



THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

VOL. 44, NO. 2

AUGUST 2024

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Lillian Borges

Interviewed by Rick Miller

Lillian Borges, LPC is a passionate couples' expert certified by PACT (Psychobiological Approach to Couples Therapy). She is one of the few couples' therapists to use hypnosis.

With more than 30 years of experience, Borges uses experiential techniques to help couples solve conflicts, relinquish old patterns, and communicate better. She also helps individuals going through separation or divorce or those looking for love. She has experience working with depression, anxiety, pain management, symptoms management, and overcoming unhealthy habits using an eclectic approach that encompasses mindfulness, CBT, and strategic solution focused therapy and hypnosis.

Borges has contributed by writing articles, doing a podcast (she co-hosts

Modern Couples with Rick Miller, LICSW), and speaking and teaching at professional engagements. She is bicultural (originally from Brazil) and expert in multicultural issues. She teaches in Portuguese, Spanish, and English.

She is also expert in Ericksonian hypnosis, training professionals in hypnosis around the world for more than two decades.

Rick Miller: Welcome Lillian Borges. I'm thrilled to see you.

Lillian Borges: So good to talk to you, Rick.

RM: I have watched you evolve as a couples' therapist and enjoyed working with you.

Now, a cookie cutter approach to couples' therapy doesn't always work when it comes to cross cultural couples—and I know this is a specialty of yours. I have a few questions, but first tell us about your work and how you evolved with this as your specialty.

LB: Those who know me, know that I'm very open and completely transparent, sometimes to a fault. My interest in couples' counseling came from my previous marriage not working out. I thought that I wasn't very good as a couples' therapist, and I wanted to do better. So, I began to read and study everything that I could get my hands on, including Imago, and Gottman's work, etc. And I fell in love with EFT and Sue Johnson. I remember talking to Sue and saying, "How can we join Ericksonian therapy with EFT?" and she said, "You can't."

RM: Really? Why is that?

LB: That is part the approach and part her personality. She is very outspoken, and this is one of the reasons why I fell in love with her work. So, it wasn't very conducive for me to integrate Ericksonian therapy. I would have to give up my identity as a therapist to embrace a something else, something that I did when I moved to the U.S. But I



Lillian Borges

wanted to integrate those two things into my Ericksonian identity.

RM: What are the principles of Ericksonian work that are most relevant to you?

LB: The creativity that comes with it is very appealing to me. I am completely spontaneous, inventive, and creative with every individual. I feel that I'm creating a new therapy with each person and that appeals to me. I have been teaching utilization at the Erickson Foundation for 20 years. I like the idea of creating and being completely in the present moment, understanding, and listening to the individual, and creating a new therapy. I also like teaching. I was a teacher before I was a therapist. I used to teach English, so teaching is very important to me. It is my real identity.

In helping to organize the Couples' Conference, I was familiar with all the different fathers and mothers of the different approaches. Later I understood that trance and a strategic approach is already integrated into the PACT approach. And when I started learning more deeply, I realized that I could be good at couples' therapy.

RM: Can you talk about how you were introduced to Stan Tatkin and the PACT method and what you love about it?

LB: I remember listening to a few
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EDITOR'S COMMENTS

I often feel that our conscious awareness develops in the same manner as a pachinko game. A ball drops and when it lands on a peg, it can go to the left or right. The events we attend to and the meaning we give to these events puts pressure on the ball, influencing the direction it will take when it bounces off the next peg, only to careen off to the next peg, and so on. (Hey, it's a metaphor, not science.)

To complicate matters further, chaos theory postulates that the same event that can influence the direction of the neurological ball, can have different outcomes, depending on when in our development it occurs. As neurobiologist Carla Shatz said, "Nerves that fire together, wire together." The repeated firing biases the direction of future firings. It responds to the question: "Is it more important to focus on the anxiety of survival or the delight of curiosity?" And so, we build our assumptions of life and ourselves.

Our earliest *a priori* assumptions are so deep that most of us are not aware how much these assumptions drive our actions and give meaning to our motives. And we usually do not need to know...until our world becomes so sufficiently complex that we need course-corrections because our *a priori* assumptions have "frozen the rudder," so to speak.

When we have clients with frozen rudders, advice and logic are rarely enough to change their unconscious assumptions as they defend themselves too strongly against conscious logic. Since Erickson viewed problems as unconscious difficulties, he used hypnotic communication to enlist the unconscious to move beyond the self-defeating assumptions. His approach was to evoke the inner resources needed to unstick the rudder. That said, the ability to evoke and elicit inner solutions and actions is the theme of this issue.

We begin with Rick Miller interviewing Lilian Borges for our *Featured Interview*. Borges talks about how she helps couples using hypnosis and therapist sculpting to elicit more awareness and resources of what they bring to the relationship. She also uses parts work, psychodrama, Gestalt, and the PACT approaches. And she talks about addressing multicultural elements in the couples' relationship. The interview highlights the Ericksonian lens that Borges brings to each encounter. I have seen her in action as she seamlessly flows between these and many other approaches, intuiting what is needed to elicit the best and highest potential she sees in the clients. Brilliant!

In Eric Greenleaf's *Case Reports* column, John Dykman recounts an experience he had at 11 years old with a surgeon and later with a dentist as subtle, elicited "unselfconscious healing" was used in both cases. Greenleaf's commentary aptly ends with David Cheek's admonition to all doctors. (And it is so true!)

And Nicole Ruyschaert restates that admonition in John Lentz's *International Community* column. Ruyschaert is the past president of both the European Society of Hypnosis and the Flemish Scientific Hypnosis Society. She talks about her efforts in the blending of multiple professions for the integration of hypnosis into the healing arts. She points out that when people need relief and enter a medical environment, they are eager to receive suggestions. The question is, do they hear or overhear suggestions of hope or despair, inner power or powerlessness? It is important that everyone in the healing arts realizes the power of eliciting suggestions for the entire person.

John Lentz further expands the concept of evoking one's inner resources for *In the Spirit of Therapy* as he interviews Tammy Nelson, an internationally acclaimed sex therapist and executive director of the Integrative Sex Therapy Institute. In her work with couples, Nelson believes in eliciting their inner wisdom and inner healer to create a relationship that is honest and transparent rather than telling clients pre-assumed instructions regarding how to fix their relationship. Her goal is to have couples come to a mutually agreed upon and acceptable understanding of what type of monogamy satisfies them both. Nelson says it can range from "your grandmother's monogamy: to "a polyamorous relationship." Again, the goal is to make the couples' implicit feelings and desires explicit. Nelson covers a lot in this interview, including an expanded definition of *soul mates* that evokes a pause...and then a smile.

Next, we take our theme of the ability to evoke and elicit inner solutions and actions into *Unearthed from the Erickson Archives* to discover how Erickson's style of evoking and eliciting manifested itself. *An Induction Technique* (1973) provides a clear example of how Erickson crafted his intentions and how each statement sets the direction for the next. Through positive assumption and presupposition, the client is led to discover all that he can accomplish.

In *The Case of Mrs. C*, Erickson uses his wit and humor to evoke a seemingly paradoxical outcome without the need for formal induction. The power in this example is how Erickson takes the client's resistance to past medical instructions (anticipating that he will also be resisted) and turns it into a collaborative curiosity. Erickson demonstrates that if your client pushes against everyone's efforts to help them, it may be the time to confuse them by initially pulling them in the direction in which they are pushing. That confusion can open the unconscious to elicit new ideas, which is exactly what happens in *The Case of Mrs. C*.

In *A Fingernail Biting Story*, Erickson demonstrates how he utilized his understanding of his daughter's motivational dynamics to elicit the response he desired. Jeff Zeig's observations highlight the elegance and often subtle playfulness in Erickson's work.

I found that Don Nathanson's 1997 article, *Defining Success, Defining Failure* brought back memories of similar conversations I had with Erickson. As Nathanson pointed out, Erickson rarely defined outcomes in terms of success or failure. Success with a patient did not occur because Erickson *made things happen*. If there was success, it was because Erickson helped *elicit* the intention and the pre-existing resources. And then change would often happen in its own time.

In the *Historic Hypnotic Procedures* column, Jeff Zeig reviews the book, *Hypno-Analysis*, by Lewis R. Wolberg. Wolberg, an American psychoanalyst, once challenged Erickson to hypnotize one of his patients "who was deemed

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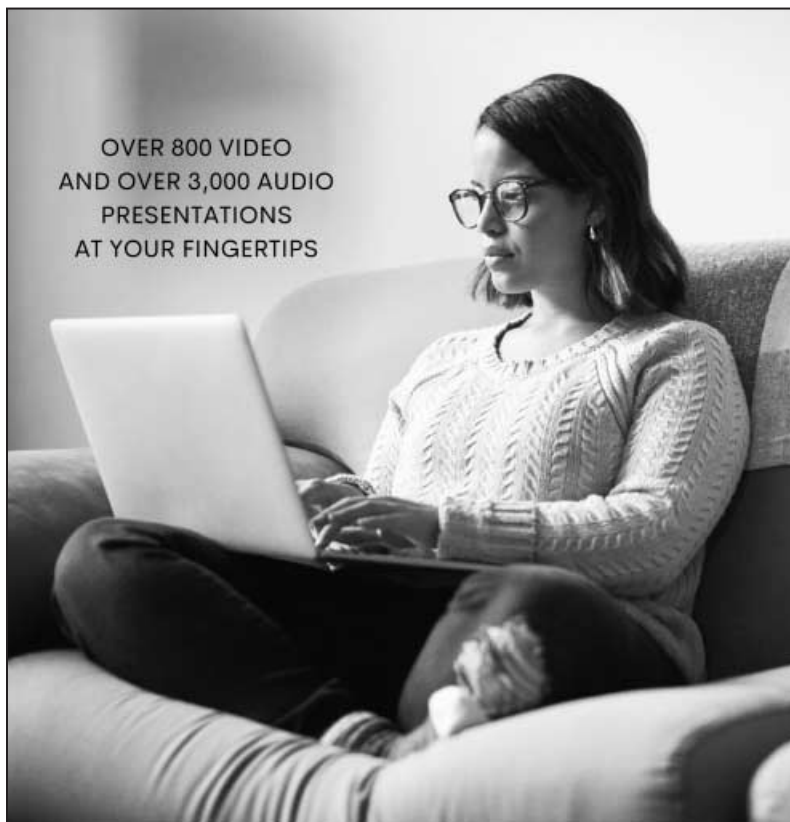
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IN THE SPIRIT OF THERAPY

Interview with Tammy Nelson, PhD

By John D. Lentz, D.Min.

Tammy Nelson, PhD, is a board-certified clinical sexologist, a certified sex and couples' therapist, an AASECT certified sex therapist, a licensed professional counselor, and certified Imago relationship therapist. She is director of the Human Sexuality and Sex Therapy Masters and PhD program at Daybreak University, an accredited university in Southern California, and the founder and executive director of the Integrative Sex Therapy Institute. She is the author of six books, including Integrative Sex & Couples Therapy. She is a TEDx speaker and host of the podcast The Trouble with Sex. She can be found at: www.drtammynelson.com

John Lentz: I was impressed with your TEDx talk and your directness. Your stance was honest and was based on integrity. Integrity and honesty are basic elements of spirituality.

