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INTERVIEW

Dr. Temple Grandin

Interviewed by Rachel S. Heslin

Dr. Temple Grandin is the author of more than 60 scientific papers on animal behavior, many of which have led to significant changes in the livestock industry, making it more efficient and humane. She has used her experiences with autism to become an advocate for understanding and appreciating different types of brain processes. In addition to writing or co-writing more than a dozen books on either animal handling or autism, she has been featured in numerous publications and documentaries, as well as being the inspiration for the award-winning semi-biographical movie of her life entitled "Temple Grandin" on HBO. She was included in the 2010 TIME magazine's annual list of the 100 Most Influential People in the World.

Rachel S. Heslin: Your most recent book is *Visual Thinking: The Hidden Gifts of People Who Think in Pictures, Patterns, and Abstractions*. What are the different types of thinking?

Temple Grandin: Well, the first type is like me: an object visualizer. That's the correct scientific name for it. Everything I think about is like a photograph that moves just a bit. My memories are pictures. My mind tends to be good at understanding animals because they live in a sensory-based world. I am also good at mechanical things and building things, art, and photography. What my mind is horrible at is higher abstract math like algebra. There's nothing to visualize.

Another kind of thinking is the visual-spatial/pattern thinker. Those people are good at math, music and recognizing patterns. That's different from thinking in photo-realistic pictures.

And then you've got verbal thinkers.

When an individual is given a label like autism, they are likely to be an extreme object visualizer or an extreme mathematician. Now there are a lot of people who have a mix of different kinds of thinking. But you're not going to have someone who is both an extreme mathematician and an extreme object visualizer. Those are opposite traits.

RSH: Looking at your own life, you mentioned that when you were in your 20s, you had to prove that you are not stupid.

TG: I had a strong urge to prove that I am not stupid. I did a drawing in my 20s where I almost couldn't believe I had drawn it. I remember looking at it and thinking, "A stupid person wouldn't have drawn this." I love that the HBO movie [*"Temple Grandin" (2010), a biographic movie starring Claire Danes*] duplicated a lot of my big projects from when I was in my 20s from the original drawings.

RSH: And you have come a long way since then.

Dr. Temple Grandin

TG: Well, yes. But a lot of people thought I was stupid. I failed the SAT in math, and I still can't do higher math. But then I discovered when I started working with the people in the shops that build equipment for meat processing plants that they also couldn't do higher math. I discovered I wasn't alone. They didn't have college degrees, and there was a tendency to look at them as having a lesser form of intelligence. What I've learned is that it's a *different form* of intelligence. Even without the college degree, they have a whole pile of patents for all the mechanical devices they invented.

RSH: Did you have people supporting you when you were younger?

TG: My mother had a good sense, especially when I was in elementary school, of what I could handle, and she helped me to stretch out and do new things. You don't want to push kids with my kind of mind into a situation that they can't handle. But if they're not stretched, they don't grow.

I had a great teacher in third grade. High school was total mess. I ended up going to a special school where they put me to work cleaning horse stalls and running the horse barn. But you know what? I learned how to work. I made up

INTERVIEW continued on page 7

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Editor's Comments

When I was young (and hair had not yet been invented), my father, a WWII veteran, would tell me that I had to prepare for a future that can change outside of my control. He warned me, "During your lifetime, two or three major things will happen in the world that could change the course of your life. You must prepare." That made me a bit nervous, but I felt I could handle it since I did not know what the course of my life would look like anyway.

My father could not have envisioned the Internet age and the Covid pandemic and the effect—both good and bad—that these would have on the world. But his premonition that major events would happen in my lifetime was correct. What my father did not anticipate was that life-altering events are now happening every two to three years, not two or three in a lifetime.

This past December, at the Evolution of Psychotherapy Conference in Anaheim, I spoke with participants who were concerned about helping their clients cope with the impact of the Internet and post-pandemic. Life goals for many people have become a moving target. They need direction for *now* not the future. It's no longer a long game with finish lines. It's survival mode due to exponential change. Lives that had previously been complicated, are now chaotically complex.

Many of the participants expressed their hope in how our field was adjusting to the demands of rapid change. I was gratified to hear that many found their answers at the Evolution Conference. Participants noticed a prevalent theme among the presenters: how the profession is evolving and how the presentations helped expand participants' perspectives.

An excellent example of this expansion could be attributed Temple Grandin, a keynote presenter, who is the subject of our *Featured Interview*. The interview conducted by Rachel S. Heslin encompasses the personality, passion, and focus Grandin displayed in her presentation. I first learned about Dr. Grandin in Oliver Sacks' book, *An Anthropologist on Mars* (1996). Sacks not only dedicated an entire chapter to her but named the book with her in mind. (Please note the retrospective book review of *An Anthropologist on Mars* in this issue.) It was an exciting moment to be able to join Grandin and Heslin at breakfast just before her keynote presentation which ended in a standing ovation that physically rocked the theater. Her message was truly one for the 21st century.

With a nudge from Eric Greenleaf, Deborah Joy presents *Teenage Wasteland* for the *Case Report* column. Joy reports on a common casualty of the Internet rendered human with an age-old perspective. When is an addiction not an addiction?

John Lentz interviews Donald Meichenbaum for *In the Spirit of Therapy*. Lentz provides a highly meaningful interview in which Meichenbaum describes how his triumphs and losses, connections and heartaches have all led to his personal evolution, and with the help of the Internet, he continues to make a difference in lives around the world.

Lentz continues in his interviews in *International Community* when he speaks with Ela Barr, the president of the Society of Israeli Hypnosis. Barr talks about the unique role hypnosis has played in Israel during the current conflict. She also talks about how the conflict affects her personally and her perspective and hopes for the future in Israel specifically, and the Middle East in general.

While this issue is dedicated to appreciating how our profession and the world are evolving, we thought it was appropriate to also honor lasting ideas and core understandings that have continued to move our evolution forward. To that end, Jeff Zeig presents excerpts from a speech Dr. Erickson gave in New Orleans in 1960. In the speech, Erickson separates his understanding of the relationship hypnosis has with the patient from the ever-changing metaphors of each generation's current fashion. His is a more functional understanding based on practical human needs. Even today, his perspectives on hypnosis provide the solid pegs upon which we can secure the complexity that it is to be human.

In our media reviews look for the retrospective book review of *An Anthropologist on Mars*. It is even more relevant today as our profession questions the costs and dubious value of normalcy as a mental health concept. Jeff Zeig also contributes a book review on Peter Levine's, *An Autobiography of Trauma*. As Zeig points out, the book is an exposé of Levine's personal voyage overcoming trauma. Levine built on his personal experience to become the architect of somatic experiencing.

We also offer mini reviews of presentations given at the Evolution Conference last December. They cover a wide range of psychotherapy issues that represent our current understandings.

I am looking forward to getting together at the 2025 Evolution of Psychotherapy in Anaheim. It will be our 40th anniversary celebration. As we continue to experience change in our world on an accelerated level, I am curious to see the directions our profession will take in response.

Rick Landis, Orange, CA

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In The Spirit Of Therapy

Interview with Donald Meichenbaum, PhD

By John D. Lentz, D.Min.

Donald Meichenbaum, PhD, is distinguished professor emeritus at the University of Waterloo in Ontario Canada, from which he took early retirement. Since that time he has been research director of the Melissa Institute for Violence Prevention in Miami (www.melissainstitute.org). He is one of the founders of cognitive behavior therapy and in a survey of clinicians he was voted one of the 10 most influential psychotherapists of the 20th century.

He has received a Lifetime Achievement Award from the Clinical Division of the American Psychological Association and was honorary president of the Canadian Psychological Association. Don Meichenbaum has presented in all 50 U.S. states and internationally and he has extensively published. His latest book is entitled Treating Individuals with Addictive Disorders. He has placed his book, Roadmap to Resilience on the Internet for free. His book has been downloaded by 45, 000 plus visitors from 138 countries worldwide. Visit: roadmaptoresilience.wordpress.com for a free copy.

Donald Meichenbaum, PhD

Donald Meichenbaum: I'm 83 years old, and the fact that people show interest in me delights me. I always saw myself as a teacher. And doing these interviews is consistent with my life experience of being a professor, a researcher, and a clinical consultant. I have also worked with trauma victims, many of whom are the result of natural disasters or intimate partner violence. The primary way that people cope with trauma, especially in North America, is to use some form of spirituality or religion. I see this interview as an opportunity to educate my fellow clinicians on the challenging question of how to integrate spirituality and psychotherapy.

John Lentz: When I looked at your website, I was impressed with how you are seeking to empower women and teach therapists how to help those who have been abused. Your free handout from a five-day workshop on the integration of spirituality and psychotherapy is one of the best I have ever seen. It is short and it outlines what is helpful and what is not, and it is responsive to all religious traditions. I wish every person in America who receives religious training would see it, because it offers insight and practical applications of spiritual questions and guidelines. It offers practical ways to help incorporate spirituality into psychotherapy.

DM: If people go to the Melissa Institute (https://melissainstitute.org) they will be able to download the handout that you referred to, as well as other materials written by me. Religion/spirituality is a cutting-edge topic. And having the opportunity to get people to think critically about this topic in their own practice is a motivating feature of my participation. In fact, my way of coping is by translating personal loss into a social good.

JL: That's one of the smartest things that any of us can do. And you talk about that in your handout.

DM: I believe deep down that each of us are not only *Homo sapiens*, but we are *Homo narrans*, storytellers. And all the research we've done about the nature of the stories that people tell themselves and others is part of coping techniques and are key determinants as to whether you're going to show resilience, which constitutes 75 percent of the population, or whether you will show clinical problems and comorbid disorders.

Religion and spiritual beliefs are the kind of stories that people tell themselves. And from my perspective, it isn't whether you believe in a higher power or not, it's the nature of the stories you tell. In the handout, I review various ways that people engage a higher power or sense of spirituality, either at the group level or at another level. So that intersection isn't explanatory to me. From a psychological point of view, we must figure out what it is about people's beliefs that leads them to more effectively cope. When is a belief in a higher power therapeutic? In my presentations, I give multiple examples of how people have employed spirituality both in a positive and negative way. Religion and spirituality are another way of telling stories. And we can examine the parameters of effective stories versus ineffective stories.

JL: No matter what we believe, it really is about what we tell ourselves about the events that we have encountered, about our future in relation to God or no God. Our stories make a difference.

DM: Yes, and you must keep in mind, some people believe in the devil and others do not. So, there is that polarization. Research has been done to find out what kinds of prayers are effective and what kinds are ineffective. In my legacy course, I have a checklist that asks psychotherapists the ways in which they integrate or fail to integrate spirituality in terms of their clinical practice. My idea, both in this interview as well as in the legacy course, is to help people become more self-aware and reflective about the opportunities.

