THE MILTON H. ERICKSON FOUNDATION
NEWSLETTER

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INSIDE THIS ISSUE

INTERVIEW
Harville Hendrix/Helen LaKelly Hunt
Interviewed by Rick Landis 1

IN THE SPIRIT OF THERAPY
Michael Yapko, PhD
Interviewed By John D. Lentz 4-5

CASE REPORT
Marilyn and Her Four Issues 6

UNEARTHED FROM THE ERICKSON ARCHIVES 8-9

INTERNATIONAL COMMUNITY
Interview with Teresa Robles 10

LIBRARY COLLECTION 11

COURSE OFFERING 12-13

IN MEMORIAM 14

TRANCE AROUND THE WORLD
Eric Greenleaf 15-16

BOOK REVIEWS 17

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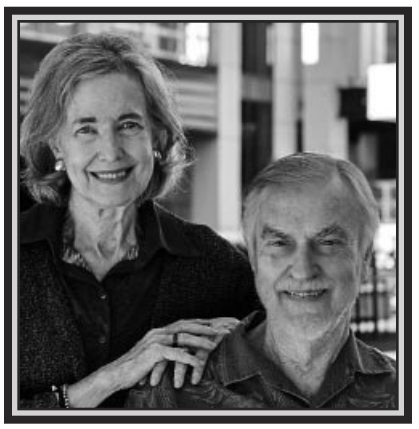
INTERVIEW

Harville Hendrix, PhD and Helen LaKelly Hunt, PhD

Interviewed by Rick Landis, PhD

*Harville Hendrix and Helen LaKelly Hunt are co-creators of Imago Relationship Therapy and a social movement called Safe Conversations. Internationally respected as couples' therapists, educators, speakers, activists, and The New York Times bestselling authors, their 10 books, including the classic, Getting the Love You Want: A Guide for Couples, have sold more than 4 million copies. Their newest book is How to Talk with Anyone about Anything: The Practice of Safe Conversations. Harville appeared on the Oprah Winfrey television program 17 times! Helen was installed in the National Women's Hall of Fame and the Smithsonian Institute. They have six children and eight grand*children.



Helen LaKelly Hunt & Harville Hendrix

Rick Landis: I am curious not just about the *Imago Relational Paradigm's* evolution, but your own evolution—as people behind the understanding.

Helen LaKelly Hunt: When I was in college, getting a degree in psychology at Southern Methodist University because I was interested in helping people become better at solving their problems, there was a law student named Randy. Someone told him about me. He knew my father was H. L. Hunt [American oil tycoon] and he asked me on a date. After a few times seeing him, I realized I wasn't interested in what he was doing with his life. I mean, psychology and law are very different. I didn't think he was exactly the right one.

However, my family thought he was great. And after three years of dating, and he proposing to me a couple times and my family pressuring me to marry him, I finally said, "Okay." After we were married, without telling me, he contacted Hunt Oil Company and asked if he could have a job. Well, that's my company! Why didn't he tell me that before we were going to marry? I didn't want to marry someone who was working at our family company. So, he went to work at our oil company, and we had a baby. And then we had the second baby while I was still trying to help to find a way to help people better their lives. My husband would go to work and, he didn't tell me what he was doing. He didn't tell me who his bosses were or anything.

Well, one day the phone rang and the man on the phone said, "Helen, Randy is fired. He needs to leave the country and never come back."

I told Randy about the call, and he just started packing up his suitcase. He got tickets to Switzerland. At that time, we had a little girl who was about 2, and one that was about 9 months. When the taxi came to pick up Randy, he got his suitcase, walked through the living room and didn't even say good-bye. I was left rocking the baby on the back porch.

So, I decided that I was going to pick the next guy I married.

Harville Hendrix: I had some training in psychotherapy, but not a lot. My graduate program was more theoretical than clinical. I did internships and was supervised in psychotherapy, but never took an internship or a course in couples' therapy.

I was a professor at Perkins School of Theology and the department of pastoral care and was assigned to teach pastoral care, which included couples counseling, psychotherapy, and pastoral counseling. Having never had a course in couples' therapy, I did what professors do: I read the literature, and then I taught. I became interested in doing couples' therapy. But from the literature, I discovered that couples' therapy at that time had only a 40 percent success rate. And that stunned me. People with pain and suffering didn't

INTERVIEW continued on page 7

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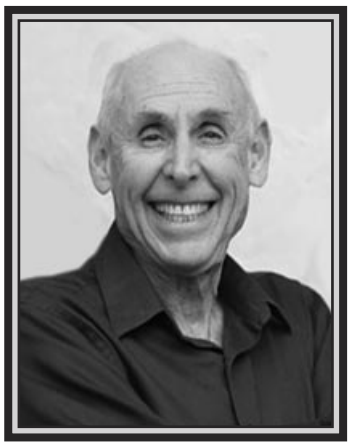
Editor's Comments

This last summer I experienced my 80th birthday with a sense of surprise. I always assumed that it would take a lot longer for me to get this old. Blinked twice and here I am. I spent 60 of those years learning about as many types and schools of therapy that I could. For the last 50 years, I added neuroscience, integrative medicine, and the spiritual side to my definition of what it means to be fully human. I initially learned each element and school as a separate lens that defined what each domain felt was worthy of attention and what was not.

Over time, I did what many of us have done: I discovered that it is less a lens and more like a narrow-beamed flashlight shining on a splendid garden at midnight. In the dark, we can aim the flashlight beam and see the roses. All else is dark. Move the beam and the agapanthus come into view and the roses disappear. And so it goes, until you have covered as much of the garden as your light can cover, one small section at a time.



Rick Landis

And then something wonderful happens: Magically, the lens on the flashlight expands the light to shine on more of the garden. The relationship of the colors, shapes, and sizes complement and contrast with each other. We now can notice the soil and realize that it also is alive. We recognize it is an interdependent ecosystem, and that the garden is not just individual elements brought together. And we begin to truly understand, not just see or do. In its infinite complexity, its simplicity is also manifested.