Tammy Nelson: Yes, and integrity is being able to integrate all the parts of you so that you're not hiding anything, you're not compartmentalizing. In that way you can be with another person and say, "You know, this is all of me" in a transparent way. That's a lot of work for many of us.

JL: And when you talk about *The New Monogamy* in your TEDx talk, integrity comes through loud and clear. That integrity is about deciding what we're willing to be about and being responsible for, what we say that we believe, and that to which we are willing to commit.

TN: If a couple can own what's between the two of them, or however many people you're in a relationship with, then you're making the choice about what it means to live in integrity. It also means being willing to create your monogamy agreement, to be honest and transparent. As long as it's between the people involved, it's not my job to tell them how to do it. You know, there's a difference between privacy and secrecy. People are entitled to be private, but the core of an agreement is deciding what is transparent and what is an ongoing, flexible, and fluid in the agreement. It's not saying, "I told you I loved you when I married you and I will let you know if I change my mind." It's a constant update. It's being flexible, and that's what we're talking about in terms of mental health.

JL: Your stance seems to suggest that people must know themselves well enough that they can say what it is they want. That is not always easy to figure out.

TN: Well, that's the job of the therapist, right? To find those places inside of someone that they are searching for, to decide what it is that they want and to help them communicate what they want. And to separate it from what other people have told you to want, whether it's your parents, church, synagogue, the community, or the culture. All too often we implicitly assume that the other person wants the same thing, instead of explicitly communicating and having ongoing conversations.

JL: That is a high level of maturity.

TN: Being able to make everything that's implicitly assumed, explicit, is a way to avoid betrayal, misunderstanding, and hurt feelings. And yes, it's also a way to be more self-aware of who you are and your own internal experience so that you can be articulate about it. And maybe that changes over time. What you want now may not be what you want 10 years from now. But isn't that true for everyone? We should all be working on communicating with our partners and updating them on a regular basis.

JL: Yes. Do you view your work as spiritual?

TN: Well, working with people in a relationship involves spiritual elements. There's companionship and there's the erotic part of the relationship. And there's something about the erotic part that makes you feel in love with each other. It's where passion and aliveness resides. And we've been taught that if you work on the companionship, then the erotic part will just take care of itself. I don't think that's

true. I've been doing this with couples for 35 years, and I've discovered that if you work on the erotic part of your relationship, there is much more flexibility in what you need for companionship. It is easier to put up with the things that bother you. Because I think there is something scary and profane about the erotic part. You must treat it like it's a sacred, spiritual part of your relationship. You must commit to it like you would to meditation or yoga or prayer. It is a higher calling.

Also, I feel that when a couple figures out what their mission is together, they wouldn't be able to accomplish it if they weren't together. That is part of their spiritual path. If they had never met, would they still want to accomplish that goal? That vision allows people to look at their relationship from a more spiritual perspective, from a greater perspective.

JL: That greater perspective is spiritual.

TN: Partner selection is psychologically driven. We choose someone who has the positive and negative traits of our parents, but we are also finishing off our parents' unfinished business and living out their unfinished mission. There's also something magical about the people who we're attracted to and why most people have a story of coincidence about how they met, feeling like the universe brought them together. There is a piece of that that goes beyond our understanding of why we're in a relationship with a particular person.

And then the last part is this idea of soulmates, which we got in part from Disney and movies. A soulmate is like the other half of us—as if we are not complete until we meet our soulmate. That implies that we're not good enough unless we're in *The Relationship* and that we can't do our mission, or we can't do our work in the world without *The Relationship*. I don't think that's true. I believe that everyone we

meet is our soulmate. Everyone we meet is someone who we're destined to do something with in the world and destined to increase our sense of self. If we were to think that everyone we meet was our soulmate, then we'd approach people differently.

JL: Tammy, I've been doing this a long time and I've never heard anyone speak like you. It is so refreshing.

TN: Thank you. John.

JL: You are clear in your mind on what your role is in both your relationship and your relationship with clients, and you know the boundaries. This frees you to suggest possibilities and ways for couples to be more respectful of each other and themselves.

TN: Well, that's nice. I like to think that I do that. A lot of the novice therapists I supervise want tools in their back pocket of things that they should tell people to do. Couples therapy is a way to teach partners how to communicate about what they want from each other. It takes a lot of pressure off the therapist. I believe that as people we have an inner wisdom and our own inner healer that knows

what's best for us. The couple really knows how to heal. They are probably destined to do something to make themselves better or to live out their vision. And I don't feel like I have this privileged position of knowing what's best for them. My job is to help them understand themselves and each other and to communicate and to find what their inner wisdom is telling them. And that's a shift I haven't always felt. I think that came from training as a psychedelic therapist and doing ketamine therapy and learning that I don't have to have all the answers. And that's a huge relief.

JL: Well, was Erickson's stance. He used hypnosis to elicit and evoke what was right inside the client, and their partner, in relation to the world. He wasn't about trying to tell people what to do or how to be.

TN: A smart guy?

JL: Well yeah, he was smart.

TN: Probably way before his time.

Many people get hung up on the interventions when really it is about helping people find their own way.

JL: In studying Erickson's work, I realize his interventions were magical and he was a genius.



Tammy Nelson, PhD

IN THE SPIRIT OF THERAPY

Now what is your primary focus? I suspect it's going to be about integration and about being a person of integrity.

TN: I have developed what I call "integrative relationship therapy." I train sex and couples therapists at the Integrative Sex Therapy Institute. But my methodology is integrative relationship therapy. It's taking all the skills that I've learned over the years and using them to do relationship therapy. It is also the idea of opening those compartments and helping people to live in the most integrated way they can, to reintegrate, to remember, and to create their own vision of who they want to be and what they want their relationships to be. It's about having more choice, not only for the therapist, but for the individual and for the couple. And so integrative therapy is about exploring where we have the *shoulds* and figuring out where you want to change those ideas and rewrite the narrative. I call it "borrowing from your future." You can invest in creating that vision and doing visualization about what it is you want to feel in the future. You can set intentions for later that will influence you today. So, there is a little bit of a time travel piece there. And I think that's sort of spiritual too. You have more of a gift than you think you do to influence your reality.

JL: Thank you. What else would you like people to know about you and your special twist on spirituality?

TN: Well, I know that everyone is not cut out to be in an open relationship. My book, *Open Monogamy*, about co-creating your ideal relationship agreement, is a reflection on the continuum of monogamy. It's about how to have an open conversation about whatever kind of monogamy you want. You might be very traditional, and we might be talking about your grandmother's monogamy, and that's fine. Or it could be a wide open, polyamorous relationship. But there's many things in the middle, which is where most people fall. And I think that particularly since the pandemic, there has been a shift in how people look at marriage. We became so isolated during the pandemic that we had to make choices about who we were going to have in our "pod," with whom we were going to stay safe. And it was lonely, and it was difficult. People died. We faced a lot of tragedy.

Coming out of that set of experiences, the realization is that a lot of people are lonely. We're not very good at endings. So that transitional process that many people decided was, "Why do we have to trade our partner in for someone else?" We're going to live a long time now. It used to be that you lived with someone, and then, like I say in my TEDx talk, by the time you got bored, you were dead, and that was fine. But today, we live a lot longer. And we may have different forms of relationships where we don't need to get divorced to trade someone in. Maybe we can all live together in new ways. And I don't know if I can do that. I don't know if I can balance all those relationships, but a lot of people can. And I think we must encourage everyone to create their own type of marriage and their own type of commitment. And commitment is no longer defined by morality. It's defined by integrity. It's defined by however you want to make it with your partner. And if you can be honest and open and continue to talk, I think it can work quite well, regardless of how you want to do it.

JL: Your experiment with the married dating site where you discovered that men wanted a woman to talk to and women wanted someone to have hot sex with was startling.

TN: Yeah. And I'm not the only one who's done that research. The research was based on a married dating website where people were looking for someone to have an affair with. So, the men who reached out were not looking to end their marriage. They wanted to have a parallel relationship where they could have an emotional connection with someone, and they weren't interested in just sexual relationships. So, this whole idea that men just want sex, and women want emotion, is just not true, especially as we age, and our kids get older. The women told the married men that they were just looking for a sexual relationship. They didn't want to hear about the man's problems with his wife. They were like, "You have a wife for that. I don't want any more responsibility. I just want to have fun and pleasure." And so, it's different than we think it is. Like, relationships are not how we might imagine them to be in our memes, you know, like in our old-fashioned ideas of what sex is and what relationships are. And they're very gender coded.

JL: And it's a bit more gender fluid too.

TN: It's much more gender fluid, and it's based more on the capacity for pleasure. Pleasure always used to be about sin and guilt. And in our capitalist culture, you have pleasure because of hard work. You work all week, and maybe you can binge on pleasure on the weekend. But then you got back to work, right? There's a price to pay. There's a hangover. And pleasure is sort of the seat of power. And I think women, more than anyone, have known this. I think as women become more confident in asking for what they want and not settling, there is an equal fear-based backlash in society that tries to control us and control our bodies and our capacity for sex. I think if women could honor and step into their power around pleasure, we could take over the planet, which we should, but there's an equal and quite effective backlash to that. So, we're in a very interesting time, John. We'll see what happens.

JL: Yeah. You know, the Algonquin in this country were a female led society. But the settlers chickened out and did not follow in their footsteps.

TN: Oh, I didn't know that.

JL: Oh yeah, they were absolutely. In fact, if the female supreme court said, "You're not going to war," then you would not be going to war. It was totally female dominated.

TN: Wow.

JL: The Algonquins were a republic for 400 years before the Europeans got here.

TN: Well, I didn't know that. That sounds so fascinating.

JL: In any event Tammy, it's been good to have a glimpse into how you think. I very much appreciate your willingness to be open and share yourself and your ideas with Ericksonian readers. And I look forward to hearing more about you through the conference. Thank you very much.

TN: Thank you, John. Thank you for asking me and thank you for sharing your ideas as well. It was great.



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CASE REPORT

The Doctors' Trances

By John M. Dyckman, PhD

Trance is described by Douglas Flemons as “thinking with one mind.” Two people working to achieve a shared goal may take different paths. Influencing the path taken can be done by using direct suggestion, or, more creatively, by involving ancillary competencies in the person being influenced—what Erickson called the “utilization technique.” This process occurs outside of psychotherapy as well, as the following two examples demonstrate.

When I was 11 years old, I had a nasty bike accident that resulted in an open compound fracture of my mandible. (The mandible bone is the largest and strongest bone in the face. It forms the lower part of the jaw and part of the mouth.) The surgeon who treated me had a wonderful way with children. He told me: “I love working with children. *They heal so fast.* Even if their ear is cut off, *we can sew it on as good as new.*”

When he was ready to remove the wires that had held the fracture together as the bones healed, he commented on the 42 stitches I had gotten on my face: “You know, *as you continue to heal*, your scar will look like the American flag. First it will be red, then it will turn blue, and *then it will be white and very hard to see.*” He was right. When I got home from the hospital and went back to school, I was teased in my 6th grade classroom about my accent (I had recently moved from Chicago to Philadelphia), but I was *not* self-conscious about my highly visible facial scar.