JL: You mentioned your legacy course. What is that?

DM: The legacy course consists of 21 ten-hour home study programs where people can get CEUs. In the first one I talk about what makes an expert therapist; what are the core tasks. And the second applies to a variety of diverse clinical populations, and one of those lectures is on spirituality and psychotherapy. (All the proceeds go to the Melissa Institute.)

Over the course of my career, I've had unique opportunities to consult with and present to a variety of diverse populations where spirituality comes into play. In fact, I'm now training and supervising Chinese psychotherapists. The cultural differences and the role that religion plays or does not play is a fascinating issue. I've worked with Native populations who have had histories of victimization and I have seen how they use storytelling and spirituality as a healing and coping device. I've worked with diverse religious groups, from Hasidic Jews to various Christian denominations. I've worked with people who are going through grief, parents whose children died by suicide or overdose, and people in the aftermath of terrorist attacks. And if we look at the world today, a major topic is grief.

I also had to deal with losing my wife after 58 years of marriage. We were in Florida, and she was killed in an automobile accident. I've had to deal with prolonged and complicated grief. And if you look at what's going on in the Middle East and in Ukraine and elsewhere around the world, and all the natural disasters, it is essential that humanity deal with individual and community-based grief. And if you want to help, you need to understand the ways in which spirituality and religion tend to heal people in the aftermath of tragic losses.

JL: You do know that you're being prophetic in doing that, because years ago psychology and spirituality were like oil and water.

DM: Yes, and my advisors in Illinois where I was trained would be shocked if they heard me talk about this. They weren't even willing to allow me to use cognition and emotion and therapy together, let alone spirituality. I got called an oxymoron. That's one of my claims to fame.

JL: You have a sense of humor, and you have obviously thought a lot about spirituality and psychology.

DM: I'm trying to integrate the two, but for your readers, I encourage them to go to Melissa Institute and they can download the handout. The handout addresses how to systematically assess the role that religion and spirituality plays in client's lives. The research indicates that clients have more of an interest in discussing these topics than psychotherapists. So, there's a mismatch between the belief systems of the therapist and the client. My goal is to bridge that gap. In the handout there are a series of self-report scales that therapists could use as supplemental devices over and above the clinical interviews that they may wish to include. I've included a checklist for them to evaluate their therapeutic options with clients. I've also included evidence-based interventions that use spirituality so that there are treatment manuals for various religious groups, and there are comparative outcome studies that are instructive. I also consulted chaplains from the military and elsewhere and people who give sermons on the

In The Spirit Of Therapy

day after tragic events.

As part of my being head of the research at the Melissa Institute, we had on staff a variety of ministers such as yourself. And I've asked them what portions of the Old Testament and New Testament they know when called upon to give a sermon in the aftermath of a tragedy. I've included the best stories that I could find, so people could see how ministers are gifted at using metaphors and analogies, and how they have the ability to reframe and comfort people. The handout is comprehensive, and I encourage people to contact me if they wish. (DHMeich@aol.com).

JL: Absolutely. And the framework that you've used is impressive because it doesn't favor any religion. It focuses on how best to address and utilize whatever spirituality and background that the clients have. So, whether it's Native Americans doing a sweat lodge or conducting religious rituals in whatever religion, helping people utilize spirituality for healing is an important step. I am delighted that your handout touches on all of those.

DM: I think that the research clearly indicates that a treatment approach that is person-centered rather than treatment/protocol-driven is clearly much more effective. In my legacy course, I have incorporated a case conceptualization model that permits each of us as a therapist to tailor our interventions in a customized fashion.

I would note, however, that I also cover instances when spirituality and religion can make people worse. There's no magic bullet in the aftermath of trauma. It's having adaptive flexibility in each situation, of finding out what your goal is; what modality you prefer and what works.

DM: Yes, and the literature in the field of psychotherapy is filled with hype, which feeds off clients' and professionals' frequent desire to find a magic bullet. I have cowritten an article with a former colleague, Scott Lilienfeld, called, "How to Spot Hype in the Field of Psychotherapy." Before you embrace specific knowledge, mindfulness, religious prayer, yoga, or some other kind of intervention, read our article on how to spot hype in the field of psychotherapy. We offer a consumers' report, and you can compare your intervention or what you advocate with the checklist. I'm concerned about exaggerated claims of efficacy and misrepresentation. And that applies in the field of religiosity as well. There are many instances where someone has spiritual struggles or community-based struggles in terms of affiliation with a particular church that can exacerbate and make their life worse. I'm not advocating spirituality and religion as a magic bullet. It is one of a variety of tools that people can call upon and then evaluate its effectiveness.

JL: I found it highly useful in your article where you highlighted those approaches in spiritual circles that are not going to be helpful and the ones that are, and they can be independent of religious themes. You highlight the behaviors that block us from full development of being who we are as human beings, and these others do not.

DM: Well, let's say it's practical. I have worked to be a good observer and analytical. And I want to make a difference. The notion of translating personal loss into social good is essentially my way of coping.

JL: And that's one of the smartest things that any of us can do. And you talk about that in your handout.

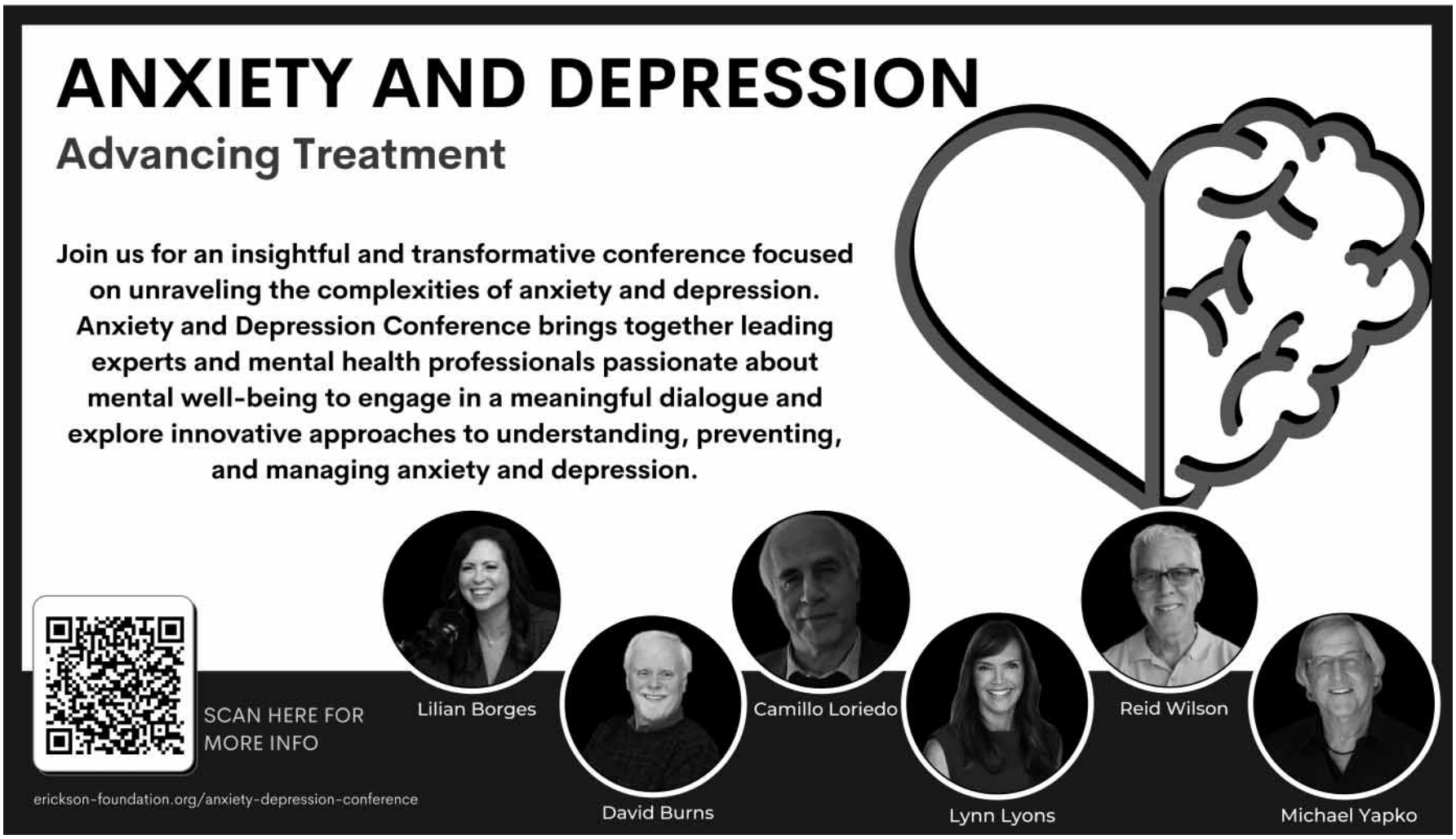
DM: That's a very Buddhist tradition of merit making.

JL: Yes, and it is also a firm Jewish tradition.

Before we go, I want to tell you that in your evolution over the years, you have become far more powerful in your stories. There's always been drama in your stories, but recently you have helped protect the emotions of the listener by not being quite as graphic in your stories and you have been emphasizing healing and changing. And that's been gratifying to watch.

DM: Thank you. That's an interesting observation. I've always been a good storyteller and effective therapists are good storytellers. They may use short teaching stories, and still, that's what people take away from the therapy sessions.

JL: I absolutely agree.



Case Report

Teenage Wasteland

By Deborah Joy, PhD

To do philosophy one has to play a hunch, not suppose that the accursed problems are answered on columns on a bus schedule. —Andrew Wengraf

A young man in his thirties came in to see me. He said he had a good life: He was in love with his wife. They had a good sexual relationship and one young child. They were also thrilled in looking forward to another child. Both had good jobs they felt were personally and financially rewarding. They were also establishing close friendships with others.

Previously in this man's life, Mom and Dad had not been good about sexual education and were not helpful when he was bullied and isolated at school. They were also controlling and intrusive when he struggled to learn.

At age 14, he searched the Internet to learn about sex, and that led to him having sexual conversations with people online. Eventually, a man showed up at his home and molested him. My client told no one. Then, to his shame, surprise, and horror, one day the police showed up. Someone had reported the perpetrator, and the whole story came out to his parents.

Soon after, my client searched for more Internet sex, and this was still going on when he came to see me. He thought he couldn't stop but was highly motivated to do so because he didn't want to ruin his marriage. He tried everything to stop, but nothing worked.

I talked to several friends who are good therapists about this case. The first spoke about attachment styles between the young man and his wife, and how it would be important to tell him the therapy would be deep, slow, and long-term; that he would need to hang in there because change would be slow.