And so, the focus of this issue is on the work of those who have created the illumination of clarity and simplicity. Each of this issue's contributors, as well as our amazing newsletter column editors and staff has made the journey. Each initially started with the tight focus that comes with early discovery. Over time, they expanded their understandings to develop an elegant simplicity that interconnects us all.

I am starting this issue with our *Featured Interview* of Harville Hendrix and Helen LaKelly Hunt in the form of a metalogue. I was first introduced to the concept of a metalogue by Gregory Bateson in the 1970s. A metalogue is a communication style in which a process is being *described* and at the same time, the *form* of the discussion is an example of that same process. The interview covers more than 35 years of the evolution of the couples' Imago Dialog, using its mirroring, validation, and empathy elements as the scaffolding for the interview itself. We all had fun doing this informative interview. Please enjoy it with us.

In Eric Greenleaf's *Case Reports* column, Rubin Battino presents *Marilyn and Her Four Issues*. It is an example of Battino's ability to integrate multiple approach elements through multiple lenses in a single session. Greenleaf's encapsulation is equally brilliant and poetic.

John Lentz introduces us to a side of Eric Greenleaf of which many of our newsletter readers might not be familiar. For more than 35 years, Greenleaf has been inviting colleagues and students to join him in his investigation of Balinese trance healers and mass trance ceremonies. In the article, Greenleaf describes the difference between a person going into a trance and a trance going into the person. This is an interesting difference that permeates the Balinese experience. Welcome to a different world.

For *In the Spirit of Therapy* column, Lentz discusses with Michael Yapko how Yapko's perspectives have expanded since he was first interviewed for this column in 2006. It is interesting to see how clinical options can expand as one moves beyond the traditional medical model of depression into a social integration model.

Teresa Robles has been a constant force within the Ericksonian community for as long as I can remember. Her presence has always been felt at the congresses and Brief Therapy conferences. Reading John Lentz's *International Community* interview of Robles brought back memories and reminded me of what an international powerhouse she is. Welcome back to the newsletter family, Teresa.

Jeff Zeig provides us with a quartet of book reviews: *Transforming Lives with Hypnosystemic Therapy: A Practical Guide* by Stefan Hammel; *The New Marriage Clinic* Updated, by John and Julie Gottman; and *Super Psyched* by Adam Dorsey. Each review of these very different books is written in Zeig's concise and informative style. As you read them, it will become clear why he chose each to review.

Zeig also writes a review for the new column *From the Erickson Library Book Collection,* formerly Historic Hypnotic Procedures. He reviews *Clinical Applications of Suggestion and Hypnosis*, written by William Heron (1957). This book is *"a concise, practical, well written historical guide for clinicians to use hypnosis…"*

John Lentz reviews Michael Hoyt's latest contribution to the single session mindset to therapy, *Single Session Therapy: A Clinical Introduction to Principles and Practices*. In this review, Lentz describes how Hoyt has elegantly refined and distilled the concept of single session therapy into a naturalistic lens that can fit into and enhance any clinical approach.

Dan Short has contributed to this issue with the article, *What is Ericksonian Choice Architecture?* He will answer that question more fully in the modules he will be teaching next year starting March 12th, and then once a month for eight months. You can attend either in person at the Erickson Foundation or online. (https://www.erickson-foundation.org/ericksonian-choice-architecture)

All our contributors to this issue have collectively combined centuries of hard work, dedication and love into their respective journeys. Through their efforts we can better understand the many diverse elements, interconnections, interdependences, and responses to adaptive pressures involved in what it means to be human.

And the journey continues.

Rick Landis, Orange, CA

THE MILTON H. ERICKSON FOUNDATION
NEWSLETTER

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A question and answer period will be included in each session. There will be six sessions in September and October, 2025 of 2.5 hours each. A total of 15 continuing credit hours is available. The sessions will be scheduled on Wednesdays from 9:30 to 12:00 p.m. Mountain Standard Time and will be recorded for later viewing as well.

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In The Spirit Of Therapy

Interview with Michael Yapko, PhD

By John D. Lentz, D.Min.

Michael D. Yapko, PhD., is a clinical psychologist residing near San Diego, California. He is internationally recognized for his groundbreaking work in applying clinical hypnosis in outcome-focused psychotherapy, especially in the treatment of depression. He has been invited to present his innovative ideas and methods to colleagues in more than 30 countries across six continents, and throughout the U.S. He has been a sharp critic of the medical model of depression and instead advocates for a social perspective, suggesting the problem is less in one's biochemistry and more in one's circumstances and how a person manages them.

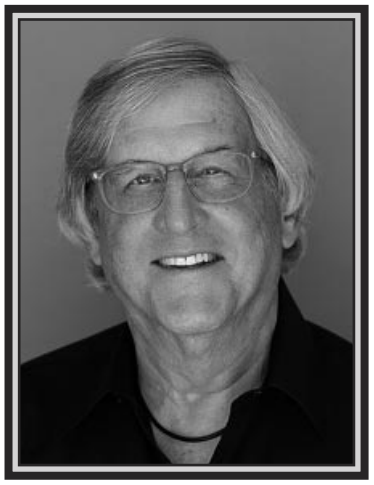
Dr. Yapko is the author of 16 books, three edited books, and nearly 100 journal articles and book chapters. His most recent book for professionals is called Process-Oriented Hypnosis, and he is currently busy preparing the 6th edition of his widely acclaimed hypnosis textbook, Trancework, due out early next year. His works have been translated into 10 languages.

He is a recipient of Lifetime Achievement Awards from the International Society of Hypnosis, the American Psychological Association Div. 30, and The Milton H. Erickson Foundation for his contributions to the fields of clinical hypnosis and psychotherapy. He is also the developer of the popular digital hypnotherapy mental health app called Claria in association with the Australian digital therapeutic company, Mindset Health (www.mindsethealth.com).