Another example: As an adult I had to have an impacted wisdom tooth extracted. The dentist numbed the area and then proceeded to struggle with the tooth using remarkably large stainless-steel pliers. Unsuccessful, he then reached into his tool kit and pulled out what I immediately recognized as a blunted chisel, like the one that I had used many times to extract rusted bolts. I think he understood my reaction by looking at my dilated pupils.

He then asked if I could make a tight fist and brace my fist under my jawbone, “just so.” As I was engaged in the correct placement and force of my fist, he took a hammer and split the tooth with the chisel in one blow. I was so focused on my task with my fist that I barely noticed the fracturing of the tooth.

After removing the tooth fragments and stitching the socket, he put away his tools and looked at me straight in the eye, while handing me some antibiotics. He said: “I am a doctor, and you are a doctor. The instructions for taking these antibiotics is on the container. Do not embarrass either of us!” The course of my recovery was unremarkable and out of my awareness. It was unselfconscious healing.

While the first doctor induced a healing trance by his words, the dentist used patient participation. But each encouraged the shared goal of healing by enlisting my curiosity and competence.

Commentary

By Eric Greenleaf, PhD

Douglas Flemons said: *Invite your clients to think, feel, and act in poems that dissolve boundaries, that metaphorically imagine the seemingly paradoxical or ironic...truth that the strands of a knotted problem, once loosened and unraveled, can be rewoven into a braided resolution. This is the heart and mind of hypnotherapy.*

Milton Erickson once squirted medication into the mouth of a defiant, belligerent patient. The patient turned to the observing doctors and told them to pay attention because here was a doctor who knew what he was doing. And John Dyckman's doctors certainly knew what they were doing too.

The doctor who treated a tough but frightened 11-year-old, did not try to tell young John what to do. He said, “I love working with children. *They heal so fast!*” And then said that even if a child's ear is severed, the doctors have confidence that they can just sew it back on. Then the doctor used a charming (and unarguable)

metaphor: “You know, *as you continue to heal*, your scar will look like the American flag.” John returned to school flying his flag—not self-conscious of a scarred face.

The second doctor, a dentist, engaged a strong adult John in helping hold his jaw still using physical effort. Then, having split the tooth, the dentist asked his fellow doctor, John, to join him in the proud practice of taking an antibiotic as directed.

The surgeon and hypnotist, David Cheek, MD, posted this in his operating theater: “Doctors, your patients are listening.”

Coming in 2025

The Milton H. Erickson Foundation Newsletter Goes Online!

Beginning with the first issue in April 2025, *The Milton H. Erickson Foundation Newsletter* will no longer be published in print and will be distributed solely online. The newsletter format will remain the same and will be downloadable and printable. As the online format evolves, you will be able to search for specific articles, print PDFs of individual articles, pitch article ideas or suggestions (for book reviews, etc.), and even submit your own article whenever a Call for Stories is requested.

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INTERVIEW

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CDs from Stan that Ellyn (Bader) had given to Jeff. We were on our way to Big Sur where I would be teaching at the Esalen Institute. And I thought he (Stan Tatkin) was so smart. He was talking about neurophysiology, and I was impressed. But then at that point it was just too much cerebral thinking for me. I'm more creative. So that didn't appeal to me as much. I wasn't sure the psychological approach was for me. I wanted something else; to focus on emotions. Later on in my work I realized that PACT was offering that and so much more. And there were professionals here in Arizona practicing PACT. I thought that was a great avenue for me. And when I started learning more about PACT, I felt solid as a therapist. I used to be a bit intimidated by couples, especially those who yell at each other.

RM: Of which there are many. [laughter]

LB: So now I am not intimidated. And I'm very grateful to Stan.

RM: How long have you been studying the PACT method and what is your designation?

LB: I've been studying PACT for 10 years. I did level one and then I did level two a few times. Then they started offering level three and the certification. So, I became certified. And the whole process has been terrific. But my goal still is to integrate my Ericksonian identity with PACT. Yes, there is hypnosis and trance states and strategic approaches and creativity, but how do I integrate that skillfully in a way that is helpful for couples?

So, I started teaching more and learning more. At the Erickson Foundation, I teach how to improve relationships using hypnosis. I also teach in other countries. I taught hypnosis and attachment: "Bowlby meets Erickson." But I think nowadays there is more of an interest in the relational aspects of hypnosis. The title of the last conference of the American Society of Clinical Hypnosis was *The Relational Aspects of Hypnosis*. And I think that we're looking more at that aspect in trying to combine attachment. But I always use attachment, even when I'm treating pain and anxiety. If we can imagine that we have a secure attachment figure holding our hand when we're having a painful procedure, our pain levels go down.

RM: That's so beautiful.

LB: So, we could use that. A child needs the attachment figure next to them. But as adults, we don't need the attachment figure there. We use the images and the introjected attachment figure that we have. And what if you don't have a secure attachment figure, or you didn't grow up with one? It doesn't matter. You can use your imagination, because the attachment system is always available. And we can always tap into that as a resource to treat many things, such as anxiety and pain, but also relationships.

RM: Wonderful. I've seen you teach your couples model, and no one is doing what you do. So, thank you for that. And the interest that I have seen in clinicians wanting to understand the work that you do is phenomenal. You are doing amazing work.

LB: Thank you. That gives me chills.

RM: Absolutely. Can you walk us through an example of how you would use an experiential approach or hypnotic approach in couples work or an attachment approach experientially?

LB: For the last Couples Conference I taught two workshops. One was *Experiential Approaches for Couples*, and the other was *Hypnosis for Couples*. I think hypnosis is an experiential approach. When we talk about attachment and couples, we must remember that we carry into our intimate, romantic relationships, learnings that are learned when our brains have not completely formed. And the part of our brain that is related to mnemonic events is not completely developed yet. So, a lot of what we bring into relationships are implicit memories of which we are not completely aware.

One way that we can reach those places, to help couples become more aware of what they bring to the relationship is through experiential techniques. Of course, hypnosis can take you to places and you can use age regression or age progression to get to those feelings, those implicit memories. But I prefer to use sculpting. I like using family sculpting, but I also use therapist sculpting. So instead of asking the patient to do the sculpting, I do the sculpting. I also use psychodrama and Gestalt. I use talking to parts so I can reach those implicit memories or parts that are not honored. And it's important to be aware and see what is influencing the couple

when they're in trouble.

RM: Do you ask them to identify what it is? Or do you identify it yourself and then use sculpting?

LB: We identify it together. It could be, "Well, he acts like my father," or "He's always afraid something," or "She is always jealous." If I see that there's a lot of projection, for instance, one partner always saying, "Oh, he's always acting like my mom," or "acting like my dad," these are signals that I need to go there and do some work. Or the couple might bring a problem and we decide to sculpt how each partner feels in the problem situation. Did I answer that?

RM: Yes, you did and it was helpful. I don't know how to weave that into what we were talking about.

LB: The multicultural box?

RM: Which box?

LB: The multicultural box. Okay, well, she is from Brazil, she has an accent, so she needs to talk about multicultural things. [laughter]

RM: She has an awareness that gets to it; a powerful level.

LB: Yes. I'm making a joke, par-

tially, because the two of us have similar messages. In our teachings, we are pointing out diversity or inequity in our society drawn from our own experiences. With our talks, and our podcasts we want to empower couples, have both partners be equal in the relationship. And for couples to have more power in society.

RM: I have many questions because I'm so interested in this. And yes, we've talked about it and every time you talk about it, I'm pulled in. I'm thinking about a white woman in a couple versus a Latina woman with a white man and the differences that exist and what you do as a couples' therapist in working with a white man and Latina woman.

LB: It is about creating awareness about the power of discrepancies in their relationship, and how the couple can work as a team on the same level—having both partners being on the same level of power, sharing equity in the relationship. If you do not see your partner as being equal, having your back, with shared power, there's no secure functioning.

INTERVIEW continued on page 20

EDITORIAL

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non-hypnotizable." Erickson worked with the patient for several hours and was able to induce a deep trance. After this experience, Wolberg began using hypnosis as a tool to facilitate the psychoanalytic therapeutic process by delving into the client's past. He did not use hypnosis in the service of eliciting or evoking resources and internal processes for change and growth. Rather it was seen and used as a tool of insight and emotional confrontation. As Wolberg pointed out, "The hypnosis did not, therefore, create the conditions for therapeutic effectiveness; it merely exploited the opportunity.... Through its agency it is possible to break through the inhibitory effect of consciously organized systems."

We finish this issue with a book review of *Untangled: Guiding Teenage Girls Through the Seven Transitions into Adulthood* by Lisa Damour. I am including this at the request of past students. While they spent many years learning hypnosis techniques, they often felt at a loss in how to apply hypnosis with adolescent girls. The model and structure that Damour presents offers wonderful pegs upon which to build hypnotic elicitations. Back to the metaphor of the pachinko game: By knowing when and where the pegs are hung and what each peg's function is, helps us know how to move the Ericksonian "ball" from peg to peg, eliciting the developmental progress needed and keeping it unstuck. This book is a treasure trove of ideas for both content and process.

The ability to evoke and elicit inner solutions and actions in our clients is a powerful therapeutic tool. It is a skill born from a strong intention and assumption that everyone we work with has that inner wisdom. Our job is not necessarily to make something happen as much as is to help clients realize that they have everything they need within them for change. It reminds me of a plaque in my old supervisor's office that read: *There is nothing wrong with you that what is right with you can't fix.* Maybe he had something there.

Rick Landis, Orange, CA

UNEARTHED FROM THE ERICKSON ARCHIVES

In the following case, Erickson uses symptom prescription to help an overweight woman. The woman was prepared to resist Erickson because she said all her doctors had put her on a diet and that angered her. Instead of having her eat less and reduce, Erickson told her to gain weight, although he did address her weight problem. The prescription to gain weight destabilized the woman as there was nothing to resist.

Then Erickson helped the woman become self-aware of her positive physical attributes from her shoulders on up that made her attractive, despite her weight. Erickson's goal was to have her contrast her upper body with her lower body. Free from the restraints of having to restrict calories, the woman began to explore her eating habits of snacking on food when she prepared it for her family. And she delighted in discovering all the sneaky ways she added calories without sitting down and eating a proper meal.

The woman gained weight, but sooner after she began reducing. She admitted to loving all food and discovered that she could substitute high calorie starchy foods like cake, with vegetables like spinach that she also loved.

Erickson did not put the woman on a diet. Instead, he encouraged her to continue to enjoy eating and this provided the space for the woman to discover her eating habits and change them.