The second therapist said, "Deborah, there is no way you can do this in individual therapy. He needs a group. He has an addiction. Here are several 12-step books. You might want to look at them."

Then I spoke with Eric Greenleaf. He said to me, "Wait a minute…he's not addicted. His sexuality is stuck at age 14. It's like playing a video 10,000 times over. He has failed to deal with his adolescence. He needs to get to know the woman he married."

We also talked about how my client never had his own experience of the abuse. No one close to him had talked with him about it, given him a safe harbor, or comforted him with love in his fear, hurt, and shame.

Once I had a structure to work with, things started to go well. My client said he wanted to develop a mature relationship with his wife. He wanted to pay more attention to her experiences, her needs, and her desires, including how she liked a little flirtation from him. We worked together on my client's danger zones, like when he was on a long car trip and was tempted when he stopped for a restroom break to go online. We decided at that point he would leave his phone in the car.

My client's life has turned around. His relationship with his wife has changed tremendously. He is just beginning to have the space to talk about other problems in his life, and he expressed relief to be able to do so. It has been amazing to see him grow up.

Commentary

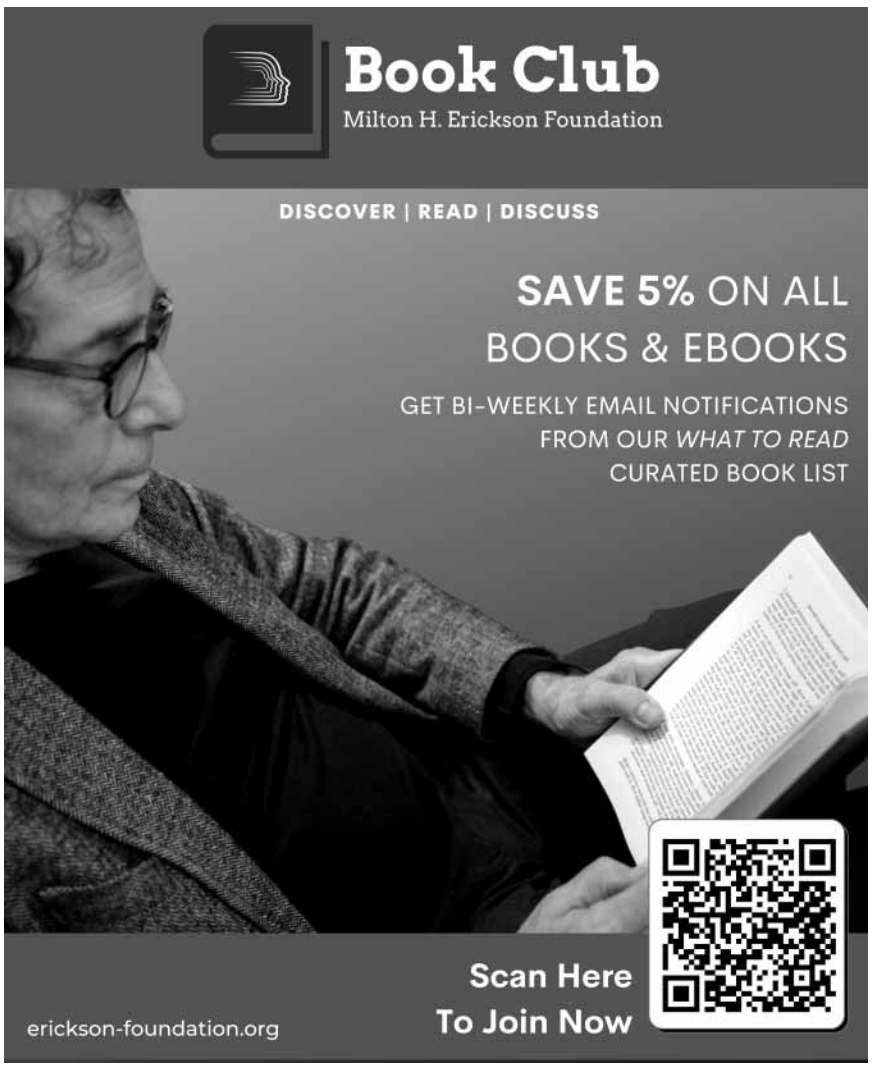
By Eric Greenleaf PhD

Deborah Joy works with those who suffer domestic violence, and she also teaches hypnosis. Her deep compassion for and connection with the patient's life experience is expressed in her compassionate tone and emotional attention. I know this from our long association. She The relational presence she offers people is hard to capture in text. Still, we all know by research findings and force of experience that it is the relationship that heals in therapy, not the method.

A therapist with the human skills that Deborah Joy possesses should invoke a humane method of appraisal and suggestion with the patient. Not the emotional distance of the language of diagnosis and techniques, but rather the common language of love, learning, desire, and family.

Milton Erickson contextualized difficulties in living as part of normal development. Instead of analyzing a difficulty, he focused on what needed to happen next in that person's life trajectory.

To resolve the dissociation of post-traumatic life, where horrible actions and feelings both attract and limit a young person's exploration and growth, it seemed to both of us—and was confirmed by the young patient and his wife—that someone in *loco parentis* could guide him to the next stage of learning life's ways with relationship, love, and change.



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INTERVIEW

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for the missed academics later. Then, after I'd been there a few years, my science teacher gave me interesting projects. I became interested in optical illusions. I couldn't do algebra and in history and English I was just goofing off. But studying these interesting projects became an important pathway to my goal of becoming a scientist.

Then out in the cattle world, it was difficult being a woman in the '70s, but there were also good people who helped me. One of them was a contractor named Jim. He was starting a little steel and concrete business, and he sought me out to design projects for him. He was another important mentor. He showed me how to get my business started. Mentors are extremely important. To get interested in a career, you must first have exposure. I didn't come from a livestock background, but I became interested in the cattle when I was exposed to them in high school. Exposure, then mentoring; they are both important.

RSH: And now it sounds like you're paying it forward and helping the next generations.

TG: I'd like to see these kids who are different get out there and be successful. I think one of the worst things that schools ever did was to take out all the hands-on classes. Because how could you find out if you like building things if you never used tools? You can run a business if you can read at a sixth-grade level. I like encouraging parents to encourage their children to find their own path and what they are individually good at, and I encourage reading. I was talking with one parent whose daughter likes carpentry, and I suggested they go online together and start looking at woodworking books with simple projects. She could start out doing simple projects like a jewelry box or bookcase, and she can improve her reading skills as she reads the directions. You must start with the simple projects and then progress from there. When these kids are looking at those books to do the project, they can learn the names of all the tools.

RSH: So, you're tapping into something that they're already interested in.

TG: Yeah, then you can go from there. I was a phonics learner with reading, sounding out words from books like the *Wizard of Oz*. But other kids are whole word learners, and if you shove phonics down their throat, you will mess them up.

RSH: What do you hope people will learn from your work? How will this new understanding change how they do things?

TG: I'm concerned that my kind of thinking is getting screened out because of the algebra requirements in higher education. But I spent 25 years working in heavy construction, working with shop people who were probably on the autism spectrum—undiagnosed—and they invented mechanical devices and had multiple patents. This is what I call the clever engineering department. The people I've worked with years ago have all retired and our educational system doesn't recognize their value. They are the ones who might be the extreme object visualizers, and most of them can't do algebra.

Working out in the field, I discovered two parts of engineering. There's a mathematical part: the university-trained engineer. In a food processing plant, for example, they design boilers and refrigeration, and they make sure the roof doesn't blow off. They also calculate the snow load—that's mathematics. Then there are people who design things like packaging equipment and all kinds of mechanical devices. Those people don't have an engineering degree and they often don't get enough credit. I've had degreed engineers say, "Well, they just manufacture equipment." Oh, no. I spent 25 years working with them out in the field. They are *inventing* equipment. And we need them to keep things like power grid systems, water systems, air conditioning, and heating systems going. The math thinkers and verbal thinkers don't even realize that object visual thinking exists.

They push algebra so much that they think you need it for logical thinking, but you don't. A visual thinker will *see* a solution to a problem. Where an engineer might calculate the chance that someone might slip on the floor at the grocery store, I see the grape on the floor at the grocery store and I say, "We better clean it up before someone slips on it."

RSH: So, you see these different types of thinking as complementary?

TG: Yes. And I have talked with a lot with business leaders telling them that we need people with these skills—people who can fix things. We have a real shortage of people who can fix stuff like elevators.

RSH: It sounds like we need to invest more in vocational colleges.

TG: Yes. Right before COVID, I went on several trips and visited poultry and pork plants and noticed that all the equipment was from Europe. We're not making it in this country. And one of the reasons is because we don't have enough kids going into high-end skilled trades.

But in Europe, where a lot of that equipment is made, in ninth grade, children have the option of going to either a university or a tech school. So, they're working with the material and then creating the next generation of food processing equipment. It's coming from Italy and Holland. That's all the mechanical devices. But even the state-of-the-art electronic chip making machines are from Holland—even though it's based on mathematical research done here in the U.S.

RSH: When you look back on your life, is there something specific that has been most satisfying?

TG: It's been satisfying that I've designed a lot of equipment used in the industry and it has worked. And I worked on animal handling and animal welfare guidelines that are used by McDonald's and other companies.

RSH: You have changed how the industry works.

TG: Yes, but it's practical stuff. Visual thinkers aren't abstract. Let's take a simple thing, like making a classroom more inclusive. How do you do it? I'll give you specifics: Make sure the LED lights do not flicker for the 10 to 20 percent of autism, ADHD, dyslexic, and head injury people who can see flickering. Another specific thing is bullying; get that under control. A third thing would be making more checklists because people like me cannot remember long verbal instructions. For procedures that have sequences, that would save countless jobs, and it's a very simple accommodation to put the instructions in checklist format.

Those are simple things to do. But they also are specific.

One thing that worries me about verbal thinking is you get a lot of abstract ideas, but how do you make those ideas happen? For an object visual thinker, if you can't see it, it doesn't exist. Without the checklist, there's been jobs lost because the boss tells the electrician apprentice what to do, and the apprentice ends up installing the wrong light fixtures in the wrong switches. And then the boss is mad, but if they had taken five minutes to write it down, that wouldn't have happened. It's very simple.

Other people worked on cattle-handling too, but they didn't write it up the way I did. I wrote a lot of how-to articles. I wrote stuff for the trade press and the professional press. A lot of things can get so theoretical, but the problem is how to actually do them. I picked out something specific in the beginning to work on, which was cattle-handling. Then I went from there.

What can we do to fix the school system? Yes, let's take one school and fix it, but then write about what we did. There's a lot of people in education doing innovative stuff, but if it's not written up, the knowledge is lost. I think there's a tendency to hold on to intellectual property. Don't hold on to it. Just get it out there. Let it go.