More information about Dr. Yapko's work is available on his website: www.yapko.com.

John Lentz: Michael, you have taken much of the stigma out of depression and anxiety by the way you treat people with dignity. They may be suffering with symptoms, but you still see them as having resources. That prompts you to emphasize "skills over pills."

Michael Yapko: I appreciate that observation and hope to reinforce it in our discussion. Depression is a pervasive and complex, mutidimensional disorder. I try to make depression more understandable and more easily treatable rather than frame it as a "mental illness."



Michael Yapko, PhD

I am an advocate for the recognition that depression is far more a social than medical problem. The unfortunate thing is that our society has medicalized what is largely a non-medical problem. The COVID-19 pandemic helped support my social perspective when the rates of depression and anxiety doubled in a three-year span because of the changes forced on us that we weren't prepared to handle very well. Suddenly we couldn't go to school or work, we had to socially isolate, we couldn't visit our sick friends or relatives in the hospital, and on and on. Our environment changed quickly and radically, and the sharp rise in depression was a clear consequence. That's not meant to imply that depression doesn't have any basis in biology, but the evidence has grown to levels too great to ignore that depression is far more than a hypothetical neurochemical imbalance.

JL: Do you recognize a spiritual aspect of your approach?

MY: If depression isn't an assault on the soul of humans, then I don't know what is. I think as soon as you start treating people who are suffering from depression, you are reaching into their soul as well as their outlook on life and way of living life. So, I am an advocate for recognizing the social origins and social consequences of depression. That's why I wrote the book *Depression is Contagious*, in 2009. In that book I brought together information from many different allied fields, including genetics, epigenetics, affective neuroscience, cognitive neuroscience and others that independently reached the same conclusion: The medical view of depression isn't the most appropriate or beneficial view to take.

JL: Reading your work, it's impressive how you make treating depression so doable, so clear in both the goals and the steps to reach the depressed person. In your popular self-help book, *Breaking the Patterns of Depression*, you offer treatment strategies that are practical.

MY: Thank you. *Breaking the Patterns of Depression* was written in the late 1990s and even now continues to be my most popular book. I filter the things I write and teach through the lens of pragmatism. I just like things that are, in your words, "doable."

I gave a lecture on depression to the Australian Psychological Society when I was teaching in Australia a few years ago. They posted it on *YouTube*, and it has now garnered more than 5.2 million views! That seems extraordinary for a depression lecture, but I believe it's because it's so practical. For interested readers, the link to that lecture is now on my website at www.yapko.com. I value practicality for many reasons, but an especially important is one of the many risk factors for depression is what's called a global cognitive style. Global cognitive style means, metaphorically, that people will see the forest without seeing the trees. Translated, that means they know they want to feel better, but they don't have specifics for how to do that. So, it's essential to provide people with a concrete path to follow based on their individual needs. Each person's experience of depression is different. Each person's pathway *into* depression is different and each person's pathway *out* of depression is unique.

JL: In your treatment, you have emphasized the use of *process-oriented hypnosis* and you recently wrote a book by that name. It sharply contrasts with focusing on the content of someone's problems by striving to change the structure of their difficulties.

MY: A process-oriented approach to hypnosis hadn't been articulated in my previous books in the way that I did it in *Process-Oriented Hypnosis*. It comes from years of developing and polishing and integrating the influences of many different people.

JL: You say very clearly that hypnosis is a vehicle of treatment, but in and of itself doesn't cure anything. I agree with you. Listening to what you do and how you do it, it's clear you are expanding the client's awareness of their strengths in a very intentional way.

Previously, I thought it was hypnosis itself that was therapeutic. I didn't recognize that I was inviting clients to a place where they could be in touch with their strengths, and that's what ultimately made a difference to them.

MY: I'm glad you came to that realization because this has been one of the challenging issues for many therapists. They have somehow excluded themselves from the hypnotic interaction. For example, there are therapists who routinely say that "all hypnosis is self-hypnosis." I've heard that said so many times over the course of my career. I just don't get how someone can say that. If all hypnosis is self-hypnosis, then what does the client *need* you for? That's the whole point of doing hypnosis: You're introducing new ideas and new perspectives, and you're associating clients to the abilities they didn't know they had, empowering them in the process. You're providing your suggestions as a stimulus.

Now, the person may not absorb your suggestions in exactly the way that you intended. Your suggestions might lead them to a new realization they generate on their own, but you were still the catalyst. They would not have come to that insight without being stimulated by something you said. I think it's important for therapists to realize that no matter what approach you take, you are inevitably suggestive and you are half of the therapeutic relationship and your half exerts an influence on what happens.

JL: Jeff Zeig has argued against self-hypnosis because you have to have a back and forth with the client. That exchange is important. Dan Siegel, in his book *The Mindful Therapist*, talks about how our thoughts connecting with each other makes a difference

MY: Of course, there is self-hypnosis. Even during an interpersonal hypnosis session people regulate their own experience of hypnosis, choosing how attentive and responsive or distracted they'll allow themselves to be. Independently, people do self-hypnosis routinely while talking to themselves through their thoughts or encouraging themselves to focus on something or away from something. Through self-hypnosis people create their internal environment. When someoney says to themselves, "Life is so unfair," there's a consequence for that in terms of mood and outlook and activity level. That's very different from when someone says, "Life may be tough at times, but

In The Spirit Of Therapy

I'm tougher." That creates a very different internal atmosphere. So, I'm interested in helping people build a better, more life enhancing internal atmosphere.

I think if we're going to help people get through life more easily and more comfortably, we must address the way that they deal with themselves, including what they focus on, what they focus away from, and what predictions they make for themselves. That's why I have focused so much on expectancy. Expectations influence every phase of clinical intervention in general and it's particularly true in the realm of dealing with mood disorders like depression.