Milton Erickson: It's your duty to understand your patient so that you can always substitute something constructive. Now, thinking about the resistant patients I've had, Mrs. C. comes to mind. She came to see me three weeks ago and said, "Look, I'm 28 years old and I weigh 280 pounds. And I'm only 5 feet 6 inches tall. And I'm a young person. I have three children. I have a husband who's 6 feet tall, beautifully built, and weighs 170 pounds. I weighed 130 pounds when I married him when I was 21 years old and today at 28 years old I weigh 280 pounds. And I've gone to every doctor in Phoenix, and they've all put me on diets, and it doesn't work because I just get so mad at every doctor who puts me on a diet.

And my statement to her was, "Now listen, you've been weighing too much for too long. Why should I start reducing you this week? Next week? This month or next month? Why shouldn't I ask you to stay the same weight? Why shouldn't I ask you to even gain 5 or 10 pounds?" And she said, "Well, I don't think there's any good reason why you shouldn't."

Now what was I doing with that patient's resistance? The patient came in expecting to get angry with me, expecting to resist me and my statement was, "Why should I ask you to reduce today, tomorrow, next week, next month? Why shouldn't I ask you even to gain weight? Now let's discuss this matter. You're too young to be that heavy. Have you looked in the mirror lately? If you do, you will see that you have a very nicely shaped face. You'll see you have a nicely shaped chin, a pretty forehead, a well-shaped nose, nicely shaped ears and neck and shoulders. You do not slump down; you have a beautiful shoulder line. At least you've got all this, despite your weight."

Now all I was doing was pointing out to the patient what she had that she had forgotten about. She was only thinking about the 280 pounds. I suggested that she add to the 280 pounds. I insisted that she gain five or 10 pounds, but I was also asking that she add to her weight her appreciation of her forehead, her chin, her ears, her neck, and her shoulder line. And I was doing it in such a fashion that there was no way for her to resist my request that she add an awareness of herself. And then I said, "Now I think when you go to bed tonight, you ought to undress, at least be in the nude to the waist and really examine your face, your nose, the line of your eyebrows, your ears, the shape of your chin, the shape of your shoulders, the shape of your neck. They are all good."

What I wanted her to do was to contrast from here down so that the woman could know at least I've got something good to work with, and there was no way for her to dispute it. Now suppose she hadn't been a nice-looking woman. I would have discovered that she had good teeth. I would have discovered that she had a nice smile. I would have discovered that she had nice blue eyes or nice brown eyes. I would have discovered that she had a nicely placed dimple. I would

have discovered something nice about her appearance so that she could see it and confirm it by her own inspection.

When I presented that to the patient you could see immediately that she had acquired a new kind of goal for which she could work. And then I pointed out to her, "Now, of course, to become as heavy as you are, you need to have awfully bad habits in eating. I don't think you know what those bad habits in eating are. I think you need to discover them. Now I don't know what you do about cooking..."

She said, "I'm a Mormon housewife. I bake my bread. I bake cookies, cakes, and pies. I season my food very nicely and I eat a lot of it."

I said, "Alright, now suppose for the next week you don't try to reduce. Be perfectly willing to add a pound or two, or three, or four, or even five, but really study your behavior about eating. Study your behavior with food. And then come back and report to me."

She walked into the office a week later just bubbling over with laughter. She said, "I've had a picnic all week long finding out things about myself. I'm a very neat housewife. I like to have a neat, clean household. I like to have things picked up. I like to have the magazines piled up neatly but not too neatly. I don't like to have the newspapers scattered around the house. I like them put together and put in its place in the magazine rack. I like to have the bread put on the table in a neat stack on the bread plate. I bake my own bread and I slice my own bread. And here is the thing I found out...that I cut the first slice very neatly, the second slice very neatly, and then I get a slice that's very crooked and I'm ashamed to put that on the table, so I eat it. And then I need to straighten the loaf by cutting a second crooked slice and I eat that." She says, "Now when I cut 10 slices of bread, I've eaten about four slices that I'm ashamed to put on the table." And she said, "You know, it's so silly. It's so ridiculous. Then I found out something else. When I season a nice, thick, rich stew, I take the salt and shake it just once, then I take a great big taste. Then I shake a little bit more and I take another great big taste. I take a half dozen, a dozen great big tastes with the salt, then I add the pepper. And then I add the savory salt. And before I get through tasting that thick stew, I've had a meal. And that's the way I do my cooking. When I bake a cake, I taste the dough several times." She said, "I've had a picnic watching myself steal food right and left all throughout my cooking."

And I said, "Well, I hope you've had a perfectly good time laughing at yourself and discovering all the sneaky, little tricks you pull on yourself. I think you ought to spend another week doing the same thing."

She came back the next week, she said, "You know, I found out a lot more about myself when I shop and prepare food for my children. I might select a nice fatty piece of meat that I know Johnny won't eat. And I give a whole slice of bread to Nellie knowing that she'll only eat half, and I will eat the other half. And when I clean up the table, I eat all the leftovers, so I know food won't go to waste, but it does go to my waist. I've gained weight watching myself do all these things. But you know, we have birds in the back yard and my husband put up a bird feeding station. And when I clean up the table, I'm going to put all the extra bread and all the extra cookies and all the extra cake and all the extra food out in the bird feeding station and let them take care of it, so that it doesn't go to waste. And when it comes to baking a cake or cookies or bread, I'm going to take pride in cutting crooked slices and putting them on the table because I think my children, all three of them, ought to learn how to eat a crooked slice of bread." And she said, "And now when I start acting honestly with my children, I'll start losing weight."

And that woman went from 280 to 292 in just a few weeks. And then she started losing and she's looking forward with the greatest of pleasure to reducing her weight. She isn't mad at me. She said, "I like to eat I like everything. But I've been eating too much bread and too many cookies. I like mustard greens, turnip greens, chard, spinach and I'm a good cook. And I'm going to cook spinach and other greens in a lot of different ways and I'm going to season them in a lot of different ways and I'm really going to enjoy eating."

UNEARTHED FROM THE ERICKSON ARCHIVES

So here is the woman substituting a food that she likes—spinach—for cake that she likes oh so much and this takes her by surprise because I didn't put her on a diet. Instead, I encouraged her to eat and to find out all the enjoyable ways of eating. You see when you deal with a patient, you're dealing with a human personality. A human personality that treasures their difficulties. They own their headache; they own their appendicitis; they own their ulcer; and they own their eye problems. You better recognize their proprietorship in owning their problems and ask the patient to take the proper kind of pride in this thing that they own.

In the following excerpt from one of his lectures, Erickson uses symptom prescription with his daughter. Instead of discouraging her from an unbecoming habit, Erickson encourages her to bite her nails for a prescribed time each day (and he will provide the clock) so that she can catch up with the other girls. She doubles the time but soon changes her mind. What is permissible and takes determined effort no longer appeals to his daughter. Instead of being a follower, she becomes a leader, creating a new style (not biting nails) for other girls to follow.

Milton Erickson: One of my daughters came home from school and said, "Daddy, I'm going to bite my fingernails. All the other girls at school bite their fingernails and I'm going to be in style too." I said, "Well, the other girls have a big start on you. You'll have to do a lot of work to catch up with them. So why not sit down and chew your fingernails twice a day for 15 minutes at a time so you can get caught up with the other girls?" She said, "Fifteen minutes is not long enough. I'll need at least a half hour." So, I said, "I'll furnish the clock and you can time yourself." Then one day she announced, "I'm going to start a new style at school...NOT biting fingernails." That was very agreeable to me.

An Induction Technique 1973

Reprinted from a previously used ASCH syllabus

Milton Erickson: The following is the exact wording of a technique that I have applied hundreds of times to induce a trance. I use it because it is such an easy technique, because it proves very satisfactory, and because it eliminates any resistance.

Now that you have described your problem to me, I would like to have you take a comfortable position in your chair with your legs uncrossed, your feet flat on the floor, and your elbows at the sides of your chest and with your hands on your thighs, but without your thumbs touching each other. Look around the room and pick some small spot to look at steadily. Don't move a single muscle in your body, just keep looking at that spot. Don't even speak. Just listen. In that way you will keep your ears in the same position, and you will hear me more clearly. As you look at that spot and continue to look at that spot, there will occur within you a number of changes.

You probably have not realized it but already the rhythm of your breathing has changed. It is slower, it is comfortable, and it is good rhythm. I can see your pulse in your temple (or neck)) and I can tell you that your heart has slowed down a bit and that means that your blood pressure has lowered to meet the resting condition of your body.

Now I would like to explain something to you. When you first went to school and learned to recognize numbers and letters, you didn't know at that time that you were learning those numbers and letters for all the rest of your life. You learned what a '3' looked like and what a '6' looked like and what a '9' looked like. You formed a mental picture of those numbers, and you formed the mental visual picture to stay with you all the rest of your life. You learned to form a mental visual picture of each letter of the alphabet without thinking about the fact

that you would keep the visual image the rest of your life. In looking at that spot that you have chosen, you have already formed a visual mental picture of it, so you can now close your eyes and just look at the mental visual picture you have formed of it.

As I talk to you, you can keep right on looking at that mental picture. As I talk to you, if you want to, you can hear any sounds you wish: a sonic boom, the cars on the street, the noise in the next room, but actually the only important thing for you right now is the sound of my voice and the meaning of what I say to you, so you don't really need to give attention to anything else unless you have a particular interest in the sonic boom, or the cars on the street, or the birds outside.

Now I'm going to discuss your problem and I will do it in this way: I will sketch it in general and I want you to realize that I am going to ask of you only the things that are actually possible for you to do. There are so many things that we do of which we are unaware. We can attend a lecture and because the lecturer is interesting and stimulating, we don't notice the passage of time and are just interested in what he is saying. But if we attended a lecture where the lecturer is dull, boring or tiresome, one would feel the hardness of the seat of the chair; and yet it is the same chair in which you could sit and listen to an interesting lecturer and never feel all the discomfort and distress of not moving and the hardness of the seat. But with the good lecturer you don't hear anything except his voice.

Now you are here to listen to me. You are here to do certain things. In your lifetime of experience, you have felt things and you have not felt things that you could have felt if you had paid attention to them. You have had much experience in forgetting things that would seem upon ordinary thinking to be unforgettable.

For example, you are introduced to someone, and you reply, 'I am very pleased to meet you, Mr. Jones,' and two seconds later you are thinking to yourself, 'What on earth is his name?' You forgot just as fast as you heard it. In other words, you can do any of the things that I will ask of you. You know how to move. You also know how not to move. You can lower your blood pressure, but you don't know how you do that. You can slow down your heartbeat, but you don't know how you do that. You can alter the rhythm of your breathing, but you don't know how you do that. But all the things I ask you to do, every one of them, will be within the range of your experience. So just listen carefully, knowing that I will ask of you only those things that I know you can do.

First of all, I want you to enjoy feeling very comfortable. In fact, you can enjoy yourself so much that you can let your unconscious mind listen to me while your conscious mind can sleep or busy itself with thoughts about things far removed from this office, because many of the things that I want to assist you in accomplishing are governed by your unconscious mind. And so now continue as you are, at ease, in comfort and at the proper time I will give you all the directions necessary for you to take care of your problems, all of those I need to deal with.