RSH: Is there anything that that you would like to do next?

TG: I'm very concerned about all the stuff going on with computers and AI. We must protect vital infrastructure from something going rogue, whether it's hackers or ChatGPT's offspring or whatever. We need to prevent damage to power plant facilities, big water systems, etc. One of the best ways to do that is old-fashioned mechanical controls. If something gets too hot, it shuts down, no matter what the computer tells it to do. If something's spinning too fast, it will shut down. If a pump runs dry, it will shut down. That way, the power plant is not damaged. Old-fashioned electrical mechanical controls are hacker proof because they're electric, but they're not electronic. It makes a difference. If some of this equipment gets wrecked, replacing it is going to take a long time and be expensive.

RSH: Is there anything else that you would like to share with the readers of the newsletter?

TG: Well, one of the big problems I'm seeing with a lot of kids who have a label is that parents underestimate their

INTERVIEW continued on page 20

Unearthed From the Erickson Archives

Dynamics of Hypnosis

The following are excerpts from a speech Dr. Erickson gave in New Orleans in 1960, slightly edited for readability:

It is my intention to talk today on the dynamics of hypnosis … I am not going to discuss the type of dynamics that are so often written about in books ... There are a number of theoretical interpretations of hypnosis, such as, "Hypnosis is merely a return to the mother's womb," "Hypnosis is simply the introjection of the parental figure," or, "Hypnosis is falling in love with your father, or falling in love with your mother," and all sorts of theoretical interpretations expressing one man's opinion or one school of thought…

The proper use of the term "psychodynamics" in hypnosis pertains to a description of forces at play … hypnosis is a dynamic learning process for the subject and a learning process for you (the therapist) and it is a decidedly dynamic process in which you get your patient to mobilize his past experiential learnings, wherein you get the patient to achieve a presentation of ideas which is a dynamic process in and of itself, wherein you present ideas to the patient and he examines those ideas and then he understands what they mean and he fits them into his physiological, psychological, and sematic learning and does it in a way that under ordinary circumstances he did not know was possible…And when you use hypnosis, bear in mind you are using hypnosis for the purpose of asking the patient to put into force these many learnings of the body.

Now the next thing I want to mention about hypnosis is this: You must regard that hypnosis is a subjective process for the patient. You need to use the forces and the learnings that exist within him, and in doing so, he has to have the feeling that he is doing this. He may not know how he does it——all he needs to know is that here is a situation and that in some way I as a person, I as a body, am going to respond to this situation...

And it is an awfully important as a dynamically oriented operator, to convey to your patient an understanding and a realization that you honestly expect him to do certain things.

When you offer suggestions to your patient realize that you are offering different kinds of suggestion: you offer suggestions at the intellectual level, or the cognitive level, because cognition is one of the major spheres of activity. And so you offer suggestions for their intellectual, meaningful content, and of course, … for their emotional or affective value. You ask the patient to feel relaxed and there is no pulling of muscles in one direction or another, intellectually, it means that his muscles are at ease. And then you say, "relaxed and comfortable, feeling very, very happy." Well, what are you offering but suggestions for an emotional state of being and you need to combine both things: intellectual content and emotional content.

And then there is a third type of suggestion that you give, and that implies action: "I want you to feel your muscles relaxing so comfortably." And when you feel, you act. And when you feel your muscles relaxing so comfortably, you have an emotional suggestion, you have an intellectual suggestion, and you have a motor type of suggestion in just those few words. And in all hypnotic techniques of suggestion, you combine a wealth of different suggestions unknowingly… examine your use of techniques of induction carefully, thoroughly, to recognize the intellectual content, the emotional content, and the motor content. And I use the motor content as it applies to sensory, kinesthetic feeling as well as those that apply to actual sensation… using hypnosis as a dynamic procedure. You are always asking the patient to utilize some process, some learning, some capacity for response that exists within him, wherein he has had previous learning that he may not recognize. And you need to recognize that you are not teaching your patient a single thing. You are just asking them to participate with you in the discovery of the extensiveness of their learning.

Now the next thing is … I would like you recognize that the brain is a rather unique organ, and it is unique and different from other organs in the way it functions. The brain is an organ that can function within itself. Your memory, your emotions, your learnings take place extensively within the brain. You can't really remember events and experiences in other part of your body. You can't really learn things except in the brain. You do not need legs or feet or arms to exercise the brain, because your brain is an organ that can function very adequately just within itself. And some of the hypnotic suggestions you are offering to your patient are suggestions intended to stimulate activity just within the brain. But the brain is also an organ that functions in relationship to the body or within the body. You can be reading and studying and learning and remembering and exercising your brain … the brain functions in terms of body hunger, in terms of body sensations. And so, you give suggestions to your patient intended to stimulate their functioning within the brain and then their functioning within the brain within the body.

But then the brain functions in a third way. It functions in terms of the environment. And there is a fourth way in which the brain functions: in terms of the personality. By personality I mean the total of the constitutional endowments and the learnings—the formal and informal, the structuralized and the non-structuralized learning—that the person has accumulated. He must have a certain constitutional endowment and certain learning experiences. For example, I happen to be partially colorblind and therefore I have a peculiar taste in color and my wife's pastel-colored dresses look to me like tattletale gray and therefore I'll never really be able to appreciate pastel colors.

Personality is the total of the constitutional endowments plus the experiential learnings. And when you give suggestions to a patient, you need to offer suggestions knowing that you are asking for a functioning of the patient in terms of a brain functioning within itself and other suggestions so that the brain will function in relation to the body, and other suggestions so that the brain will function in relation to environment, and other suggestion so that the brain will function in terms of the personality…and whenever you use hypnosis with a subject, examine the nature and the character of the suggestions you give, so that you make the most adequate appeal possible and give the patient the most adequate instructions possible, so that you can get the best possible results from your use of hypnosis.

Now you also need to offer your suggestions in such a way that you are asking the patient to participate in achieving a common goal and that common goal should be the patient's welfare…In that way, you interest the patient in doing more things and working more earnestly for his own welfare. You ought to give suggestions in an indirect fashion because what do those suggestions mean to the patient? Do you think you know what they mean, or does the patient have to interpret according with his understandings? I can give you one horrible but beautiful example. I told a patient in a deep trance to visualize the most beautiful thing she had ever seen, and then I lost the subject for three weeks, because she remembered her mother's face in a coffin. Her mother was killed in an automobile accident.

Now the next thing I want to stress is your orientation about yourself and your orientation about your patient. You are there because of your professional knowledge, your professional awareness, your professional skill. Your patient is the only real, important person in the situation, and you need that patient to demonstrate your professional competence. The patient does not really need you because there are lots of other professionals, but you need that patient; therefore, recognize that the patient is the important person and what the patient accomplishes is the important thing.

Then…have an attitude of expectation, and attitude of certainty, an attitude of confidence. You ought to have enough confidence in yourself to know that you will send a case elsewhere if you are incompetent to handle it. You should have a very nice feeling of reasonable, good competence. And certainly, you know more about hypnosis than your patient.

And then, of course, the final thing is that you ought to have an attitude of willingness to learn from every patient and a willingness to let the patient learn more and more about himself.

Unearthed From the Erickson Archives

Awareness in Hypnosis

Now there are certain things that I've notice about hypnosis that I've been curious about for a long time. I think we ought to bear in mind that our hypnotic subject is aware in a very special kind of way and the sooner we become fully cognizant of that peculiar type of awareness, the greater will be our opportunity of directing our subject in becoming especially aware of let us say capillary bleeding. Because we want to use hypnosis not as a general phenomenon but as a phenomenon that governs specific types of physiological behavior or physical behavior, or psychological behavior. And hypnosis which is a special type of awareness … gives the opportunity of understanding that you can direct the subject's awareness to special processes of behavior.

Now the next thing about this special type of awareness that constitutes hypnosis, is the peculiar, the unique, the totally different kind of awareness that the subject has of reality in general. You're being here…well aware that you're in a room, that there are others present, that there are lights on the ceiling, that I am in front of you, that there are various objects on the table of which I am sitting. And no matter how wrong I am, you're going to have a continuous awareness of your reality and surroundings. A major part of the process of existence is constant orientation to surrounding reality as part of the process of biological survival.

In the hypnotic subject, you get a totally different type of utilization of surrounding reality. The subject comes into this room, he sits down in this chair, takes a comprehensive, natural survey of the existing surrounding reality. We all do that. We do that automatically. It's something that we've learned since the beginning of our existence. Having made that survey of the surrounding reality, the hypnotic subject is then in a position of keeping that existing reality in mind and not checking up again to see if Dr. _____ is sitting where he is. Not checking ever again to see if the lights are still on, to see if the carpet is still on the floor, to see if this table remains here. The subject having appraised the surroundings keeps that in mind and does not feel a need to recheck the surroundings of the existing reality until some major change affecting the subject comes into existence. Therefore, the subject can sit in the chair and make no particular response to the surrounding reality because there is nothing in the surrounding reality to alter the patient's behavior. And therefore, having surveyed reality, the subject literally withdraws from that reality.

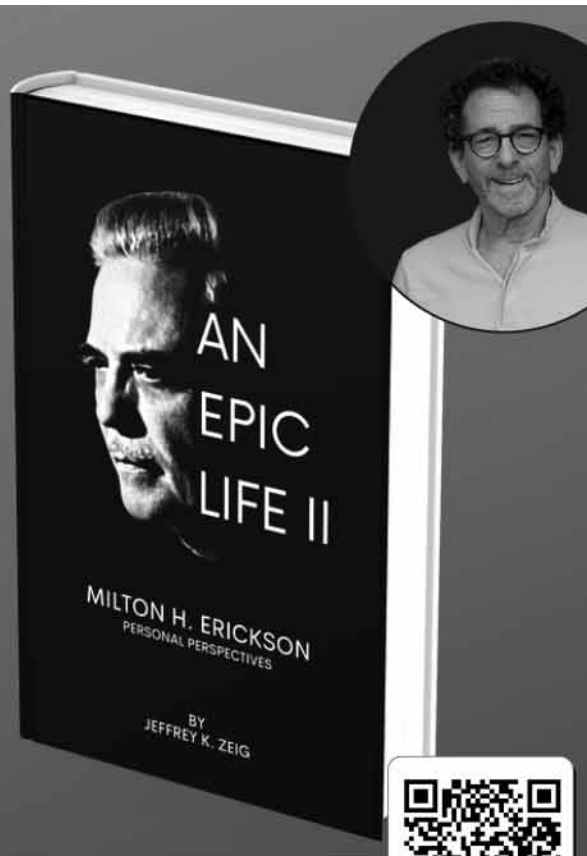
- By Milton H. Erickson, M.D.