JL: Your approach to treating anxiety is consistent with your approach to dealing with depression.

MY: My viewpoint is, instead of getting lost in the content of what people tell us, I'm interested in the structural components of their problems, *how* they generate the experience that they're having. When you understand the general structure of the problem, it makes it a lot easier to intervene. As the anxiety expert, David Barlow, has brilliantly pointed out: Thestructure of anxiety involves people *overestimating risks* and *underestimating their own personal resources*. So, whether you're dealing with depression or anxiety or whatever the problem might be, the goal is empowerment. We strive to help people develop a realistic sense of confidence for whatever they're going to be dealing with, and they can deal with it skillfully. They might wish they didn't have to deal with it, but the point is they have developed the skills to manage it well through the therapy they've received.

One of the patterns of anxious people is they ask themselves these emotionally charged and scary "what if" questions. What if this bad thing happens? What if I lose my job? What if my partner leaves me? What if…? But they fail to answer the question. And by never answering it, they don't evolve for themselves a helpful sequence to follow, a pattern of how to deal with that kind of stressor without "going up in flames." The goal at one level or another in treating anxiety and depression is how do I empower people to directly face the challenges in life with finesse, insight, and foresight?

The great American humorist, Mark Twain, is often quoted to have said, "Life is one damn thing after another." He was right about that. The evidence is quite clear that people who are better problem solvers have an easier time in life.

JL: You're giving your clients a new and better way to deal with life challenges in general that can help them in the future, not just with their current level of anxiety or depression.

MY: Yes! You're doing treatment but you're also providing an avenue of prevention at the same time. I strive to help this person generalize what I'm teaching them from this context to other related contexts that they're going to be facing for the rest of their life. They're always going to be facing uncertainties and adversities, and I want them to feel like they can handle them. That is why my most recent project has been to develop a digital therapeutic program called *Claria* in association with an Australian company called Mindset Health (www.mindsethealth.com). *Claria* features a dozen process-oriented hypnosis sessions that each target a different risk factor or pattern of anxiety and depression and it has practical skill-building exercises. The advantage of an app such as *Claria* is that it's available to people 24/7. It can serve as a helpful complement to therapy or as a useful self-help tool. Complimentary access to *Claria* is available to health care professionals who wish to explore it on the Mindset Health website.

JL: Before we finish, I want to remind you of something you did years ago that made a huge difference to me. We were at a conference and people were taking your picture, and you let me take your picture. But then you had Diane come over and take my picture with you. I must tell you, Michael, you doing that was an act of kind of kindness that certainly made a difference to me, and it's made a difference in my outlook all these years.

MY: That's so nice to know, John. We've known each other for an awfully long time now. It's a valuable relationship.

JL: Well, I look forward to seeing you in other places and times in the future.

MY: Thank you, John, for inviting me to do this interview. See you again at the Evolution Conference in Anaheim next December. Take care of yourself.

Case Report

Marilyn and Her Four Issues

By Rubin Battino, MS

Marilyn is 60 years old. I saw her in therapy once 30 years ago. We ran into each other at a Celebration of Life service for someone we both knew. Marilyn looked distraught and asked for another session. She had four concerns: 1) She was diagnosed with mold exposure illness five years ago, 2) she was on a special diet but binged on a particular food, 3) she had challenges at work, and 4) she had memories of her first child who died at age 3.

I decided to try to help Marilyn with all four of her problems in a 90-minute session. As part of a naturalistic induction, I made sure to say, "When I guide you through the following you will be able to lump together all of the issues that have been troubling you for some time."

1. *Mold Exposure Illness*: I mentioned to her elements of the Andreas' NLP fast allergy cure. I told Marilyn that there are two things she needed to know about allergies. The first is that allergies are mistakes of the immune system. The second is that there is a psychological component to allergies.

I explained by telling the story of a doctor whose patient started sneezing when she entered his office. He asked what was going on, and she said she was allergic to roses. He then pointed out that the roses on his desk were artificial, and her symptoms disappeared!

To begin, I asked Marilyn to gently hold together two fingers on her non-dominant hand while she closed her eyes and thought about a recent time when she was in the presence of mold. She quickly reacted, and I told her to release the finger contact. To establish a safe environment, I asked her to think about a time when she felt okay and good about herself, while holding together two fingers on her dominant hand. Marilyn did this, and I told her to keep that finger contact. Then I said:

Continuing to hold those fingers together. Just imagine now that there is a transparent barrier a few feet in front of you that goes wall to wall and floor to ceiling. Can you see that? ["Yes"] On the other side of that transparent wall is the younger you, well before you developed the mold allergy. You can see the younger Marilyn over there in a room where there is some mold. Notice that she does not react to it at all. The younger you sees you on your side of the transparent wall. After seeing you, she moves slowly towards the wall, which then somehow just disappears. Then, younger Marilyn walks towards you, reaches out and holds your hands. Her immune system is working well and does not react to mold at all.

As she holds your hands something interesting happens: Her immune system is correcting yours, transforming it and changing it, so that you will no longer react to mold. You can feel and sense that younger Marilyn is close enough that she is fusing her immune system with yours and she has become an integral part of you. And, you can sense that, can you not? Just simply and naturally and wonderfully.

Within your mind now you thank your younger self for this gift. Just breathing slowly and naturally now, one breath at a time. And, I want to thank you for your attention, your trust, and your confidence. When you are ready, come back to this room, here and now. Thank You.

I then asked Marilyn to have the two fingers of her left hand touch each other. There was no reaction using this anchor, so I knew that her allergy had disappeared.

2. *BIN-ging*: Marilyn accepted the idea that there was a controlling entity or force within her that made her to binge on this specific food from time to time. I asked her to name this entity and she chose "BIN." I explained that I was going to guide her through an *exorcism* to remove BIN.