This technique of instruction is very simple. The patient sits immobile, the swallowing reflex is arrested, and at any point I can lift the arm to demonstrate catalepsy; I can ask the patient to open his mouth; I can ask him to stand up; I can tell him that in the future I might ask him to develop this same state now present in him, that any desirable state he might wish can be achieved on his next visit by looking at the same spot or any other spot. You can repeat this procedure in the same way, or you may have him count backward from 20 to one or forward from one to 20, just make certain that the counting is done silently.

Even of greater importance, it is necessary for the operator to know that his subject really can do everything that is asked. It is hard to understand why an operator will say, 'The subject can go into a trance for you, but he can't for me.' If he can go into a trance for anyone, he can go into a trance for everyone with whom he wishes. The operator should know that the patient comes to him with full respect and will be entirely willing to develop a trance if the operator does not first suggest by manner, attitude, or bearing the idea that maybe he cannot. This realization is the most important part in learning any technique of hypnosis.

FACETS & REFLECTIONS

Donald L. Nathanson (1936-2017), MD, was a world-renowned psychiatrist, theorist, and author. He was passionate about human psychology, leaving a promising academic career in endocrinology to move into the field of psychiatry.

Nathanson's writings on emotion were widely published. His books include The Many Faces of Shame and Shame and Pride: Affect, Sex and the Birth of the Self. His work on Affect Theory and shame was an important influence on the development of restorative practices.

Nathanson was also a frequent speaker worldwide, teaching a new way of understanding the biology and psychology of emotion.

As former director of the Silvan S. Tomkins Institute, he developed the Compass of Shame to illustrate the various ways that human beings react when they feel shame. He believed that it is through mutual exchange we build community, creating emotional bonds that tie us together.

Defining Success, Defining Failure

By Don Nathanson, 10/6/97

In 1974, I was truly miserable in my marriage, therapy, and my sense of place in the field. Bob Pottash suggested I visit Erickson, who was a hero from afar. So, I wrote to Milton, set up a week of visits, and remained in contact with him by letter for a few years afterwards. In no sense could I describe my work with Milton as devoted to what may have been “wrong” with me. We talked about my ideas, my way of seeing things, and the terrible difficulty I encountered in myself when I allowed my own ideas to be expressed. My marriage ended, as did my dependence on my therapist, and what I did in my scholarly career is registered in more than 3,000 pages of written and edited material that has come out in the past decade or so.

Milton was, of course, a rich and rare treat in my path toward self-realization. My preparation for meeting him was unusual. Jay Haley was at the Philadelphia Child Guidance around 1970 or so (and for quite a time thereafter), and he developed a relationship with Bob Pottash, who was my personal therapist (as well as the leading original mind in our city). Jay gave Bob the manuscript of *Strategies of Psychotherapy* and the group of us who worked with Bob pored over sections of it. Bob had come on many of these strategic maneuvers independent of Milton and was genuinely happy to know he had company. At that time, I was in my psychiatric residency (1966-69), and trying whatever made sense to me. Bob asked me to write down a couple of the things I had done with patients. (I was always in trouble with the authorities because as an “original” I was either daft or dangerous). These vignettes were given to Jay and convinced him that Erickson’s methods were both teachable and able to be assimilated by Easterners.

I cannot recall Milton using the terms “success” or “failure” in one of the discussions about psychotherapy we had in 1974. His watchword was “change,” and he enjoyed my concept that we were not so much diagnosticians as vendors of change.

A session with Milton was an opportunity to change something. You didn’t know what or how you would change, but you knew you would somehow emerge different. He believed that anything that might foster change was of potential use in the therapeutic process. Just like Stephen Lankton, I was asked to climb Squaw Peak the afternoon of my first visit. I was sweaty, scared, out of shape, and wearing clunky hiking shoes—quite unlike my usual Eastern establishment office togs. I was certain my first psychological change would be death due to heat stroke. I didn’t die, but the next morning the master said, “And I suppose that like every other Eastern physician you did not prepare yourself by taking salt pills.” We were in business. I was no longer an expert but now a student far out of his element and quite dependent on the wisdom of the master.

Erickson and I shared a passionate disregard for the limitations presented by the fact that a therapist normally sees the patient for one hour out of the 168 in the week. It seemed only natural to us that the patient should be given exercises, tasks, assignments, images, and worries to manage between sessions. These multipliers of the therapeutic interaction can be regarded as extensions of the trance induced during the actual session, or “educational experience.” Don’t think for a moment that Milton used trance in any formal way. But everything about him was hypnotic. The only person I’ve ever encountered who used a similar form of induction is the singer, Johnny Cash, who speaks exactly as he sings, drawing the listener into the imagery of his art. Put another way, there was no moment of any conversation when Erickson was not working, and he expected that when you left his office, you would also continue working.

He told me a dozen clinical anecdotes about his work with a bulimic patient. He said one morning, “I worked in therapy with a young woman who had bulimia. How long do you think it took me to get a complete cure?” It was, of course, an unanswerable question from a man whose one-session cures had only recently been made famous by Jay Haley, and I told him so. Bulimia was not a trendy eating disorder then as it has become in the past decade. Most of the bulimic patients were morbidly ill and in treatment for several years. “She had a terrible childhood,” Erickson explained, “So in each session—we gave her a birthday party, the kind of party she would have had in a healthy home. By the time we got her to her present age, she was healthy. Took almost a whole year.” Through the medium of trance, Erickson had built the patient a new history.

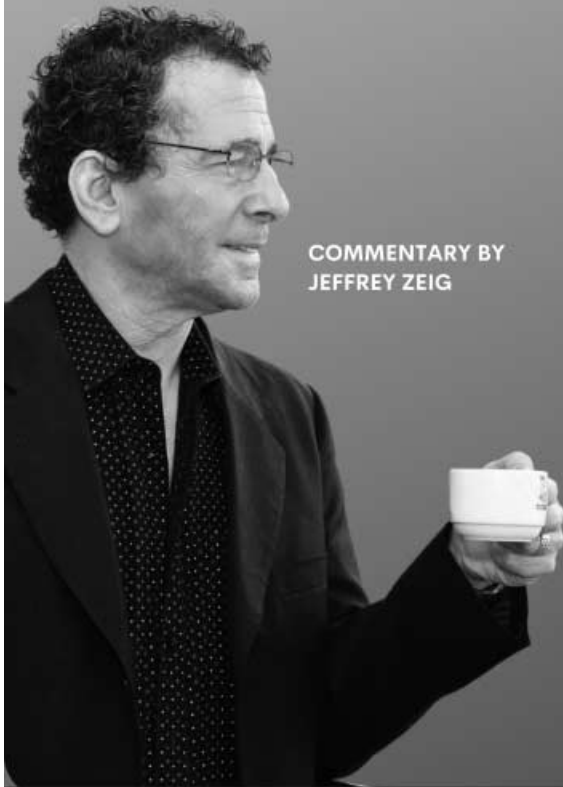
Equally interesting were the cases in which he determined swiftly that the patient did not want to change. In my own experience, one of the rarely discussed arts of therapy is the ability to figure out when the patient is done and wants to get on with life—without you. Milton was masterful at getting people out of treatment, often with the instruction that they had done well at the tasks the two of them had set.

What did I get from my hours with Milton Erickson? In 1974, it seemed as if everyone disagreed with me, including a wife, a therapist, and a phalanx of authorities who were rather uninterested in my belief that human emotion is an important area of study. Not long after I left Phoenix and returned to Philadelphia, I found myself operating with new courage to leave behind everyone who could not accept my areas of interest. Burned into my ears was Milton’s low, rumbling, cynical yet loving voice that told me, “You’re filled with wonderful ideas. But as soon as someone important to you disagrees, you give them up.”

It was Leon Wurmser, the Swiss psychoanalyst, whose work on shame so electrified me a few years later. He said that creativity requires the heroic transcendence of shame. Erickson said the same thing, even though he lacked the language my colleagues brought into vogue a decade or so later. Over and over, Milton Erickson said to us that we could change when we wanted to change and were willing to put in the effort to learn new ways of being. Would he be angry when we refused to change more than a bit in any particular session or moment? Not at all. We were going to change when we really wanted to change and were willing to change, and Milton Erickson would remain with us every step of the way.

I wonder how many of us therapists who worked with him have Seri woodcarvings in our offices. My carving is of a roadrunner. I call him Milton, and he watches me work all day. Several of the young therapists I’ve treated or supervised over the years (a few hundred by now) brought me carved birds from other cultures, thinking that I collect birds. And I guess that nowadays, I do.

And so, in answer to the question of whether Milton Erickson ever encountered failure in his work, I guess the best answer is that he did what he could in every interaction, and hoped that his work (his person, his essence) would foster change. Viewed in that manner, how could he fail?



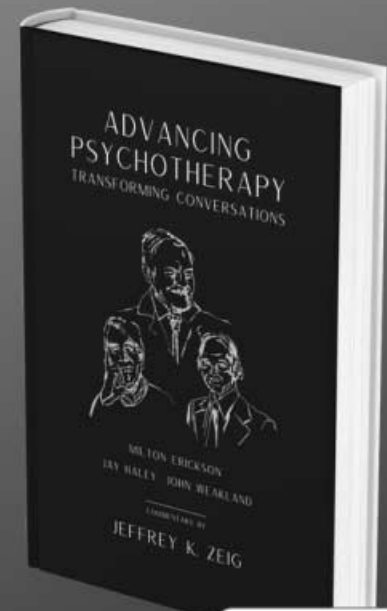
COMMENTARY BY
JEFFREY ZEIG

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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INTERNATIONAL COMMUNITY

Interview with Nicole Ruysschaert, MD

By John D. Lentz, D.Min.

Nicole Ruysschaert, MD, is a psychiatrist and psychotherapist, expert in clinical hypnosis. She is also a trainer, and supervisor. Ruysschaert is past president of the ESH (European Society of Hypnosis) and of the VHYP (Flemish Scientific Hypnosis Society) and in 2015 was elected as a board member of ISH.

For more than 30 years, Ruysschaert has worked in a private practice in Antwerp (Belgium). She offers keynotes, lectures, and workshops for Constitutional Hypnosis Societies of ESH and ISH in Europe, Canada, USA, China, Iran, and Australia. She has published papers on hypnosis for stress control, burnout, and happiness. In 2019, she received the Shirley Schneck Award from the Society for Clinical and Experimental Hypnosis in recognition of her significant contributions to the development of medical hypnosis. In 2023, she received The Roll of Honor Award for being instrumental in building up a constituent society, and subsequently the ESH.

She is author of the basic handbook, Klinische Hypnose Exploratie en Inspiratie. RUYSSCHAERT Nicole Klinische Hypnose—Exploratie en inspiratie (satas.com) and Zelfhypnose Werkt. Een veerkrachtig Antwoord op stress, burn-out en trauma Zelfhypnose werkt | Uitgeverij Lannoo.