An Epic Life II

PERSONAL PERSEPECTIVES

An Epic Life II offers a personal lens, as seen through Erickson's family, friends, neighbors, students, secretaries, and patients. The reader gains access into the dynamic personal world of Milton Erickson, who was a one-of-a-kind communicator of unparalleled brilliance.

Erickson was known to work with patients to elicit in them the innate ability to "connect the dots" to discover their adaptive potentials. Readers will delight in also being able to connect the dots, piecing together the professional aspects of Erickson in the first volume with the personal ones in this volume. For Erickson, the line between his professional life and personal life was blurred. He was doctor, teacher, friend, and neighbor all at the same time. Readers will see how his therapy methods carried over into his personal life. Or was it perhaps the other way around?



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2023 Evolution of Psychotherapy Reviews

Mini Reviews from the 2023 Evolution of Psychotherapy

The following is the second half of the brief reviews on presentations that were given at the Evolution of Psychotherapy Conference held this past December in Anaheim, California. Therapists from around the world were able to reconnect in celebration of our global community. If you missed the gathering, you could look forward to attending the 2025 Evolution of Psychotherapy in Anaheim. But for now, please enjoy the reviews.

Rick Landis , Executive Editor

Daniel Amen, MD

The End of Mental Illness: Towards a New Paradigm for Psychiatry

Reviewed by Joan Neehall-Davidson, PhD

In keeping with being a maverick, Daniel Amen extolled his method of treating patients with psychiatric symptoms by first looking at the brain scans. He had little time for the DSM-5, which hadn't changed much from the original. Amen presented data on treating the brain as an organ and looking at problematic areas. His new paradigm for psychiatry is based on robust research findings. Amen's oratorial style, personal anecdotes, and central thesis made this talk highly enjoyable.

William Miller, PhD

Motivational Interviewing

Reviewed by Tobi Goldfus, LCSW-C, BCD

Sprinkled throughout his three-hour workshop, Dr. Bill Miller provided clear and understandable methodology, principles, research, and case studies, all with experiential exercises about Motivational Interviewing (MI). Miller's presentation style is accessible and engaging. MI is defined by a collaborative approach between client and therapist, one that honors autonomy and respects the inherent human desire for change. Miller offered open-ended questions, reflective listening, affirming statements, and summarizing and eliciting self-motivational statements with a plan in the bedrock of MI.

Early in the workshop, we were asked to participate in exercises that demonstrated how one approach shuts down a client and increases resistance, in contrast to one that engages the client and their own ideas of what they could do to elicit a change. Experiencing it ourselves was eye opening and this teaching approach—each one building on the other—was in and of itself motivational modeling!

The five principles of MI that were the core of the workshop include expressing acceptance, not agreement; being aware of consequences if changes occur; knowing if resistance presents as a signal to change strategies; and increasing the client's vision and belief that change is possible with specific behavioral shifts. Videos and narratives of case studies (addressing addictions) underlined the power of engagement, compassion, and acceptance embedded in the MI model.

Miller, who is the founder of MI, has impacted a new generation with this model, and research continues to inform and increase its effectiveness.

David Whyte

The Invitational Identity: The Art and Practice of Shaping a More Beautiful Mind

Reviewed by Michael Munion, MA, LPC

In this keynote address, poet David Whyte shared three of his poems: *The Blessing of the Morning Light, Everything is Waiting for You, and Just Beyond Yourself*. He also shared an essay on *Friendship*. He speaks lyrically, casually, and easily, with anecdotes and commentary. The anecdotal quality is familiar in an Ericksonian event, as Erickson himself couched much of his therapy and teaching within anecdotes. It seems *The Blessing of the Morning Light* is an invitation to embrace the totality of the self, both known and evolving. In *Everything is Waiting for You*, we are exhorted to live more fully by appreciating the true connection we have with our inanimate surroundings and the events in our lives. *Just Beyond Yourself* addresses that which draws us forward in growth and evolving, and the piece on *Friendship* illuminates the value of forgiveness and being seen…or maybe not. An interplay of experienced history and a new idea or perspective, whether brought by the poet or the therapist, influences one's interpretation and personal meaning. The outcome is dependent on the individual engaged in the experience. Whyte reminds us that growth results from the catalyst brought by the poet/therapist, and that we should be fearless in recognizing that our work is about fostering healing and growth.

Stephen Gilligan, PhD

Symptoms as Solutions: Transforming Chronic Suffering into Positive Solution
Heart to Heart: Soul to Soul

Reviewed by Bette Freedson

Dr. Stephen Gilligan's program, which would have been fascinating if it were only didactic, became an experiential journey into the heart of being a therapist and the soul of being human.

With mastery of his subject, and his engaging way of presiding over his material, Gilligan embodied the nature of his message: As we welcome our own human needs and emotions with self-compassion, we become even more adept at connecting with our clients in the spaciousness of therapeutic possibility, where it's safe for them to face their suffering and venture gently into solutions.

With engaging stories about his own transformation from despair to resolve, Gilligan explained the bio-energetically powerful relationship between the right brain's non-verbal interpretations and responses to our basic human needs, and their expressions by the linear left brain that can lead to problems and/or solutions. To experience the transformational, visionary features of the non-linear "master brain," Gilligan led us through an intuitive exercise where we dropped imaginary seeds of stillness and peace into Self, and then imagined spreading them into a wider relational space.

Gilligan explained the fundamental elements of two states: the CRASH state with its negative and/or maladaptive emotional and behavioral expressions, and the COACH state in which we are somatically connected, present to authentic Self, and available for healthier relationships.

Resonating deeply with what Gilligan was teaching, I volunteered to be his demonstration subject. As the "client," I experienced the type of fractionation that he had explained earlier as the delicate balance of taking the person to the edge of their pain, then back to curative aspects of a COACH state. Organically and intuitively, I felt guided to the outer edges of the intensified anxiety I had been experiencing as a reaction to a recent loss. Over and over, through the heart of the session, each time I went to this painful and fearful state, Gilligan's gentle guidance returned me to my wiser Self, where I could realize and affirm the positive reference experiences therein and experience a newly felt connection to an authentic part of myself, and a sense of spaciousness that defied specific verbal description.

The gentle compassion of Steve Gilligan, his connected presence and welcoming validation of all aspects of my Self, brought me to a renewed sense of comfort and hopefulness, with the possibilities for peace. Weeks later, reviewing this powerful workshop in preparation for writing its review, I recalled him describing the delicacy of our clinical work as becoming a "friend of the soul." This brought me to another characterization of what we do; told to me by my own client, herself a therapist. She said, "You know… it's the place where love drops in."

2023 Evolution of Psychotherapy Reviews

Denise Beagley M.Sc.

Ethics Part 1 and 2

Reviewed by Joan Neehall-Davidson, PhD

The topic of ethics can be boring, but Denise Beagley had the audience actively engaged from the get-go! She was sensitive to our concerns, transforming our "confessions" about ethical dilemmas into nuggets of wisdom. Her self-disclosure, humor, clinical anecdotes, and position on ethics were refreshing and her multimedia presentation was effective.

In this era of technology, social media, and moral dilemmas, ethics was discussed with sensitivity and humor. Beagley had the audience's participation as she tackled gray areas in dual relationships, duty to inform, the cultural component underlying gift giving, and ways to stay out of the news/headlines, i.e. for ethical violations. Her timely use of multimedia and pacing made the workshop interesting. I recommend this workshop especially if you think you are already familiar with professional ethics.

Claudia Black, PhD

Survivors' Responses to Growing up with Abandonment

Reviewed by Tobi B. Goldfus, LCSW-C, BCD

Before Claudia Black's workshop began, the packed room had murmurs of anticipation. It was clear that Black has a long list of enthusiastic colleagues who have followed her work, and she did not disappoint them.

She talked about the realities of physical and emotional abandonment for those "who were never claimed in the first place," and who continue to love their abusive parents but stop loving themselves. These people narrow their range of feelings and hide parts of themselves for protection and survival. Black described in detail the creation of shame screens, the painful feeling that comes with the belief that one is unworthy, inadequate, or bad. These people may have controlling behaviors and rage. They may try to erase pain with addiction. They may succumb to depression, and some even to suicide.

The presented case examples came alive, demonstrating that with a rigid belief system and false guilt survivors often do to themselves what was done to them. The work of trauma therapies involves learning to replace this faulty belief system with a healthier one, setting limits, learning to set boundaries, saying no, and creating gifts of learning to let go. Creating an eclectic container, with grounding and mindfulness techniques, CBT and different trauma therapies like somatic experiencing, experiential, EMDR, hypnosis, and gestalt can all contribute to survivors' journey of healing.

This one-hour workshop flew by with a desire to hear even more of Claudia Black's wisdom.

William Miller, PhD

Eight Ways of Hoping

Reviewed by Michael Munion, MA, LPC

Dr William Miller is a prolific researcher and writer, which according to the Institute for Scientific Information has made him one of the most cited scientists. He contrasts hope and fear, both of which characterize how we can approach the future. His review of the scientific research on hope identifies an array of positive characteristics and outcomes that positively correlate with high hope in patients. Importantly, this correlation holds true when it is the *therapist* that is hopeful. He talks about eight different facets of hope that can be mobilized in our patients and ourselves. Desire is foundational in that we don't hope for what we don't want. Probability determines how likely we are to have hope. Seeing Possibility is the foundation for investment, action, and even placebo effects. Optimism is the overarching belief that things will work out. When we have faith in someone or something, we are exhibiting Trust. Meaning and Purpose is the hope that prompts action. Perseverance recognizes that the hoped-for outcome hasn't happened yet. Hope beyond Hope is a measure of agency—an attitude of positivity in the face of overwhelming obstacles. The implication of this address is that given the power of self-fulfilling prophesy, approaching each therapeutic encounter with hope (vs. hopelessness) is critical to positive outcomes for our work. Awareness of these eight sources allows us to intentionally foster this essential hope.

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Cloé Madanes

An Epic Life

Throughout his professional life, Milton H Erickson attracted a diversity of critics and supporters, and this book gives all a voice.

Jeffrey Zeig

Advancing Psychotherapy

As part of a communications project conducted in the mid-1950s and spearheaded by anthropologists, Gregory Bateson, Jay Haley, and John Weakland went to Phoenix, Arizona to learn from and collaborate with Milton Erickson.

Jeffrey Zeig

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International Community

Ela Barr Interview

By John D. Lentz, D.Min.

Ela Barr is currently the president of the Society of Israeli Hypnosis where she previously held the roles of vice president and ethics committee member. Barr graduated cum laude from Leiden University, Netherlands in clinical and health psychology. She is also a hypnosis Instructor and leads the Hypnosis Field at the Technion Faculty of Medicine. She founded the HypnoTeam Institute, dedicated to the teaching of hypnosis.

