the amygdala that is "involved in triggering the body's sympathetic nervous system, the network that underlies our 'fight or flight' stress response."

Chapter 6, "Spectrums, Risk Factors, and Scars," caught my attention because the author states that "the difference between a temperament trait and a psychiatric symptom is only a matter of degree." He explains: "Many child temperament specialists condemn the application of psychiatric labels and spread the reassuring message that most so-called disorders are actually variations in temperament." (p. 103)

In the second section, "Clinical Settings," which includes Chapter 7, there are

vignettes, including one about Ryan, a boy diagnosed with ADHD. In this section, we are reminded of how clinical features, such as inattention, should be considered, as well as family interactions. "The Vermont Family-Based Approach" (Table 7.1) offers evaluation components, such as child psychopathology and treatments, including "Parental Guidance," "Medications," and "School Interventions."

Chapters 8 and 9 address "Temperament and Parenting." "An Outline for a Temperament-Based Parental Guidance Program," is a useful chart where parents can find topics such as, Acceptance and Major Tasks.

In "Temperament and School Achievement," (p. 205) the author provides references to useful studies, for example, the one that addresses the link between academic ability and the temperamental traits of attention and reactivity (Lerner, Lerner, & Zabski, 1985).

The last chapter, "Medications," is an excellent source of information for both medical doctors and therapists. It begins with an interesting quote: "temperament and personality can change," (p. 222) which could be due to genetic and environmental forces that may accentuate or diminish traits over time. In this chapter, the author states that since the mid-1990s "there has been an explosion in the number of children receiving psychiatric medications in the United States." (p. 222) Peter Kramer, who wrote, *Listening to Prozac*, is among those who fear that using psychiatric medications can lead to personality changes. He chronicled the lives of several patients who experienced personality changes and even transformation after taking antidepressants.

In conclusion, I thoroughly enjoyed this book and recommend it.

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BOOK REVIEW

Neuro-Philosophy and the Healthy Mind: Learning from the Unwell Brain

By Georg Northoff

W.W. Norton & Company, Inc.

2016

ISBN 978-393-70938-4 (pbk)

242 pages

Reviewed by Charles A. Simpkins, PhD, San Diego, CA

Thanks to theorists, practitioners, and technological advances that make it possible, neuroscience has rapidly evolved and is growing more sophisticated and complex. This book bridges the perceived gap between philosophy and neuroscience.

Neuroscience offers insight about consciousness and the mind. Northoff seeks to redefine neuroscience and side step several classic problems in philosophy and psychotherapy by using the methods and paradigms of neuroscience. This book, however, transcends even the author's personal quest, and clearly expresses the position of neuroscience that is unique: to study the unwell brain -- the brain with deficits -- in order to understand the normal, healthy brain without deficits, which then sheds light on normal functioning. The author views consciousness as relational: between the brain, the self, and the world.

As long as we are alive, the motor of the brain is running, and like the idling of a car engine, it has a resting state. This is the source of consciousness, and the function of the mind.

In Chapter 2, Northoff argues the model, supporting it with examples of everyday activation and deactivation. He explains that consciousness is the product of the transformation of the activity of the brain into spatiotemporal form.

In Chapter 3, the author explains how the brain creates a spatiotemporal world for itself through interaction with the self. The brain creates the self as a subjective but real experience. The self is central in healthy functioning; it is the person or subject that experiences consciousness. The self is private; not directly observable. There are regions in the midbrain that are involved in self-related processing and experiencing. Primary among these are the dorsomedial and ventromedial prefrontal cortices, cingulate cortices, and precuneus. The brain has structures for distinguishing self from non-self-related phenomena. A particular structure of the brain -- the insula -- mediates the balance between internal and external experiencing.

In the next few chapters, the author explores the implications of the neuroscience model of the brain for psychopathology, such as depression, obsessive-compulsive disorder, and schizophrenia. Essentially, these disorders reflect disturbance in the brain's functioning. Northoff offers strategies to correct psychopathology by improving the patient's use of the brain.

As clinicians, we can integrate insight from neuroscience into our practice, but we first need to understand how it can help. Through its well stated and consistent thesis, this book can help us do that. The hypothesis that is central to Northoff is that the active but stable resting state of the brain is disturbed in psychopathology. Ultimately, psychopathology is a function of disturbance in conscious/unconscious balance.