Her website is: www.nicoleruysschaert.com. Her email is: nicole.ruysschaert@skynet.be

John Lentz: We have known each other for many years. This column is not just about the International Society for Hypnosis. It is about international hypnosis, and you are one of the star players in promoting hypnosis internationally.

Nicole Ruysschaert: I do my best wherever I can, in my own country and in other countries by contributing to the ISH newsletter. For many years I contributed to the European Society of Hypnosis. I started in Europe and then progressively widened my connections. The goal was to meet with likeminded people who believe in resources to overcome problems and limitations, and to gain access to any resources available, whether it's personal resources, but in particular the resources in connections with other people.

JL: You have a global way of thinking.

NR: Yes.

JL: It seems as if hypnosis is more popular around the world than it is in the United States. Do you also see that?

NR: Yes. During the last 10-15 years, internationally, more and more people are becoming interested and that brings together many people in the field, creating a bridge between different professions. And when we have training, groups, like our basic training, we have a common program for psychotherapists, medical doctors, dentists, psychologists, and psychiatrists. Noticing the differences and similarities we have in working with clients is enriching. In training together, people develop a common language, and that brings more of a connection. We can call it spirituality; being linked together, feeling that there is resonance, or that there is something unspoken in the interaction with the other and with the clients and in the way you look at people, not only at their problems, but also at their resources.

JL: What kind of innovations are currently exciting to you in using hypnosis?

NR: It is very interesting to me to not only have the mind-body interaction made visible, like in Rossi's mirroring hands approach, but also how what hap-

pens in the mind is expressed in the body and what the body is telling you can bring up different opinions or different ways of looking at problems.

Yesterday I worked with someone who wanted to make progress in her rehabilitation, and she was forcing herself. But at the same time there was something stopping her, taking care of her body, setting limits, protecting herself from over exercising, from being too demanding. So, we put that in the hands, and what's nice is that the right hand was the judge. In Dutch, you have *rechts* and *rechter*. Very similar to each other. So, when she says the *rechter*, she means the right hand which is also the judge. And so, she came across the idea that something in some part of her was judging, we needed to come to terms with that to find a negotiation, an agreement between the two, not having Judge Rechter being in charge and telling her what to do.

We not only need innovations in this interaction, but also innovations in bridging our knowledge of working with the body and with the medical field. So that's also one of my endeavors: to get more people trained, more aware of the value of hypnotic communication and positive communication in medical settings.



Nicole Ruysschaert, MD

I'm now writing my third book which will be about hypnotic communication in medical settings, and how patients can have less pain, less anxiety, and more comfort. For 10 years, I have coordinated training for hypnotic communication in medical settings in the Netherlands, in Germany, and in Belgium. More people are becoming familiar with what I call *skills for comfort*, like the research done by Elvira Lang. And so, we are bringing together the medical field with the psychotherapeutic field. We use multidisciplinary teams in university hospitals, to not only see the medical problem, but to be holistic and see the whole person in his totality and not just his parts.

When I studied at university in Ghent, we had a medical building, a hospital, and the master's in science was in a different building, quite a distance from the philosophy and psychology building. There was a literal and figurative separateness in the fields: the buildings were far apart, and fields were completely different worlds. We were not in touch with people studying philosophy and psychology, and they were not in touch with us. It's good to literally build the buildings closer to each other and to have more interaction among people in the different fields.

JL: I am curious, are you also looking at or finding clinicians who are enhancing healing of people with various issues by using hypnosis?

NR: Definitely, yes. One of our teachers in our society works a lot with the immunological system. She's a dermatologist and she emphasizes the value of healing. Just a few weeks ago, I had a client who had complications after surgery with a wound that was not healing and prone to reoccurring infections. I did a session with her about the inner doctor where we bring together our own immune system and all the natural healing capacity of the body, and add to that an image of the wound, envisioning how medication and treatment is helpful to improve the healing. So, we bring all that together, believing that this will get to a healing process. And she just sent me an email telling me finally after four months of the problem that the wound is healed. So, I believe that we can do more than just give medication and antiseptics to clean the wound, and obviously far more than merely comforting someone or lowering their pain level. We can actually heal them.

There are many links between our immunological system and our level of stress. People who suffer from stress have inflammatory reactions, and you can see it in their blood. So, it's very important that this can also be a part of healing. Not only the healing of feeling relieved from suffering, but also the physiological healing of the body.

INTERNATIONAL COMMUNITY

JL: Wow. I hadn't thought about using hypnosis to lower inflammation.

I have a patient who struggles with chronic inflammation. She totally believes that there is nothing she can do about it. She's a pretty good hypnotic subject, but her disbelief in getting better caused me to not even consider using hypnosis to help her.

NR: Okay, so you are suggestible to her. And being in a state of trauma by the interaction can be a possible explanation.

JL: Yes. And I don't admit to that lightly, but it's clearly what happened, because it didn't even occur to me to use hypnosis that way. She viewed her problem as intractable and only physical and that nothing was going to touch it.

NR: Maybe that was a very powerful suggestion she got from the medical field.

JL: I think so, Nicole.

NR: And that's also hard to change spontaneously, because people are vulnerable when enter the medical field, eager to make medicine work. And so, with her, all hope was taken away.

JL: Yes. Now surely you have another good story...

NR: I had a client, a woman in her 70s who suffers from something like interstitial cystitis. It appears that she has a very small bladder and the moment there is a bit of urine in the bladder, she feels the urge to go, and it's difficult to hold it. This means that she has had to wake up in the night, sometimes 10 times, and her sleep is interrupted. When she leaves home, she needs to take precautions. If she takes the train, there is a bathroom on the train. If she goes by car, she must wait until the next gas station or a place where she can stop. So, the medical suggestion was to have her bladder removed to give her relief.

But before having her bladder removed, she asked her physician if there were any other treatments. That's when her physician sent her to me.

We have been doing hypnosis to help her with the problem. It's getting better. I have suggested that she has an overenthusiastic bladder. The moment it feels something, it wants to empty. So, we have thanked her bladder for being over enthusiastic. I have been trying to better the communication between her inner mind, her unconscious and her bladder to not signal her until her bladder is half full. I have suggested that she wait and calm down until it's worthwhile to empty her bladder. And the longer she can wait, the more she trains her bladder, because when it's emptied often, it doesn't expand and it becomes smaller and smaller. It's not used to holding a half bladder volume of urine.

I gave her suggestions with the hope and idea that she can have impact on her bladder and she can regulate and rebalance her system to deal with that. And there are possible resources and ways of calming down the system. And she also told me, "I'm now a bit more stressed because there was a lot of traffic. I hurried to be on time. But when I was younger, this would give me migraine." There is a connection with the past, where her body reacts with psychosomatic problems when something happens that makes her feel stressed.

She is also learning ways to relax, like abdominal breathing to calm down and to feel comfort in that area. So, things can be rebalanced and relearned to have a better connection with the mind being in control over the body and a belief system. There are many ways to control the body, to calm down and to train and overactive bladder to not be over enthusiastic. It's a reframing of the problem.

JL: I'm so glad that she has seen you because she clearly is feeling relieved. And thank you for sharing your time with me today. It was a pleasure.

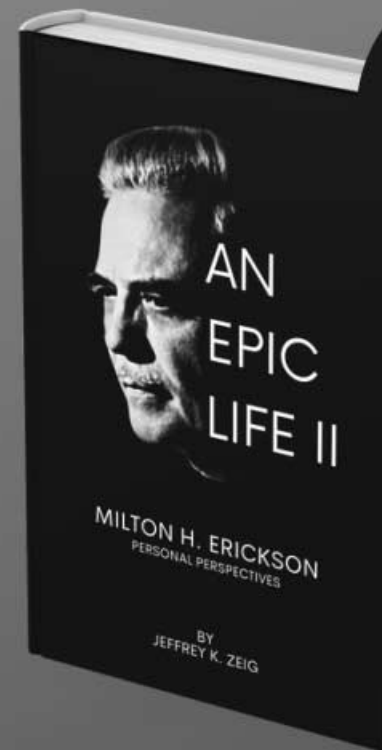
NR: The pleasure was mine. It was great to connect with you again.

An Epic Life II

PERSONAL PERSPECTIVES

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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HISTORICAL HYPNOTIC PROCEDURES

By Jeffrey K. Zeig, Ph.D.

Hypno-Analysis, by Lewis R. Wolberg

(1945, Grune & Stratton)

Lewis Robert Wolberg, MD, was an American psychoanalyst. He advocated the use of hypnosis in psychiatric treatment. Once when Milton Erickson was visiting New York, Wolberg challenged him to hypnotize a patient of his who was deemed non-hypnotizable. Erickson spent two hours working with the patient and finally the patient entered a deep trance. Wolberg was astonished. Within a few weeks, Wolberg began to make substantial progress with the patient.

In 1945, just after WWII when Erickson was still working at Eloise Hospital in Michigan, Wolberg's book, *Hypno-Analysis*, was published. On the inside front cover, Erickson writes: "...a most significant contribution..."

This book is divided into two parts. Part One is the case study of John R. and a dynamic interpretation of the case written by A. Kardiner, M.D. Part Two is "The Theory and Practice of Hypnoanalysis."

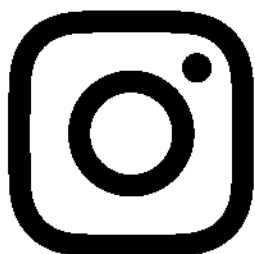
After WWII was just the beginning of the heyday of psychoanalysis, although Wolberg acknowledges up front in the preface that analysis has "practical drawbacks." It was time consuming, expensive, and there were too few analytically trained professionals to attend to the vast numbers of the mentally ill. In the preface, Wolberg proposes briefer forms of therapy, including hypnosis, and he credits Erickson, among others, for demonstrating how "...hypnosis has possibilities as a psychotherapeutic method and that it possesses certain advantages over other brief forms of therapy." But unlike Erickson, Wolberg em-

phasizes delving into the patient's past through hypnosis "uncovering traumatic memories..." as "The content of many hysterical, obsessional, and compulsive symptoms may be determined by experience and conditionings of the patient's past." When properly applied though, hypnosis can dramatically shorten the psychoanalytic therapeutic process, cutting through resistance related to the repression of traumatic memories and experiences. It also immediately draws the patient into a close relationship with the analyst.

Johan R. is Wolberg's patient. He is in his early '40s when he is hospitalized. Diagnosed as schizophrenic, Johan has severe emotional problems. He is inaccessible, withdrawn, and neglectful of personal hygiene. He drools, talks with his hand over his mouth, etc. He was hospitalized because he stopped eating or rather eats only coarse food, no longer engages with others or with his personal interests. He is depressed and convinced that God "deems him unworthy" because of his uselessness and because he seeks knowledge, truth, and wisdom, and because he seeks pleasure through masturbation. His world is sharply divided into good and evil. According to the patient, masturbation is evil. It is the cause of his decay, as he rots from the inside out with foul smells and bad teeth. The religious belief system in which Johan was reared is not discussed but one wonders what religious dogma surrounded the patient in his formative years. His suffering takes on meaning. It is atonement for his "sins."