Barr's professional journey as a psychologist has taken her to the Netherlands and back to Israel. She has worked in organizations such as PsyQ and I-Psy. In Israel, she worked in Ziv Hospital, Naale, and the Galilee Medical Center. In the latter, she assumed a leading role in the oncology clinic. Beyond clinical work, she is actively involved in humanitarian efforts, volunteering with refugees in the Netherlands. In Israel, she helped establish an after-school activities club for children with special needs. Currently, Barr is collaborating with Dr. Lisa Lombard and other esteemed colleagues focusing their efforts on distributing comfort kits for children in Israel who have endured trauma.

John Lentz: I'm glad to connect with you again.

Ela Barr: What a great privilege. Thank you so much for reaching out.

JL: You're welcome. Since, this column addresses international hypnosis and the international professional community in its larger context, it seemed not only timely but appropriate to talk with the president of the Society of Israeli Hypnosis. I also have very fond memories of meeting with you at conferences.

EB: Same here. It's good to see you. I hope there are better days ahead and that we will have you as our guest. You are very dear to me, John.

JL: Well, thank you. And I look forward to when things calm down. So, how are you and the Society of Israeli Hypnosis using hypnosis to help quell the unrest in your country?

Ela Barr

EB: It's a big question. In Israel, we combine hypnosis with traditional therapies. Unfortunately, Israel doesn't have many resources, but we did become expert on treating trauma. And hypnosis is very effective because it treats trauma on its own grounds. We know that trauma affects different parts of the brain. Sometimes we need to work with bottom-up approaches. Michael Yapko said that resilience is not a trait, it's a process. It's about adaptability, not fixed characteristics.

JL: That's wonderful.

EB: The brutal massacre that occurred on October 7th and the ongoing war have resulted in much trauma. We're not talking about post trauma, we're talking about peritraumatic dissociation, because many people have a complex array of reactions. And the fighting continues. It has changed Israel forever. I think as caregivers and members of the society, we play an important role in the rehabilitation of the people in Israel.

JL: One of the first times I was in Israel, the society was honoring a member who had just died. What impressed me was that they honored him for how he lived. He regularly went into the desert and provided medical and dental assistance to the Bedouin who had no money and had nowhere to go. He had been doing it most of his career. It impressed me that the entire society viewed his helping others who couldn't pay as something to honor. It didn't matter that the man had won awards in his life. What mattered was that the man lived his life quietly giving to others. society honored him for his life of service and kindness. That absolutely touched my heart and it spoke volumes about the members.

EB: The members of the society are volunteering around the clock. This is why, once a week since October 7th, I schedule a meeting of all the members and record them as Zoom meetings because the members go to the hotels and to the camps where the people that were evacuated are and they treat them. We offer a workshop and afterwards we share and get or give guidance or consultation.

JL: And what have you found especially personally difficult in coping with all of it?

EB: Well, I can tell you my personal angle. My husband had a business trip to Japan that we decided would also be a family vacation. So, on the 1st of October, my entire family of six was in Japan. My son, who is a soldier, was also on leave and with us. We were in the most peaceful place you can imagine; a place called Nara. It's a Buddhist temple, and there are deer so tame that you can feed and pet them. And there was this beautiful wedding taking place in this gorgeous Buddhist temple.

And then I made the mistake of checking my phone messages. My friend had written to me saying that her son saw his friends die right in front of him. He was at the site of the music festival that was attacked. He helped because there were 1,000 people there and 3,000 terrorists who came and started brutally murdering and raping. Her son helped with rescuing some of the living and the dead. And she said, "Now he is in Tel Aviv, and he wants to go to bed." But her daughter told her that he must not go to bed, otherwise the trauma would be permanent, which is obviously wrong. My friend also said that the army was calling him for duty. So, from this horrible situation, he immediately got back into his uniform and went to help. My friend symbolized how many people don't know what to do with trauma. They Google something or they hear something and believe it. Obviously, there is a need for training.

We have many members of society who work in hospitals and have received special training regarding treating hostages. So, there is a protocol, and it must be long-term thinking.

JL: I didn't recognize the depth of involvement and your expertise in using stories that generalize things for everyone else.

EB: Yeah, I think that it's universal. Also, while we were in Japan, my son said, "I need to be in Israel *now*. I need to save lives." And I must admit that I was relieved that he was stuck in Japan as the Ben-Gurion airport was the number one target for missiles. There were 6,000 missiles shot trying to bypass the Iron Dome. As a result, there were no airplanes flying. Then El Al decided that they were going to fly. So, the flight was immediately full, and I was again relieved that my son could not go to Israel. But some of the passengers just gave up their seats and they let people like my son and other soldiers board. And then I was stuck in Japan with no tickets, and my son was in Israel. He joined the effort to protect civilians.

That was very hard. I have an 8-year-old and I needed to explain to her what was happening. After I gave her an explanation, I overheard the imaginary game she was playing with her sister. She said the nation of bunnies were peacefully playing. And then the nation of snakes suddenly attacked them. And the attack came from nowhere. Such a dramatic way of processing what's happening in the world.

JL: Your story illustrates how many different levels this conflict impacts. I am reminded of how in tune you and the Hypnosis Society are in Israel. In the U.S., there is a general lack of acceptance of hypnosis. Medical practitioners don't value hypnosis as much as they could. And in Israel, you have

International Community

rigid laws about hypnosis, and yet it seems as if there is a serious acceptance of hypnosis. Is that correct?

EB: Yes. It's not enough that there are the laws in Israel governing hypnosis that state that only physicians, psychologists, and dentists can practice hypnosis and they must have a particular training and get a license through the Ministry of Health. Equally important is that the laws are being enforced. So, when charlatans who do not have training are using hypnosis, the law is enforced. That is a crucial part. Consequently, people who deal with hypnosis are those who cannot be easily dismissed—like serious doctors as well as department heads.

In this country people are open to seeing what works. You hear all kinds of success stories that involve hypnosis. When I was working in the oncology department, I noticed that people who sought help were highly suggestible. You also see this with PTSD. We need to bear in mind that people who seek help and safety are highly hypnotizable. So, we can help, and we see the results in a shorter span of time.

JL: One of the things that impressed me about the Society of Israeli Hypnosis was the members' level of knowledge and wisdom about hypnosis. One woman, who was typical, had earned her first degree at MIT and her second degree at Stanford Medical School. And she had returned to Israel and had gone back to school to become a hematologist, using hypnosis as part of her practice. She is a highly educated and bright person who understands the complexity of language. I had so much fun teaching a class of people of that caliber who were educated and motivated to improve themselves. That is something to be truly proud of in Israel.

EB: Yes, I think that it's a great privilege every time you see the gestalt—that the whole is bigger than its parts. Because of the multidisciplinary work, you see a lot of curiosity and risk taking. There's a lot of thinking outside of the box, including virtual surgeries for weight loss. Hypnosis is helping change attitudes. When emphasis is on sensory experiences related to the surgery, for instance, smell, then the smell you remember from a hospital is built into the hypnosis and the small things like smell that your amygdala registered makes it genuine. I have a friend who underwent a virtual operation. She was laughing at it and was certain that right after the operation she would go out for falafel. She was surprised that she lost 30 kilos. So, it didn't even require her conscious belief. Even with conscious disbelief, it worked paradoxically.

JL: Hypnosis is strong context-based discipline. What elements in the current situation in Israel do you see that could prompt its use and effectiveness?

EB: People in Israel are experiencing a second Holocaust. Kohut talked about our need to idealize someone, to have someone who protects us. In Israel, people were kidnapped and brutally attacked in their homes. The police and the army did not prevail, and the parents did not prevail. In fact, there are horrible stories about parents who told their children to hide, and the children hid for up to a half day before being rescued. The parents, however, were killed.

There is a big crisis around trust. We know that we cannot perform hypnosis without establishing rapport. So, in Israel there's a need for hypnosis in working with traumatized patients who are missing attachment figures. For them, there is a lot of significance to the co-regulation needed, but they cannot self-regulate.

At the starting point, there is a lot of despair. Old sayings must be reevaluated. For example, we can no longer just say, "there's a light at the end of the tunnel," because with all the tunnels found in Gaza, this saying takes on new meaning.

JL: Because of the Hamas tunnels, in Israel it gives new meaning to the word "tunnel."

EB: Exactly. There's darkness at the end of the tunnel, so everything has become a trigger. And there's a lot of generalization. I do not believe that life in Israel will be the same again. When I was stuck in Japan and could not come home, I was thinking, "It is against my motherly instinct to go home with my two young daughters, but it is *our* home." Yes, it brought up questions.

I remember the first alarm after getting home. There was a siren in the evening. My parents were visiting, and I had to say to my 8-year-old, "Let's run to the bomb shelter." And my daughter asked me, "Mommy, is a missile going to kill us right now?" It's a difficult life that we have here in Israel.

JL: It is, and I'm beginning to understand the depth of it. You're saying that life is not going to return to normal. It's going to always be different. The trauma and the threat have changed everything.

EB: Yes.

JL: Do you see hope for normalization between Arabs and Jews down the road?

EB: I think that it's important to make the distinctions between Arabs and terrorists. I believe in coexistence, and I believe that it's inevitable. You don't hear about riots inside of Israel. And that speaks about the future, because the Arabs and Jews work together in the hospital, and even though it is difficult to overcome gaps in perspectives, it's cherishing diversity, focusing on the resemblance. And yes, some things are highly sensitive. So, we need a lot of empathy in the dialogues, and we need to continue the dialogue no matter what.

JL: Ela, you have been wonderful in answering my questions and illuminating the tension in your country and how you and the Society of Israeli Hypnosis are addressing the issues. I want to thank you for not only doing it so well, but also personalizing it. I look forward to being with you in Israel when things calm down and we can have a Jerusalem salad together.

Foundation News

Digital Curation Project Underway in the Foundation Archives

Since late last year, Sarah Clinebell, the archives specialist at the Erickson Foundation, has been organizing and digitizing photographs from various archival collections. She picked up where Chase Harper, postproduction specialist, had left off in 2019.

In some cases, the material digitized dates back a century. Though much had been copied in analog format, these were the first digital copies of many of these photographs. Interesting photos of Milton Erickson throughout his life were discovered. The photos span from his time in college, to working with colleagues in hospitals and schools, to family life and work in his two homes in Phoenix. Photos of the first Erickson Foundation headquarters were unearthed, and many images taken at the first Erickson Congress and first Evolution of Psychotherapy Conference. The digital photo archive now contains more than 12,000 images and continues to grow.

"My favorite part about the project was pulling out a film strip and never quite knowing what I was going to find," Harper said. "Many had not been seen since being donated, which made it fascinating to rediscover the material and make it accessible for the modern age."