In the last chapter of the book, Northoff links the disturbance of the resting state with time, in particular, time in the brain versus time in the world. In the service of psychotherapy, Erickson often used the client's experience of time and its variations, which makes sense with this model. This is the first book I've read that implicitly offers a neuroscience-based rationale for time distortion treatment strategies. I found it to be especially thought provoking and stimulating, and therefore recommend it.

INTERVIEW

continued from page 1

KR: You have authored seven books and coauthored with Bill O'Hanlon, *In Search of Solutions*. Your books on building and healing relationships are epic, including, *Divorce Busting*, *Getting Through to the Man You Love*, *The Divorce Remedy*, *The Sex-Starved Marriage*, and *The Sex-Starved Wife*.

MWD: I'm very excited about *Healing from Infidelity*, because over the last decade or so, I have been specializing in work with couples that have difficulties due to affairs. I no longer do hourly sessions; I only offer two-day intensive sessions with couples in my office. Through these experiences, I developed a down-to-earth approach to helping couples move through the shock, pain, hurt, blame, and devastation of infidelity, to begin sorting out what needs to change in order to rebuild trust.

KR: Where do you begin in helping people come to terms with healing from infidelity?

MWD: One of the things I've noticed with couples that are struggling, is that they doubt whether they will be able to work out the marital issues for two primary reasons. First, many people feel enormous shame because they told themselves early on that, "I am going to stay married 'till death do us part...unless there is an affair. If that happens, I'm out of here."

Infidelity is rampant, yet no one thinks it is going to happen to them. When confronted with the reality of betrayal, people start rethinking the promise that they made to themselves about leaving. They reflect on their long history with their spouse, breaking up the family, financial situation, and more. But then, there's the shame. People wonder, "What kind of a person am I if I go back on that promise I made to myself? I must be weak. I must be a coward. I have no backbone. What kind of message will I be giving my kids if I stay?"

Second, many people doubt their ability to work things out because they simply don't have the skills to navigate the pain.

KR: So, where do you start?

MWD: I start by reassuring the betrayed spouse who is feeling shame by

saying, "You are not weak. You are not a coward. People who work through the pain of infidelity are heroes."

KR: Or, "sheros." My father explained to me as a young child that I could never be a hero, but I could be a shero. Isn't that darling? He was a feminist before the term was invented.

MWD: Shero. I like that. The second primary issue I address with couples is that when confronted with infidelity, there's no reason most people should know what they're supposed to do to make things better. It is uncharted territory. And unfortunately, many therapists, including myself, never received training on how to help couples recover from infidelity.

KR: This is true. Even my UCLA two-year post-doctoral training as a certified sex therapist did not include how to work with infidelity. Therapists are going to love learning from *Healing from Infidelity*.

MWD: In the beginning, I didn't know how to help couples either. I learned by trial and error. In the true spirit of Milton Erickson, I promised myself to pay close attention to what works and what doesn't work with each couple. I eliminated strategies that hit dead-ends and I expanded on strategies that seemed to help people move forward. I always consider my therapy approach to be a work in progress. My approach to helping couples heal from infidelity is no exception.

It is so difficult when a person finds out that their spouse has cheated. Even if they've suspected that their spouse has been unfaithful, when faced with concrete proof, it completely upends their life. They have no idea of how to deal with the erupting emotions.

KR: I'm sure people feel quite hopeless in having their core beliefs shaken and feeling lost on how to proceed.

MWD: Yes, people are disoriented, and quickly feel hopeless. They can hardly imagine ever being able to get over the terrible feelings they're having. Over the years, I've realized that while I'm truly Ericksonian in my approach with couples -- accessing resources and solutions within -- I also

INTERVIEW continued on next page

INTERVIEW

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strongly feel that when couples are in crisis, many of their natural resources go offline. So, unlike Erickson, I am very directive at this stage, coaching both the betrayed and unfaithful spouse as to what they need to do differently to stack the deck in favor of rebuilding and reconnecting.