When I asked Marilyn if she had a "safe haven" that was real or imaginary within her mind, she chose "being with friends and family." I asked her to think of a powerful, knowledgeable entity or force who would be able to remove BIN from within her, and she said that it was her dad. Then I said:

Marilyn, if you are comfortable closing your eyes, please do that. Simply pay attention to your breathing now, noticing each breath as it goes in and goes out. Just one breath at a time, one heartbeat. Occasionally a stray thought may wander through your mind. Thank it for being there, and just go back to each breath and the next one. And, within your mind now, just drift off to being with your family and friends. Enjoy being there with them. This breath and the next one…

And while you are there, you notice that something interesting is happening. Someone is coming closer to you. It is your dad who has come to help you. He comes close and gently touches your arm. Your dad knows exactly where within you BIN lies. He is powerful, and capable of ridding you completely of BIN. Your dad reaches gently inside you and grabs ahold of BIN with a powerful and steely grasp so that BIN cannot get away. Then your dad gently, easily, and completely removes BIN from your body, floating out the window with him. Your dad goes higher and higher with BIN until he is above the stratosphere. When he is out there holding BIN firmly, he winds up and hurls BIN towards the sun at the speed of light. And, we know that it will take eight minutes for BIN to arrive at the sun and fall into that enormous heat and gravity where it will disintegrate into tiny atoms, disappearing forever.

Now, your dad returns to you, your family and friends. There is an empty space, a hole, where BIN used to be. Your dad then gives you a special gift, filling that empty space with Strength, Courage, Hope, and Love. And, then, having given you this gift, your dad moves away, for he has others to help, does he not? Within your mind you smile at him and thank him as he moves off.

Continuing to breathe softly and easily. One breath at a time. And, I want to thank you for your trust and confidence. When you are ready take a deep breath or two, blink your eyes, stretch a bit, and come back to this room here and now. Thank You.

3. *Challenges at Work*: Marilyn is a schoolteacher who loves her work, but her supervisor is making life difficult. I told her that when I was a chemistry teacher teaching large classes, I occasionally told the class that *they* are in charge of their learning, not their inspiring or dull teacher. My implication was that Marilyn is also in charge of how she responds to the nonsense of her supervisor. One way of doing this is to dissociate when she is in his presence and to observe from the side or from behind herself. She might even find something humorous in the way the supervisor talks to her. There is something ridiculous in the way that he attempts to intimidate her and criticize her, is there not? In a way, she could almost pity him for living this way. Marilyn enjoyed these ideas and appeared relaxed.

4. *Memories and Feelings of Her Child's Death*: There are always memories and reminders. Attending a memorial service was one of them. I told Marilyn that my wife of 61 years, Charlotte, died three years ago. She designed our house. Whenever I opened a drawer, Charlotte was there. I continue to be sustained by the memories of our life together. I do biweekly travelogues at an assisted living home. Charlotte is in them, and we are together again.

I told Marilyn that her son would always be with her, and live within her, like Charlotte within me. This sharing of my loss touched Marilyn, and she looked thoughtful and peaceful.

I asked Marilyn if there was anything else she wanted to say and she said "No." We hugged each other, and then she left.

Commentary

By Eric Greenleaf, PhD

When you see a difficult problem, make an interesting pattern out of it.

—Milton H. Erickson

Rubin Battino takes the best methods of brief therapy and weaves them into a trance for his client's four concerns. As a chemistry professor, he helped his students to learn, as Dr. Erickson would say, "In your own way, in your own good time." And the sureness of Battino's teaching brings powerful emotional forces to bear against Marilyn's troubles for a spectacular outcome.

Battino benefits as a therapist from his polite, caring, scientific, matter-of-fact manner, while leading his client on a psychological Magical Mystery Tour in which she resolves her life concerns during the time of one dream cycle.

For Marilyn's mold allergy, he employs an NLP method, *sleight-of-mind*. For her bingeing, he invokes her father's protective power. For her challenges at work, he reminds her of her own authority. And, for her grief, Battino straightforwardly shares his own loss and the emotions he has felt. This is sophisticated therapeutic work, simply and compellingly collaborative.

INTERVIEW

continued from page 1

know about the statistics, so they kept coming. But that was because we were into conflict resolution, problem solving, better communication—pretty much all cognitive training methods.

On a personal level, my divorce in 1975 stimulated me to seek personal therapy. Later, in 1977, I met Helen.

HLH: At that time, I heard Harville giving a lecture on relationships and thought, "Whoa, this guy could improve society."

HH: While we were dating, we would have disagreements that often turned into fights. One time, Helen said, "Stop! Let's take turns. One of us talks and the other listens." We discovered how this calmed things down and how we felt more connected when we were being heard. This became part of our therapy with couples, and we started turning people to face each other to have these types of conversations. What we learned from this also became part of my lectures.

HLH: The crowds gathered to hear Harville's lectures, which he would later transcribe. After a couple years, I said, "Harville, so many people like these lectures and I do too. What do you want next in your life?" And Harville said, "I'd like a book to be written about my lectures." I said, "There's not a book publisher big enough in Dallas. Let's get married and move to New York and make it happen." We got married, moved to New York, got an agent and a publisher. Three years later, the phone rang, and it was *The Oprah Winfrey Show*. They wanted Harville on the show. So, he went on and Oprah submitted that episode to the Emmy committee and she won her first daytime talk show award. Since then, Harville has been on the show 16 more times.

RL: That's amazing. The thing that perked my ears the most, ironically, was that you recognized that Harville could change society. In your newest book, *How to Talk with Anyone About Anything: The Practice of Safe Conversations*, your stated goal is to change the world. While that may sound a bit grandiose, it is based on the premise that what humans want has a universal quality based on the Imago concept.

Merriam-Webster defines *imago* as "an unconscious idealized mental image of someone, especially a parent, which influences a person's behavior." (It is also defined as "the final and fully developed adult stage of an insect…" such as a caterpillar to a butterfly. Great metaphor.)