"We have such an expansive and rich photo archive," Clinebell stated, "and by digitizing everything we enable staff to utilize more of the images in their work, which in turn makes these treasures available for the outside world to enjoy."

Clinebell continued, "A highlight for me was working on the black and white photographs taken by Peter Nemetschek. One of my favorites from that collection was taken outside of Erickson's Hayward house with Piestewa Peak in the background. It's so eerie and interesting."

Next, there are plans to begin reviewing and preserving computer files extracted from floppy disks.

In Memoriam

Remembering Herb Lustig

(January 1943-December 2023)

Herbert S. Lustig, MD, was an esteemed student and colleague of Dr. Erickson's.

For nearly 50 years, Dr. Lustig provided private outpatient psychiatric treatment to children, adults, and families in the Philadelphia area.

Lustig trained in adult psychiatry at John Hopkins from 1971-1973, then went on to train in child and adolescent psychiatry at Philadelphia Child Guidance Clinic. (PCGC.)

Lustig was a clinical professor of psychiatry at Temple University School of Medicine in Philadelphia; a distinguished Life Fellow, American Psychiatric Association; and Life Fellow, American Academy of Child and Adolescent Psychiatry.

Lustig created one of the most popular videos of Erickson, he entitled The Artistry of Milton H. Erickson, M.D. (1974) https://catalog.erickson-foundation.org/page/artistry-of-mhe

A little goes a long way...

The Milton H. Erickson Foundation is a non-profit organization designated to advance practice in the mental health professions and perpetuate the teachings of the late Milton Erickson, MD. For over 40 years the Erickson Foundation has pioneered cutting-edge therapeutic continuing education. Through your support, the Foundation can continue to develop new educational offerings and preserve psychotherapeutic history.

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Book Reviews

An Autobiography of Trauma: A Healing Journey

By Peter A. Levine

Park Street Press 2024

ISBN-13979-8888500767

Reviewed by Jeffrey K. Zeig

Peter Levine, the architect of somatic experiencing, is a master therapist whose contributions to advance trauma treatment are timeless.

His most recent book, *An Autobiography of Trauma* is an exposé of Levine's personal voyage in which he is forthright with self-revelations. Readers are privy to Levine's circumstances and his insight that gave birth to his approach to healing a self that could have been fractured by trauma. His healing somatic method is based on his triumph over personal trauma. As so often the case, we will feel as if we can trust someone who has gone through the fire and attained wisdom.

The book also includes insights into those who have influenced Levine, including Ida Rolf, who developed her own somatic school.

Exceptionally well written, engaging, and insightful, *An Autobiography of Trauma* will help professionals develop an approach to healing, empowering those with trauma to follow in Levine's footsteps and reclaim their life.

Highly recommended.

Book Reviews

An Anthropologist on Mars: Seven Paradoxical Tales

By Oliver Sacks

Vintage Books

1996

Paperback: 327 pages

ISBN-10: 067975697

ISBN-13: 978-0679756972

A retrospective review by Rick Landis.

At the Evolution of Psychotherapy conference this last December in Anaheim, a recurring theme was questioning the usefulness of the current diagnostic criteria. Both Steven Hayes and Gabe Mate pointed out that the concept of "normal" has no place in clinical formulation for treatment. In fact, a diagnostic label according to DSM-V frequently gets in the way by ignoring the range of human experience. A label can facilitate treating the category, but in the process, uniqueness of the person is lost.

Milton Erickson would repeatedly refocus me on attending more to the patients' experience of their symptoms than to the symptoms themselves as a category. Fifteen years after Erickson's passing, the embodiment of his admonition is evident in Oliver Sacks' books, and *An Anthropologist on Mars and The Man Who Mistook His Wife for a Hat*. These books are a series of chapters where Sacks identifies people with unusual neurological disorders. What fascinated me about these case studies was Sacks' focus on what it was like for the person to experience the disorder. It was not just a description or a diagnosis.

In *An Anthropologist on Mars*, Sacks starts with *The Case of the Color-blind Man*. A 65-year-old successful artist lost his ability to see all colors after a car hit him. "…everything appeared to me as viewing a black and white television screen." Even under hypnosis he could not distinguish colors. While this was a classic example of injury-induced cerebral achromatopsia, Sacks focused on the unique impact the condition had on the individual as an artist rather than just its symptoms. It was more than just a loss of color. He lost "…an essential part of the way he constructed his world – and now color was gone, not only in perception, but in imagination and memory as well." He lost the ability to find meaning in his prior creations. This is a very human story of a person struggling through loss and despair to eventually find a new aesthetic and identity.

The book is filled with other stories that include how people survive and even thrive with unanticipated lose and congenital conditions. I especially enjoyed Sacks account of successful surgeon with Tourette's syndrome. Fascinating.

The book wraps up with the title chapter, *An Anthropologist on Mars*, and Sacks introduces us to Temple Grandin. He also provides a brief history and description of autism as understood in the 1990s. He asks enlightened questions whose answers are still being pondered today. Despite the book being 30 years old, the questions make it timeless. In fact, Temple Grandin has addressed these questions in her books on what it means to be autistic.

While medical understanding of disorders has been expanded and updated, *An Anthropologist on Mars* is still relevant today, and perhaps more so in the current climate of questioning the value of a static mental health diagnosis versus looking through the eyes of the patient who has the experience. As Sacks sites from a quote attributed to William Osler, "Ask not what a disease the person has, but rather what person the disease has."

I highly recommend *An Anthropologist on Mars* (as well as *The Man Who Mistook His Wife for a Hat*) for everyone who has ever wondered what it means to be human. It is by stretching our definitions that we can truly begin to recognize ourselves.

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Tribute to Erving Polster

By Jeffrey Zeig

Erving (Erv) Polster was born on April 13, 1922, and died March 22, 2024, just shy of what would have been his 102nd birthday.

I was privileged to first meet Erv Polster 50 years ago when I was a student of psychotherapy. I marveled at the depth of his wisdom and how he could effortlessly connect with people. In his presence, I felt that I mattered. His admirable qualities were central to his approach.

Born in Czechoslovakia, Erving Polster was a pioneer in Gestalt Therapy. He founded the Gestalt Training Center in San Diego and wrote books on his method. In 1949, he married a psychologist, Miriam. In 2001, Miriam died and in 2006 Erv married Rose Lee. Erv retired from private practice in 1998, but he continued writing and consulting.

Over the years, Erv and I have had many opportunities to collaborate. He was a faculty member at the first Evolution of Psychotherapy Conference in 1985 and continued to be faculty at that conference. He also served as featured faculty at other Erickson Foundation events. At post-conference programs, we taught master classes together. We conducted therapy demonstrations and discussed each other's work. In the morning session I would see a patient—one of the enrolled students—and Erv would provide commentary. Then, Erv would see a patient and I would comment. We repeated the process in the afternoon. We became familiar with each other's approach. But curiously, when we offered these parallel processes, I would use an empty chair—something often used in Gestalt therapy—and Erv often would not. I was using technique. Erv was focused on being present.

Once a student of Fritz Perls, Erv attracted students from all over the world. His last book, *Uncommon Ground*, is a novel twist on the communal mission of psychotherapy.

Erv was the consummate therapist. He demonstrated in his clinical sessions how in the face of client goals—ones that might not be immediately attainable—therapeutic vitality could be created in establishing simple "nextness" during each moment of therapy. He demonstrated how small steps develop goal-attaining leverage by creating harmony among the qualities of an absorbed relationship, integration of distant and disparate aspects of self, and development of one's personal storyline.

Erv demonstrated how a deep, relational duet could be created by joining together therapeutic experiments and awareness expansion exercises to provide a landscape of focus and radiance that prompts the client's search for a sense of personal wholeness. His work created fluidity, dependable identity, and radiant microcosmic lessons.

My wife Julie and I went to San Diego to celebrate Erv's 100th and 101st birthdays. We last saw him a few months ago. At our last meeting he said good-bye by kissing my hand. I wish I had kissed his back.

Erv, my dear friend, my life has been better with your presence. Thank you for mentoring me. You had an impressive way of being present and I will do my best to emulate you. Your presence in my life, Erv, has mattered a lot. I am a better man for having known you.

Watch an interview of Erving Polster by Jeff Zeig in San Diego. It was a keynote presentation for The Evolution of Psychotherapy Conference 2022 in Orlando. https://shorturl.at/egluC (Link available until June 30, 2024)

(Left to right): Rose Lee Polster, Erving Polster, Julie Anné Zeig, Jeffrey Zeig

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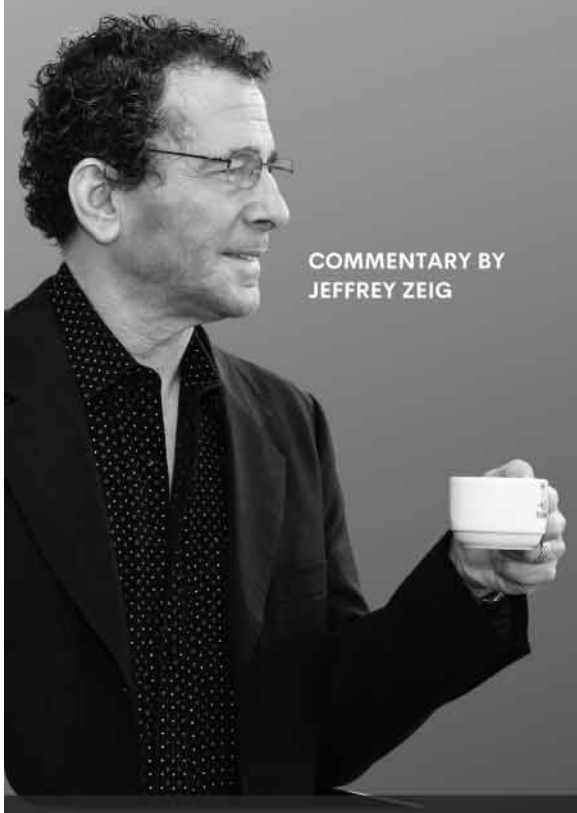

COMMENTARY BY
JEFFREY ZEIG

WHEN GREAT MINDS MEET, WE ARE PRIVILEGED TO LEARN FROM THEIR EXPLORATIONS...

As part of a communications project conducted in the mid-1950s and spearheaded by anthropologist Gregory Bateson, Jay Haley, and John Weakland went to Phoenix, Arizona to learn from and collaborate with Milton Erickson. The meetings of these three great minds were recorded. Their explorations together both advanced the Bateson Project's Double Bind Theory and helped to develop more effective approaches in psychotherapy.