KR: Erickson could be very direct. It is interesting to ask the question, “What is Ericksonian?” Ernest Rossi originally compiled *The Collected Works of Milton H. Erickson*, which has been re-edited by Ernest and me, and Roxanna Erickson-Klein. It is important to note that these books came through the lens of Ernest Rossi, who is by nature, non-directive. Erickson tailored and matched his style with how the person thought and processed things. Some people resonate with images, some, metaphors, and some, directives, and so on. He was a genius to connect with people on their best perceptions of how to change and grow. Erickson would use his laser-like stare and say, “I am very direct in my indirectiveness.” He would lay it on the line if he felt like that was the thing to do. I think this is practical. For instance, if a child reaches out to touch fire and you slap their hand away, that is the best and most effective thing you can do. In Mrs. Erickson’s last keynote speech, she shared that her husband had many ways of working, not all of them indirect. I believe that we stand on shoulders of giants until we develop our own unique, well-thought-out, confident, and able shoulders.

MWD: It is good to hear you say this. I spent a lot of time with Steve de Shazer and he asked brilliant solution-focused questions aimed at helping clients identify their own solutions. While I try to follow in his footsteps, the truth is, these days I often find myself being much more directive. In fact, in an effort to instill hope in these incredibly distraught couples, I often say things like, “I know that you don’t believe this now, but you *will* get through this. You will get to the other side. I can promise you that.” This is not something I did as a rookie solution-focused therapist.

KR: In these initial stages of recovery from infidelity that you speak

of, I think in terms of brain neuroscience. When you “flip your lid” your prefrontal cortex (executive functioning thinking) largely goes offline, while your limbic system (emotional) becomes hyperactive. How are you going to access your inner resources when your limbic system is going crazy with anger, grief, and more? We think it takes a long time to make and break neuronal brain connections, but this is not true. Gene expression, which creates brain changes, can happen in seconds, and certainly within hours.

MWD: When you think about it, part of being frantic is not knowing what to do. So, when I coach clients, this calms their limbic system.

KR: Absolutely this will calm limbic systems, and then there really is hope.

MWD: I am on the frontlines with couples in my practice and they often experience many symptoms of PTSD. In workshops, I show videos of people saying things like, “This is the worst thing that has ever happened to me in my entire life. I can’t eat. I can’t sleep. I am depressed. I am anxious. I cry all the time. I cannot think. I cannot go to work. I cannot take care of the kids. I feel like I will never get myself back.” They are so devastated. Of course, not everyone responds this way. However, people who come for help are asking how to put themselves back together again.

KR: How do you begin the healing process with these couples?

MWD: The healing process happens in stages. First, I deal with the crisis of the discovery and let the betrayed spouse know that whatever they are experiencing is completely normal and natural, no matter how uncomfortable it might be. Plus, I let them know that it is important for them to feel free to express their feelings openly and honestly. As difficult as it may be, the unfaithful spouse needs to listen and express empathy and remorse.

Additionally, the betrayed spouse often has a tremendous need to ask questions. They want to know factual details such as, “Who is she or he?” “How long has this been going on?” “Where have you been having sex?” “What does this person mean to you?”

“Do you love him or her?” “How am I different from this person?”

But the two questions asked most often by betrayed spouses are always, “How could you do this to me?” and “How do I know that you won’t do this again?”

My experience is, early on in discovering infidelity, many couples have marathon “talk sessions” that go into the wee hours of the morning. Unfaithful spouses who are committed to saving their marriages will engage in these conversations in hopes that the information will satisfy their spouse’s curiosity and eventually put an end to the painful discussions.

When that doesn’t happen according to the unfaithful spouse’s timetable, the couple often hits a dead-end. The betrayed spouse still has questions, but the unfaithful spouse fails to see the benefit in continuing to discuss the affair. This is when they often reach out for professional help.

KR: Do you think it is a good or bad idea that details are shared about the infidelity?

MWD: That is a great question. This is where I return to my Ericksonian roots. I believe people have their answers within. I turn to the person asking the questions and say, “So you just got information. Tell me, was that helpful to you?” A lot of people will say, “Yes, that was incredibly helpful. The ideas in my head were so much worse than what I just heard.” And, I often hear, “Even though it is uncomfortable to hear the details, the fact that my spouse is willing to share the information with me tells me we are on the same page and handling it as a team. That feels good.” I know then that this person benefited from detailed information.

Other times the betrayed spouse will say, “No, this has not been helpful. I now have images in my head of pictures and places. It’s all is too real.” I then say to this client, “Since asking questions has not been helpful to you, over the next few weeks, if you’re tempted to do so, ask yourself, ‘What can I do to resist the temptation to ask?’” I then help that person to develop a concrete game plan, such as going for a walk, calling a friend, med-

itating, playing the piano, reading a book, dancing, and so on. In short, I encourage clients to decide for themselves about the value of asking detailed questions.