HH: So that became our journey into how our childhood impacts our marital choice. Our observation was that people often marry someone like the caretaker with whom they didn't get what they needed. And so that's the amazing attraction—that everyone falls in love with someone who is like the caretaker who didn't meet that person's needs in childhood. And that person is hoping to get what is missing from the person they married. But, of course, since that person is very much like the caretaker in childhood, they can't give you what was missing from your childhood. And you can't give them what was missing in theirs. Neither one can do it. So that's the basis of the impasse, and that gets people into the therapy room.

I'm going to get back to the yearning for something that people had hoped would happen in the marriage but didn't happen. And the yearning was that they would feel, and I finally labeled it, being joyfully alive. And, instead they were feeling angry and depressed, but the romantic piece is nature's attempt to restart that situation—that connection that was ruptured in childhood. And to restart it with someone with whom one could repair all that.

So that was our challenge. We know how you got into the therapy room. Now what do we have to do that helps you get out of this room and get you what you want in life?

And that was the beginning of the dialogue process. They needed to talk. They did not need the therapist to talk to them and offer a diagnosis and then do treatment. That is so medical, and I had no interest in that method.

And so, the dialogue process helped people safely begin to talk about what they need in the therapy room. And that's when they started to say: "I like this therapy of talking to each other, and you not telling us what to do. I'm able to discover the person I married. And I am feeling seen." And other the person is discovering who they married, and the other person is feeling seen.

RL: From listening to what you just said, it reminds me of Erickson's teachings: Just give clients enough to move them to the next step. They are not broken or sick; they are stuck and need to be unstuck, not fixed.

HH: That fits perfectly.

That brings up my memory years ago, when I became aware that traditional therapy did not work for me anymore. I had the couples do this dialogical thing. And couples who'd been with me for a while would come in and say, "Well, Harville, today we're going to talk about so and so, so help us out." And they knew how to set it up and I remember one day I didn't say a thing, and this couple had their best session. And what I said was, "I'm listening to you. Would you be willing to say that to Mary in a little different way?" because her partner had a little judgment in his voice. But I think that was the only comment I made in that session.

And that's what you mean by giving just enough, watching their dialogue to see that it's going according to the way it should go, which is to be a dialogue, instead of becoming parallel monologues. Dialogue is when one talks, and the listening and the talking are balanced so that the person feels seen and heard and valued. And you can see it physically—the body relaxes, the defenses go away, the face changes, and you know they're connecting. Then at the end, they may spontaneously hug each other.

I was helping couples become empowered to engage in dialogue, and I was like a coach so that they could get it to the point where they could take it home and do that without me. That was the elegance of the process.

RL: From my perspective, the greatest gift that you have given us is the gift of simplicity. You have said that it is the child within us that brings connection and joy and meaning to life and it's our fear that gets in the way of experiencing that with each other. What has evolved in each book is identifying what is necessary to move us in a positive direction, given that the fear moves us away from it. And with each book, it becomes more elemental.

HH: I really feel seen and heard by you, and that element of simplicity that you picked up … it is that simple. We're all disconnected, and from childhood on, it's our job to get connection restored. But it's only if you have safety that can you feel that reconnection, and then you feel joyfully alive again.

RL: It sounds as though you see the therapist like a spotter in the gym. Your job is to provide as little as people need, so that they can put in the work to make it happen for themselves and succeed.

HH: I really like that. I want to borrow that from you, because that's exactly it. The therapist's goal is not to do the work for the couples. It is also based on a different assumption of couples' psychotherapy.

When I was training in psychotherapy, the goal was to help people be autonomous, independent, and self-sufficient. And so, for hundreds of years we've been into the self, or rather a bunch of separate selves, not connecting. But I realized the psychotherapy model didn't work for couples. Working with them, and doing the exploration and interpretation and insight process was interesting, but it didn't change their behavior much. It was when I decided to do something different and I had them turn and talk to each other, sometimes with my help; sometimes they would just arrive at it themselves.

I began to develop what I call the *relational paradigm*, focusing on the relationship that the couples have, not on the individuals themselves. There was not much help in the literature about that orientation so I couldn't ground it anywhere, because you can't ground relationality in physics. And I'm saying all this to lead you to one of the most exciting new things I've discovered in the past three years. When I wrote the professional text, *Doing Imago Relationship Therapy in the Space-Between*, I knew I had to come to terms with the rela-

INTERVIEW continued on page 20

Unearthed From the Erickson Archives

Baking a Family Cake Recipe at the Erickson Historic Residence

About 40 years ago on December 2, 1984, Mildred Nummedor (one of Milton Erickson's sisters) sent her mother Clara Erickson's recipe for date nut cake to Jeff Zeig. The recipe is now housed in the archives at the Erickson Foundation.

This month, a few members our staff, Sarah Clinebell, archivist, and Marnie McGann, editor, and Joyce Bavlinka, volunteer went to the Erickson Historic Residence to recreate the cake for this holiday newsletter. It was quite simple to prepare and tasted delicious. Dates and nuts are the prominent flavors, as there are no spices or extracts in this recipe.

Clara Erickson

Dear Dr. Zeig.
I received the book and have been enjoying reading it. Thank you so very much for it, I also wish to thank you for the pictures of Milton. They will find a special place in the book with the rest of the things I have so my children will have them in years to come.
We enjoyed our evening with you and if you are ever in Florida again you will be most welcome in our home.
I was glad I could give you some information about Milton that you did not have, and also the pictures for the Foundation.
Thank you again.
Sincerely.
Mildred Nummedor

Date Nut Cake.
1 egg.
½ cup firmly packed Light Brown Sugar
½ cup white sugar
½ cup butter or Oleo.
1 cup cut up dates.
1 cup walnut meats (chopped)
1 teaspoon Soda
1 teaspoon Baking Powder
1¼ cup Flour.
1 cup boiling water
¼ teaspoon salt.
Put soda on dates and pour on boiling water. Stir well and let stand until cool. Then add to other ingredients. Bake at 350° oven until done. Can be made in layers or 9"x11" Coffee cake pan.