The patient is a prolific note writer and his notes become part of the therapy. At first the patient writes notes for himself and Wolberg, but he becomes ashamed of his ambition and burns all his notes and books. He kills the part of himself that he identifies with his father. He is now a good boy, which means he is not assertive. Wolberg encourages him to be assertive but at this point he cannot be, so his writing serves as a substitute. From this point on, he only writes to Wolberg's secretary, who serves as a mother substitute.

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HISTORICAL HYPNOTIC PROCEDURES

In the hospital, he easily submits to degrading activities, such as scrubbing floors, because he feels he deserves the punishment, it is atonement. But the patient rejects the notion that if he were obedient, he would be loved. "That was sham! You only taught me that for your convenience..." he tells Dr. Wolberg, "...to keep me ignorant and submissive, and therefore less troublesome." But Wolberg does not punish him, rather he encourages him, and this makes the patient feel worthy and respected.

Wolberg begins to use hypnosis, although much of the therapeutic work has been done and hypnosis is only a continuation of that work. There are hypnotic failures at first. Wolberg uses hypnosis to have Johan recall dreams and presses the patient to exercise self-assertion. But at the beginning the assertion is just limited to attitude and not actions. Hypnosis or no hypnosis, Johan cannot follow through on the self-assertion suggestions and he shuts down. The therapy causes too much anxiety, and he is not equipped to carry out a suggestion. Kardiner notes in his interpretation: "Hypnosis cannot give the patient implements that he does not possess. It can only use those that he has and create practice situations for their development."

A new phase of the therapy on a more modest level begins, and the patient is hopeful. He has a dream about fixing broken things. Through dreams and therapy, it is discovered that Johan has not been given adequate affection from his mother. She has not been responsive to him. In relating his dreams, it's clear that he fears Wolberg will treat him no better than his mother.

Johan shies away from anything remotely connected to sex, feeling as though he might be punished for his natural curiosity, although he never has been. He does not admit to any sexual difficulties and says that people are unhappy in marriage anyway. But is masturbation the real problem or is it a projective symbol that the patient mistakes for reality?

Wolberg uses colors, smells, and sensations in hypnosis, assigning them new values. For example, he assigns new value to yellow. The patient associates yellow with masturbation. It is the color of fear and punishment and destruction. Upon awakening from hypnosis, Wolberg suggests that Johan pick up a yellow pen and he cannot do it. Johan identifies the feeling he gets with the pen as the same he gets from masturbation. He is hypnotized again and told the details of the experiment. Eventually, he sees the yellow pen as just a pen and feels relief.

There are indications that the patient is improving. He has verbally complained about the hospital food and eventually he begins to enjoy things that he once disliked. At first, he resists the new values for colors, smells, and sensations but then he finds them agreeable. The patient develops a new consciousness of himself and his experiences, although he is still passive. The patient notes: "Chance associations get mixed up and identified as true experiences...As one's attitude changes, a different set of emotions may be aroused by these same sensations."

Many more dream suggestions and dreams are used for interpretation. The patient has a dream that confirms that Dr. Wolberg has become a surrogate parent. But without Wolberg's guidance and protection to keep the patient safe in the world, the patient is lost, "imprisoned in a shell," that keeps him from experiencing "the beautiful things" life has to offer. Wolberg eventually introduces "judgement" and "control" to the patient and assigns a high value to both. Through hypnosis, Wolberg suggests the patient can be his own agent, not a victim of his own perceptions, but a master, if he (the patient) is willing to exercise judgement. These hypnotic experiences offer the patient a new sense of mastery over his world. And eventually, the patient is freed from his generalized terror over masturbation, which only serves to symbolize any self-assertive behaviors, such as demanding that the hospital food be improved.

"The therapeutic gain therefore is achieved by the process of freeing many of the activities held in check by the terrific anxiety, and by limiting its inhibitory effect. The treatment ends at this point. But it must be remembered that in the stunted course of Johan's growth, many functions have remained undeveloped...the technical devices used to mobilize the patient for change from one state of organization to another..." include: "hypnosis...automatic drawing...crystal gazing...with hypnosis as the cardinal weapon...the therapeutic process had already begun before hypnosis was introduced. The hypnosis did not, therefore, create the conditions for therapeutic effectiveness; it merely exploited the opportunity...The hypnotic procedure has one cardinal virtue. Through its agency it is possible to break through the inhibitory effect of consciously organized systems."

Although psychoanalysis is no longer as popular, the gains evident with Johan R. make a compelling case for using hypnosis in psychoanalysis, as a way of quickly breaking down resistance and uncovering buried memories and experiences that can lead to reforming one's deep-rooted beliefs and systems.

A little goes a long way...

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IN MEMORIAM

In Honor of Dr. Sue Johnson

By Jeffrey Zeig

With deep respect and a heavy heart, I write this tribute/obituary about Dr. Sue Johnson who was born December 19, 1947, in Chatham, England, Kent, and died April 23, 2024, in Victoria, British Columbia, Canada. Sue Johnson was a world-renowned therapist, teacher, author, popular presenter, researcher, and founder of Emotionally Focused Therapy (EFT). Sue trained counselors in EFT and consulted with 89 international institutes and affiliated centers that practice EFT. She also consulted with the U.S. and Canadian militaries.

Sue earned her undergraduate degree from the University of Hull and subsequently moved to Vancouver, Canada, where she earned her master's degree and doctorate from the University of British Columbia.

She was passionate about helping people, especially couples in dire need of help in their broken relationships. So, she dove into research, viewing myriad therapy sessions to identify and understand what could make a difference in couples' lives. That research became her thesis and the foundation of Emotionally Focused Therapy (EFT): a humanistic and experiential model of therapy. It may be the most empirically validated couples' therapy. During (and after) her tenure as a professor at the University of Ottawa, Sue further developed EFT, demonstrating that it has relevance and value for individual (EFIT) and family (EFFT) therapy.

Sue was a significant writer and teacher and fascinating interview subject. Her books for professionals include *The Practice of Emotionally Focused Couple Therapy: Creating Connection* (3rd edition, 2020); *Emotionally Focused Family Therapy* (2019); *Emotionally Focused Couple Therapy with Trauma Survivors* (2002); and *Attachment Theory in Practice: EFT with Individuals, Couples and Families* (2019). She also wrote two books for the layman: *Hold Me Tight, Seven Conversations for a Lifetime of Love* (2008), which has sold more than a million copies, been translated into over 30 languages and developed into relationship educational programs. Sue also wrote *Love Sense, The Revolutionary New Science of Romantic Relationships* (2013), which explores the science behind romantic relationships. Her first book of fiction, *Edgar and Elouise – Sagas 1 & 2* (2022), is a delightful tale of animals who join forces to fight to save their world.

Along with her books for professionals, Sue believed that her work needed to be demonstrated so that others could understand what works and how emotion is vital for health and well-being. So, she recorded live therapy sessions to be used as educational materials.

Sue was founding director of the Ottawa Couple and Family Institute in 1998. Subsequently, the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) was established. It is a worldwide network of mental health professionals who promote the use and understanding of EFT. Sue certainly achieved her goal of having an impact on the field.

Sue Johnson was the recipient of many awards. She was most proud of receiving the Order of Canada, her adopted country, and the 2022 Lifetime Achievement Award from *Psychotherapy Networker*.

Sue Johnson was also a steady presence at the Evolution of Psychotherapy conferences, serving as faculty in 2009, 2013, 2017, and 2021.

She is survived by her husband, John Douglas, and her children Sarah Nakatsuka and Tim and Emma Douglas.



Jeffrey Zeig & Dr. Sue Johnson

BENJAMIN FRANKLIN AWARD

Jeff Zeig Bestowed Highest Honor at ISH Congress

This June (12-15), the International Society of Hypnosis (ISH) held its 22nd congress in Krakow, Poland. Approximately 700 attendees from more than 40 countries met in a lively, multicultural atmosphere to discuss the challenges and rewards of the field. There were panel discussions, keynotes, and workshops, all addressing relevant themes and perspectives.

During the gala dinner, the ISH Awards Ceremony was held, and Jeffrey K. Zeig was awarded the society's highest honor—the Benjamin Franklin Gold Medal—for his distinguished career of more than 40 years and for promoting hypnosis worldwide.

The award is typically given every three years (although not from 1985 to 1997) to members of ISH, although notable exceptions can be made (e.g. Milton H. Erickson, the initial expert to receive the award).

Past awardees include Milton H. Erickson (1976), Ernest R. Hilgard (1979), Martin T. Orne and Emily Carota-Orne (1982), Josephine R. Hilgard (1985), Per Olof Wikstrom (1997), Graham D. Burrows, (2000), Peter B. Bloom (2004), Jack G. Watkins, (2006), Karen N. Olness (2009) Camillo Lorioed (2012) Éva I. Bányai, (2015), Julie H Linden, (2018), and Bernhard Trenkle(2022).



Camillo Lorioed, Bernhard Trenkle, Jeffrey Zeig, and Krzysztof Klajs, director of the Polish Milton Erickson Institute and incoming president of ISH

BOOK REVIEWS

Untangled: Guiding Teenage Girls Through the Seven Transitions into Adulthood

by Lisa Damour, PhD

Paperback: 368 pages

ISBN-10: 0553393073 / ISBN-13: 978-0553393071

Ballantine Books, 2016

A shaggy dog review by Rick Landis, PhD

Since it came out in 2016, there have been many glowing reviews of Lisa Damour's book *Untangled*. Parents of teenage daughters love it and there is little doubt as to why Damour was chosen to consult on Disney's blockbuster animated film, *Inside Out 2*. In this review, I will focus on how I have used this book in teaching students and interns.

Much of the power of Erickson's ability to elicit strengths and evoke experiences that fueled those strengths was based on his lifelong understanding of the nature of human patterns and developmental evolution. Erickson identified where a person was stuck and used hypnosis and engaging assignments to help them get unstuck. This moved them on to the next step. He rarely had the person directly aim for their ultimate goal. He had the faith and experience to know that just getting past the stuck place could move one back into the life-cycle process, and that was enough. If they felt they needed more, he hoped that they would be back.

Many of my students found that learning to induce a hypnotic trance was not enough and they lacked the breadth of understanding that Erickson had to tailor their interventions to where the clients were at that particular moment. They

needed help to recognize classic developmental patterns from which their curiosity could grow.

This is where *Untangled* comes in. Since Damour's book came out, the author kindly helped both me and my students demystify the evolving behavior of adolescent girls. By answering my favorite question, "What is the problem you are trying to solve when you do what you do or say what you say?", she provided my students with initial targets for loosening the deeper stuck places. Her chapters describe patterns that can naturally move forward, those that are stuck, and those that have moved into problematic directions and need a course correction. She suggests phrasings and presuppositions that can minimize resistance and open the teen's unconscious mind to future possibilities, even when the teen is not ready to leave her current drama, yet. "Yet." It's such a wonderful word.