KR: It is so important to develop a feedback loop as to what is helpful and what is not.

MWD: Yes, we should take our cue from our clients. It’s about what works for them. I just wrote an article on infidelity for *Psychotherapy Networker*, where I addressed my concern about using a universal, one-size-fits-all approach to working with clients. As a rookie infidelity therapist, for example, I had a hard and fast rule that if I found out in an individual session that someone had an affair, I insisted they must share this information with their spouse. Sometimes this resulted in a fabulous turning point in therapy because now all the cards were on the table. Honesty prevailed.

Conversely, other times, upon learning about the affair, betrayed spouses sometimes said, “That is all I needed to hear. It is over. I am out of here. I am going to an attorney.” The truth is, no therapist can predict the response in advance. I decided I did not want to play God anymore in these situations.

Now if I find out about an affair in an individual session, I will explore the pros and cons of disclosing the information. I might encourage truth-telling, but if in the end, clients say, “I can’t share the information because it will end my marriage,” or “I don’t want to hurt her anymore. I just want to move on and I am ready to stop this affair,” then I am willing to keep this information confidential. This is a very difficult thing for me to do because one of my core values is honesty. But therapy isn’t supposed to be comfortable for Michele Weiner-Davis; it’s what’s in the best interest of my clients. And in this case, I consider the marriage to be my client.

And here’s something else I’ve discovered about what helps couples heal: If a couple wants to rebuild trust, then the one who has been unfaithful must be willing to have his or her life be an open book for a period of time. That means being willing to share pass-

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words to email and Facebook, texts, and other accounts such as bank statements and credit cards.

If the unfaithful spouse resists, saying, "I feel like she is my mother. I feel like I am in prison." I respond, "I understand. This is no way to live, and I wouldn't for a moment imagine that you will do this for a long period of time. However, when you are in the midst of a crisis, it means you might have to do things during a transitional period -- and I intentionally use the word "transitional" -- that you won't have to do over the long run."

KR: Yes, rebuilding dashed trust sometimes calls for extreme measures...if you have nothing to hide.

MWD: I also remind the betrayed person that, "Being on top of every little detail is no way to live in the long run. It overtakes your life. But for now, it's understandable that you want to have the facts."

When the betrayed spouse's ap-

petite for asking detailed questions about dates, times, sexual positions, and so on, seems insatiable, I begin to wonder if those are the *wrong* questions. The real underlying questions might be, "How could you do this?" "What were you telling yourself that made it okay to have an affair?" "How could you continually lie to me?" So sometimes I suggest we address these questions instead.

KR: I think it is kind that you suggest to the clients that they might not be asking the questions that matter most.

MWD: Thanks. And once people who have been betrayed start dealing with the answers to the *real* questions, they begin to deal with their grief. Their dreams, assumptions, and expectations of their marriages have died. How do you make peace with the fact that the person who you love the most has made a choice so different from anything that you could or would have

done?

We talk about this deeper issue. Overcoming grief takes time.

KR: Yes, whether they choose to stay together or not. They still have to deal with the aftermath of what they've been through. The healing curve is often two steps forward and one step back. This is true with all physical, emotional, and mental challenges.

MWD: Absolutely Kathryn! But call me the eternal optimist, though not all couples choose to remain together after infidelity, I believe that with the right guidance, most couples can rebuild trust and restore their love. I teach the couples in my practice how to "divorce" their old marriages, and create new, stronger ones with each other.

Kathryn Rossi, PhD, has edited or coauthored 20 books in the field of psychotherapy, including co-editing 16 volumes of The Collected Works of

Milton H. Erickson with Ernest Rossi and Roxanna Erickson-Klein. She has authored with Ernest Rossi numerous scientific articles on psychosocial genomics and therapeutic hypnosis, along with other current topics of social and spiritual significance. She is passionate about bringing yoga into the field of psychotherapy and has taught innovative psychotherapy internationally for more than 30 years.

Rossi is a professor at The New Neuroscience School of Psychotherapy and The Mind Body Institute in Solopaca, Italy, and is a founding member of The International Journal of Psychosocial and Cultural Genomics Consciousness and Health Research. She is a gifted psychotherapist working with individuals and couples in Los Osos, on the central coast of California. She is certified through the UCLA School of Medicine to work with couples and sexual issues.

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