This is one of our Mothers recipes.

Unearthed From the Erickson Archives

Christmas cards from the Erickson Family

1971

1964

1978

International Community

Interview with Teresa Robles

By John Lentz

Teresa Robles has a master's degree in social anthropology and a PhD in clinical psychology from the Autonomous National University in Mexico. She also has training in family therapy. In 2008, Robles received the Nicolas Roerich Medal from the International Committee for the Banner of Peace from the United Nations. She has been recognized for her advisory role in research work on pharmaco-dependency and she sits on several professional boards. She is also a member of Latin American Women Leaders.

Robles founded the Mexican Society of Hypnosis, the first Milton H. Erickson Institute in Mexico, and third in Latin America. She was a frequent presenter at the Brief Therapy conferences organized by the Milton H Erickson Foundation. Robles has received the Pierre Janet's Award for Clinical Excellence from the ISH and many lifetime achievement awards, including from The Milton H. Erickson Foundation. She is also a well-known author of many books and publications. (See: whoISHwho.com —Hypnosis professionals around the world.)

Teresa Robles

John Lentz: Teresa, you are well known in the international community as being someone who has extensively traveled and worked promoting hypnosis.

Teresa Robles: Well, I do what I can.

JL: You are well respected in many parts of the world as being an important part of promoting hypnosis. I often see you at international hypnosis conferences and you are a popular presenter. What would you like people to know about hypnosis?

TR: That it is a powerful technique that can foster deep change in a short time. And that's the reason I try to teach it around the world and to prepare therapies. We have a master program in Mexico City in our center where we teach hypnosis. We teach Ericksonian psychotherapy. That means hypnosis, but in the frame of psychotherapy.

JL: Yes.

TR: And I try to advance the use of hypnosis as much as possible. We have a way of talking about it in a global way. We always say in our center that we are working for a better world, and I think that using hypnosis can be a way of achieving a better world.

JL: Teresa, that's a wonderful way to think about it. Not only do you have a degree in anthropology, psychotherapy, and clinical psychology, but you are also the cofounder of the Milton Erickson Institute in Mexico City and founder of the Mexican Ericksonian Center. You certainly have done a lot in Mexico and around the world to promote hypnosis.

TR: Yes, I am proactive, and I hope that we will be able to do more. When I was a girl, the diagnostic of Attention Deficit and Hyperactivity Disorder (ADHD) did not even exist. But I think I fit the diagnosis. And I do several things at the same time. I think of a lot of projects, and I eventually finish three or four. And that is much more than most people without ADHD.

JL: You know, having ADHD means that you are far more likely to be creative than other people.

TR: Yes.

JL: And that's like Erickson's thinking. He thought in a mosaic style, which is how one thinks with ADHD. No one ever said Erickson had ADHD, but certainly he was thinking in those different ways.

TR: I'm good at attracting people to work with me. I have always been supported by a lot of people who like me and have the Ericksonian way of looking at life. And that's the way in which I do a lot of things. And in the last 14 years, Cecilia Fabri, my daughter, became the director of the center, and she has been a great support for me. And with her I can also discuss my new ideas and get feedback. She is very creative.

JL: I don't doubt that. And in terms of what you have seen over your career, what do you foresee in the not-too-distant future?

TR: I think that hypnosis is going to be used by more people. Currently, we only train health professionals, but it has been more common to teach efficient communication to people working in schools, as teachers or in other professions. Self-hypnosis is an important tool to teach people so that they can continue to grow after therapy.

And we have several projects. For example, in our school we have a PhD program, but not in Ericksonian psychotherapy. It is in enterprise development, but with an Ericksonian view, an Ericksonian epistemology.

JL: I knew you were doing a lot… but not that much. I am amazed.

TR: We train in aspects of efficient communication, not hypnosis. For example, we train people to tailor their communication. And we also have an urban non-governmental organization that provides service to isolated people in Mexico, Native peoples, migrants, and the poor. Our students sometimes give them therapy under the supervision of a teacher.

JL: That is wonderful that you and your students reach out to people who cannot afford therapy.

TR: Well, I have developed my way of working by observing the videos that we have of Milton Erickson in the last 13 years of his life. Even though he had bad vision, bad hearing, and it was difficult for him to move, he was always observing. How often had he been told, "You can't do it"? And yet he did it.

He worked with universal topics common to everyone. He always began with the same induction: how we learn as children to write the letters of the alphabet. There were four or five inductions that were always the same at the beginning of the seminar, becoming a mind without a body for arousing imagination, and arousing the mechanism for problem solving, and the like.

JL: You clearly have taken learning seriously. What else have you noticed?

TR: He was giving a lot of suggestions inside these inductions, and I think that he perceived a lot. I began to look for these universal topics that Erickson used. We all learn how to talk, to walk and how to work. Those are all universal topics. And we all suffer wounds throughout our lives. That is universal, isn't it?

JL: Yes. And we all suffer wounds along our journey. Obviously, you have found ways to assist others along their journey. Thank you so much for being willing to talk about what you are doing in Mexico. I appreciate you and how you have trained so many people.

TR: Well, I do what I can. Thank you for inviting me to be interviewed.

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From the Erickson Library Collection

To expand our offerings of books to review that are housed in the Erickson Library. we are revising the title of the column, ***Historical Hypnotic Procedures*** *to* ***From the Erickson Library Collection****. In this way we can feature not just books with outdated methods, but books that illustrate the evolution of hypnosis and psychotherapy throughout their relatively short history.*

The Erickson Library houses more than 2,000 books. Some books are 100 to nearly 150 years old. The following is a brief review of a 1957 book written by Willian Heron. The methods are not outdated but have since evolved.