Damour organizes her chapters into sections. In the first chapter, *Parting with Childhood*, she outlines the initial transitions from childhood to full adolescence, sectioning the chapter with *The Cold Shoulder*, *Allergic to Questions*, *Surprisingly Mean*, *The Swimming Pool*, *Totally Competent Except When She's Not*, *Blooming Reluctantly*, and *Smoke Without Fire*. This is a wonderful time of transition where everyone is confused, teens and parents alike. However, it is normal and there is no reason for undo concern...unless...So at end of each chapter, Damour includes a final section: *When to Worry*, which is helpful for parents and especially clinicians who haven't had adolescents in their lives yet.

Subsequent chapter titles are: *Joining a New Pack*, *Harnessing Emotions*, *Contending with Adult Authority*, *Planning for the Future*, *Entering the Romantic World*, and *Caring for Herself*. With all the chapters, sections, and subsections, the reader is offered a goldmine of understanding.

I recommend this book for every clinician who has been previously reluctant to work with adolescent girls. It not only provides direction and meaning to the process, but it seems as if it was created for the Ericksonian mindset. (Also, do see *Inside Out 2*. It is so right on!)

Book Store Spotlight

Parental Presence: Reclaiming a Leadership Role in Bringing Up Our Children will provide mental health professionals of every discipline — and parents from every walk of life — with the keys to an integrative parenting approach that works. Although there has been much talk about the impact on a family when one or both parents is literally absent, there has been less about what is perhaps even a more pervasive sort of absence — when the parent lives in the household but has withdrawn from the parenting role.

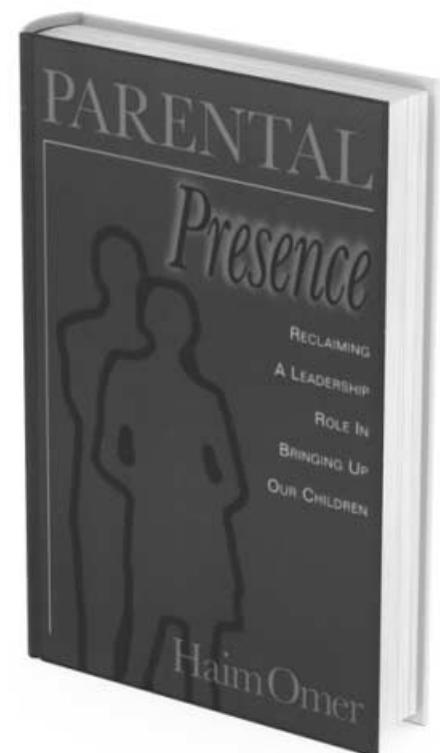
Weaving together a wide array of powerful case excerpts, this book describes — and shows in action — ways to regain the parenting role by employing a unified concept of love and firmness. The guiding tenets of parental presence are first introduced and then analyzed in light of behavioral, systemic, and humanistic approaches. Next, the author shows how parents can recover the capacity to take action and considers the influences of others on parental functioning.

The loss and retrieval of personal identity are discussed, as are novel ways to deal with impasse and promote resolution. Finally, Omer takes a realistic look at how to involve children in therapy without weakening the parent's position.



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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	2.
11/1-12/27	Intensive Training Level F / Virtual / Borges, Geary, Lankton, Short, Zeig	1.
11/1-4	Master Class in Ericksonian Clinical Hypnotherapy / COSTA RICA / Zeig	3.
11/14-17	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	4.
11/19-23	Training in Ericksonian Therapy / Virtual (Guangzhou, CHINA) / Zeig	5.
2025		
1/9-12	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	4.
1/10-2/28	Intensive Training Level A / Virtual / Borges, Geary, Short, Zeig	1.
2/20-23	What can hypnotherapists and psychotherapists learn from filmmakers... and social psychologists? (And the Masters of Psychotherapy) / Rottweil, GERMANY / Arno Aschauer, Daniel Bass, Christian Mikunda, Andreas Steiner, Bernhard Trenkle, Zeig	6.
2/25-26	Master Class in Ericksonian Psychotherapy / Koln, GERMANY / Zeig	7.
3/7-4/25	Intensive Training Level B / Virtual / Borges, Geary, Short, Zeig	1.

DATE	TITLE / LOCATION / LEADER	CONTACTS
2025		
5/9-6/27	Intensive Training Level C / Virtual / Borges, Geary, Short, Zeig	1.
7/18-9/5	Intensive Training Level D / Virtual / Borges, Geary, Short, Zeig	1.
9/17-10/22	2025 Intensives+ / Virtual / Geary	1.

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: Email, ceci@grupocem.edu.mx or <https://grupocem.edu.mx/master-class-con-jeffrey-zeig-y-teresa-robles/>
- 3) For information: Email, info@danielaconstantin.com
- 4) 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
- 5) For information: Email, 1250947144@qq.com
- 6) For information: Email, mail@bernhard-trenkle.de
- 7) For information: Email, m.luetz@alexianer.de

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 December 2024 issue (Mail Date: early December) is October 10, 2024. All workshop submissions are subject to approval by the Erickson Foundation.

Upcoming Master Class with Teresa Robles and Jeffrey Zeig in Mexico City

Jeffrey Zeig, founder of The Milton H. Erickson Foundation, Inc. (Phoenix, Ariz.), and Teresa Robles, founder of the Ericksonian Center of Mexico, will hold a Master Class on Ericksonian Hypnosis and Psychotherapy in Mexico City, Mexico, October 19-20, 2024. The course will be held at the Courtyard by Marriott Mexico City.

Discuss the latest trends and advances in the field of hypnosis while learning powerful techniques to improve the efficiency of your clinical work and increase confidence. For information and to register visit <https://grupocem.edu.mx/master-class-con-jeffrey-zeig-y-teresa-robles/> or Email, ceci@grupocem.edu.mx

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 Arizona Psychological Association (AzPA) will hold their annual convention September 12-14, 2024 at the Hilton El Conquistador Resort in Tucson, Arizona. The convention theme is *Embracing Embodied Healing: Science, Spirituality, Culture*. For information visit www.azpa.org/2024-Annual-Convention or email admin@azpa.org

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 Loredio, 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: www.erickson-foundation.org/anxiety-depression-conference or email support@erickson-foundation.org

The annual conference for the Arizona Counseling Association (AzCA) will be held October 19, 2024 at the Desert Willow Conference Center in Phoenix, Arizona. More information will be available in coming weeks at www.azca.org or email info@AZCA.org

The 75th Annual Workshops and Scientific Workshops, "Mind Unleashed," will be held October 23-27, 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 Psychotherapy Networker will hold the 48th Annual Symposium March 20-23, 2025, at the Omni Shoreham Hotel in Washington, D.C., and online. For pre-registration and more information visit <https://www.psychnetworker.org/> or email questions to symposium@psychnetworker.org

The American Counseling Association (ACA) Annual Conference and Expo Program will be held March 27-29, 2025, in Orlando, Florida. Information and registration will be available in coming weeks at www.counseling.org or email the ACA at professionaleducation@counseling.org

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

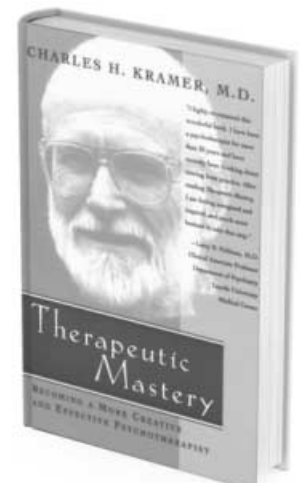
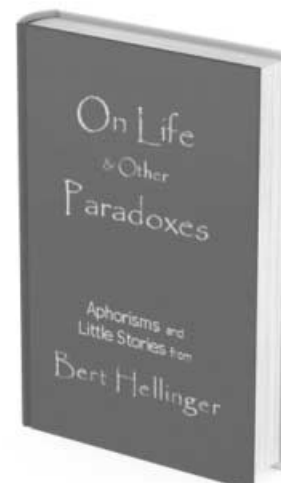
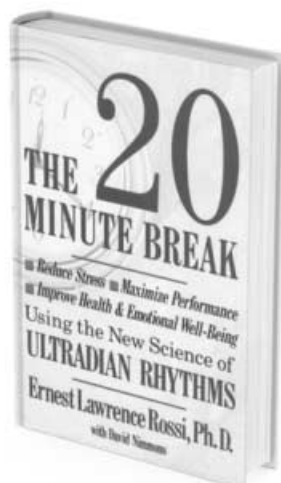
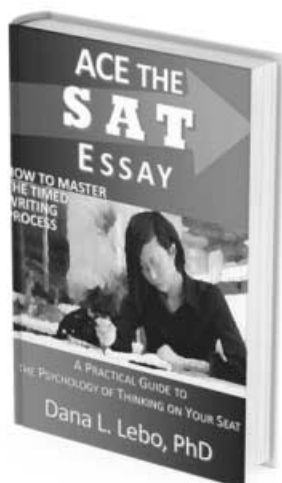
2026 — The XVII European Society of Hypnosis Congress will be held August 26-30, 2026, at Glasgow University in Glasgow, Scotland. The Congress is sponsored by the European Society of Hypnosis (ESH). For information and to register visit <https://esh-hypnosis.eu/xv-esh-congress/> and follow @esh2026glasgow on Facebook and Instagram for the most current information.



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INTERVIEW

continued from page 7

RM: I'm thinking about *machismo* in the Latin culture and men who were trained to be the one in power and the one who is respected, and who is deferred to by his wife, or his kids, or his community. What do you do as a couples' therapist in this case?

LB: To create awareness about *machismo* with couples, the therapist needs to be aware of what's happening, and sometimes we are not. So, it is important for professionals to learn about it.

For the couples, I might ask about their parents' relationships, and the relationship model that was taught to them. I also ask them what they would like to keep and get rid of. We can start by creating their own marriage rules in a way that works for the two of them. If it is not good for the two of them, then it isn't sustainable.

RM: Well, I'm going to brag for you for a moment, because you're not afraid to confront someone. If there's an awareness of this dynamic—of a man who is utilizing power over his spouse—in your gentle yet assertive

way you will most likely challenge it.

LB: Yeah, I'm kind of known to do that because it has affected my life in so many ways. It's my passion to bring that awareness.

So, when I talk about multiculturalism, I am talking about different avenues. One of my specialties is to help couples with multiculturalism adapt to a different country; how to honor both their cultures; how to keep and maintain secure functioning and shared power in the relationship. All of this is my passion and specialty. But also, social justice and helping bring that to couples is dear to my heart. And *machismo* isn't only present in Brazil. I was very surprised coming here to the states to see gender inequalities happening here too.

RM: Yes. You're an incredible resource. And the people who read this article should absolutely look up your work, your writing, and your teaching. You're an incredible teacher and you're making an impact in the world of couples' therapy.

LB: Thank you, Rick.

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Questions? Email, karen@erickson-foundation.org
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