Advancing Psychotherapy is a glimpse into an important time in the history of the field and a rare opportunity to learn from those who shaped the future of psychotherapy. Its content will improve your practice of psychotherapy.

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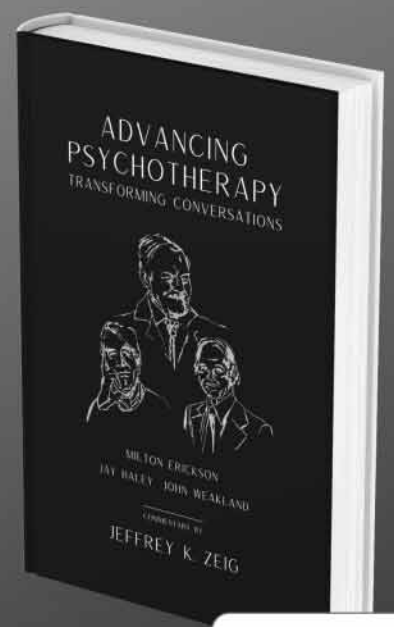

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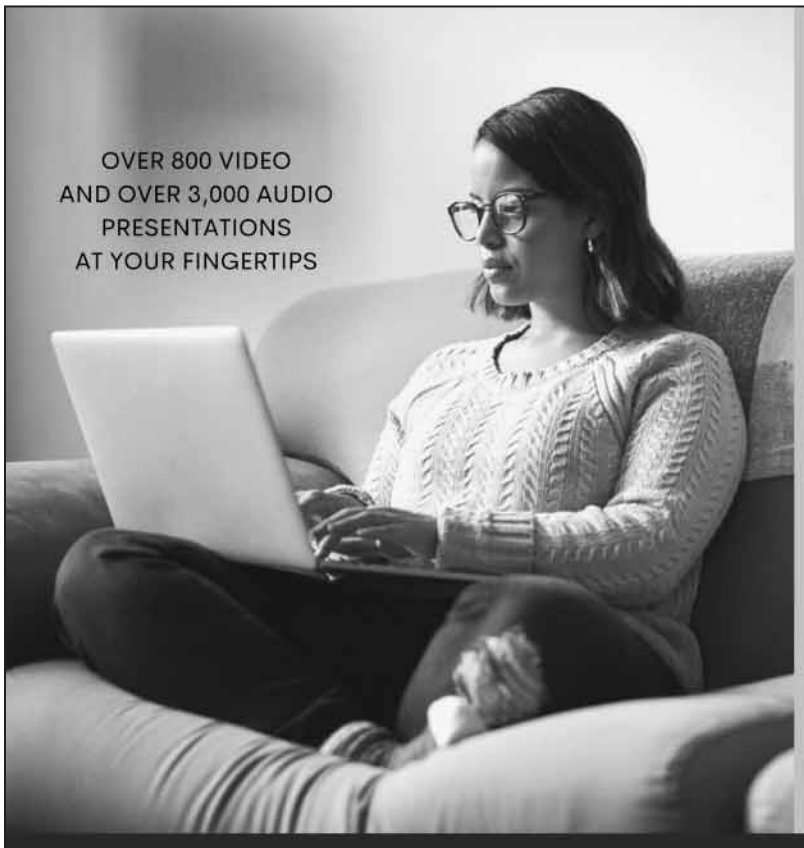

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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2024		
5/3-5	Couples Conference / Virtual / Invited Faculty	1.
5/10-6/28	Intensive Training Online – Level C / Virtual / Lilian Borges, M.A., LPC, Brent Geary, Ph.D., Stephen Lankton, LCSW, DAHB, FASCH, Dan Short, Ph.D., Jeffrey Zeig, Ph.D.	1.
5/10-11	Evocative Approaches to Therapeutic Communication, An Ericksonian Approach / Portland, OR (Virtual/Livestream available) / Zeig	2.
6/7-8	Hypnotic Language / Rome, Italy / Zeig	3.
6/12-15	International Society of Hypnosis (ISH) XXII World Congress / Krakow, Poland / Invited Faculty	4.
6/20-24	Master Class in Ericksonian Psychotherapy / Crete / Zeig	5.
7/12-8/30	Intensive Training Online – Level D / Virtual / Borges, Geary, Lankton, Short, Zeig	1.
7/11-13	Training in Ericksonian Therapy / Virtual (Guanghzou, China) / Zeig	6.
8/8-11	Master Class in Ericksonian Psychotherapy / Tokyo, Japan / Zeig	7.
9/6-10/25	Intensive Training Online – Level E / Virtual / Borges, Geary, Lankton, Short, Zeig	1.
9/14-15	Anxiety and Depression: Advancing Treatment Conference / Virtual / Invited Faculty	1.
10/19-20	Master Class with Teresa Robles / Mexico City, Mexico / Zeig	8.
11/1-12/27	Intensive Training Online – Level F / Virtual / Borges, Geary, Lankton, Short, Zeig	1.
11/1-4	Master Class in Ericksonian Clinical Hypnotherapy / Costa Rica / Zeig	9.
11/14-17	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	10.
11/19-23	Training in Ericksonian Therapy / Virtual (Guanghzou, China) / Zeig	6.

Contact Information:

1) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org; Web, www.erickson-foundation.org
   Couples Conference: www.CouplesConference.com
   2024 Intensive Training Program www.erickson-foundation.org
   2024 Anxiety and Depression Conference www.erickson-foundation.org
2) For information: Oregon Society of Clinical Hypnosis (OSCH) website: Register for in-person event: https://oregonhypnosis.org/event-5546753 ; To register for Virtual/Livestream: https://oregonhypnosis.org/event-5546682 ; Email, info@oregonhypnosis.org
3) For information: Email, mastromarino@uisal.it
4) Poland: For information: ISH Congress website: www.hypnosis2021.com (Congress was postponed in 2021 due to global health crisis); Email, info@p-i-e.pl
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9) For information: Email, info@danielaconstantin.com
10) For information contact Stacey Moore: Email, SJMTJM@msn.com ; For information on virtual programs with Jeffrey Zeig including virtual courses with Spanish translation visit: www.jeffzeig.com

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

For Upcoming Trainings, ad rates / specifications visit https://www.erickson-foundation.org/newsletter-archive or contact Karen Haviley: karen@erickson-foundation.org. A $25 fee per Upcoming Training listing is required. Deadline for the August 2024 issue (Mail Date: mid-August) is June 10, 2024. All workshop submissions are subject to approval by the Erickson Foundation.

CONFERENCE NOTES

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

2024 — The Couples Conference will be held May 3-5, 2024. The event will be held online and is sponsored by The Milton H. Erickson Foundation, Inc., with organizational assistance provided by The Couples Institute, Menlo Park, California. For complete information and to register visit the conference website:www.couplesconference.com or email support@erickson-foundation.org

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

The American Psychological Association will hold their annual convention August 8-10, 2024 in Seattle, Washington (Virtual option available). For information visit: https://bit.ly/4citPW1 Registration opens April 2024.

Anxiety and Depression: Advancing Treatment will be held September 14-15, 2024. The conference will be held online and is sponsored by The Milton H. Erickson Foundation, Inc. Faculty include Lilian Borges, David Burns, Camillo Loriedo, Lynn Lyons, Reid Wilson, and Michael Yapko. The conference is focused on unraveling the complexities of anxiety and depression through dialogue with leading experts and by exploring innovative approaches to understanding, preventing and managing anxiety and depression. For complete information visit the conference website: www.erickson-foundation.org/anxiety-depression-conference or email support@erickson-foundation.org

The 75th Annual Workshops and Scientific Workshops, "Mind Unleashed," will be held October 24-28, 2024 at the Anaheim Majestic Garden Hotel in Anaheim, California. The event is sponsored by The Society for Clinical and Experimental Hypnosis (SCEH). The conference includes hypnosis workshops across three levels (Introductory, Intermediate/Skills and Advanced) that provide training and skills enhancement on the utilization of hypnosis as an adaptable adjunct to other therapeutic interventions for enhancing treatment outcomes. For more information visit: www.sceh.us/conference-details or email info@sceh.us

2025 — The Milton H. Erickson Society for Clinical Hypnosis (M.E.G - Germany) will hold their annual conference March 27-30, 2025 in Kassel, Germany. Registration begins April 15, 2024. For full information and to register visit: www.MEG-Tagung.de or Email, contact@meg-hypnose.de

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

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

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

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OVER 30 YEARS IN THE MAKING...

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

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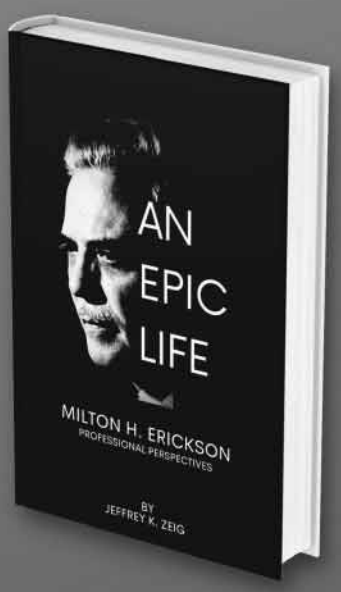

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INTERVIEW

continued from page 7

abilities. There's a tendency to overprotect these kids to the point where 16-year-olds who might be doing well in school, have never gone shopping by themselves. They've never gone into a restaurant and ordered food by themselves. They don't have these life skills. I went to a special school. One of the things we did every week was go to town, and we did our laundry at the laundromat. We had a small amount of money, and we could buy stuff. I'm realizing now how important those trips were.

I was talking to a mother and said, "The next time you go to gas station, give your kid a five-dollar bill and send them into the shop to buy something." I had one mom say, "I don't know when I'll have the nerve to do that." And the kids are learning nothing. The other big problem is not making the transition to work. Let's start out with chores for little kids and then get a replacement for the old chores like newspaper routes. Instead, a kid could walk the next-door neighbor's dog every day at 7:00 for 20 minutes. It's a job. It must be a schedule for someone to strengthen that muscle. And then hopefully, they will get a couple of real jobs before they graduate high school.

But instead, I'm seeing a sad story. I was at a college recently where one *woman graduated* magna cum laude but was completely lost in the workplace. It's a problem.

This goes back to starting with simple projects. So, a girl builds a birdhouse that is seemingly boring and simple. We must start with beginner stuff. But too often I'm hearing doctors say, "This kid will never amount anything." Or let's say someone with a more severe disability is told they will never walk, but it turns out they do. Then you have someone with severe problems who probably is never going to walk, but they may have other skills. It's like what Stephen Hawking said about disability: "Concentrate on things your disability doesn't prevent you doing well." (The New York Times, 2018)

THE MILTON H. ERICKSON FOUNDATION
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Questions? Email, karen@erickson-foundation.org
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