Clinical Applications of Suggestion and Hypnosis

By William T. Herron

1957 (third edition)
Charles C. Thomas Publisher

Reviewed by Jeffrey K. Zeig

William Thomas Heron (1897-1988) was a professor of psychology at the University of Minnesota. He is renowned for his collaborations with B.F. Skinner, with whom he coauthored six papers.

Heron and Milton Erickson met through the American Society of Clinical Hypnosis and became familiar with each other's work at professional meetings and through correspondence. But the two men were not close friends.

Clinical Applications of Suggestion and Hypnosis is a simple and direct book with no references.

Chapters include *Suggestion and Suggestibility*, *The Professional Use of Hypnosis, How to Approach Your Patient, Degrees of Hypnotic State, Methods of Induction*, and *Post Hypnotic Suggestion*.

Heron maintains that the role of the hypnotist should be that of a teacher, guiding the patient *"toward those objectives which the patient realizes are to his best interests."*

In Chapter IV, How to Approach Your Patient, the author writes: *"The field of clinical psychology as a recognizable discipline is so new that the prestige factor for this profession has not yet been well established."*

In *Degrees of Hypnotic State*, Chapter V, Heron provides a chart that lists the behavior of those in a light state, medium state, or deep state and provides suggestions for each state.

In *Methods of Induction*, Chapter VI, there are 15 general and practical instructions for the hypnotists. For example, number 13 states: *"Before awakening be sure to give the posthypnotic suggestions in simple language and as clearly as you can. Repeat several times. Do not say, "Now remember to do so and so after you are awake." Say rather, "You will do, or have so and so."*

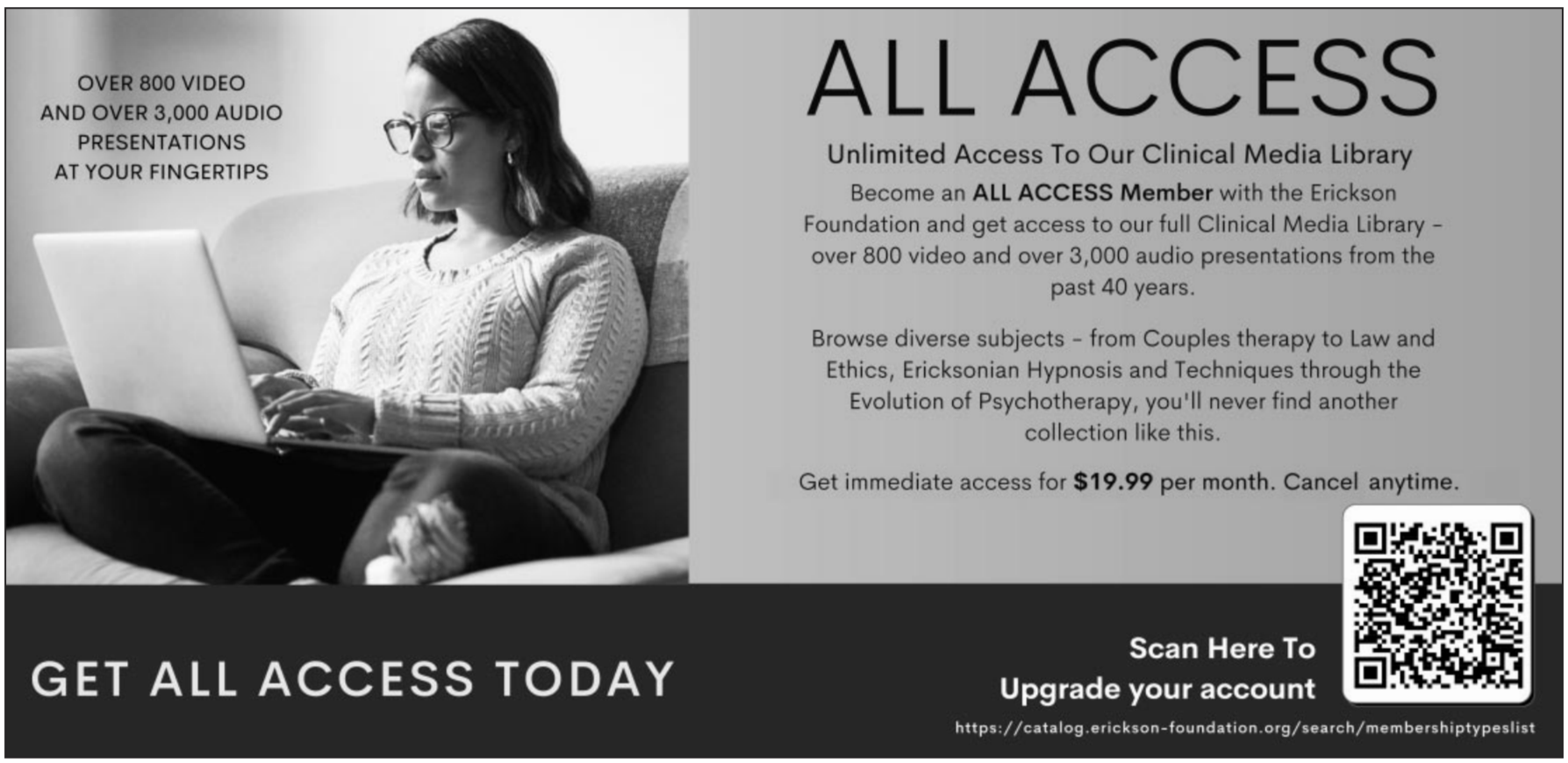
In the next chapter, *Posthypnotic Suggestions*, Heron writes: *"The advantage of deep hypnosis is that the individual will almost certainly have posthypnotic amnesia for the suggestions which are given to him and will, therefore, not be able to set up much resistance to carry them out."*

Heron also addresses the use of posthypnotic suggestions for dentists and obstetricians.

In Chapter VIII, *Precautions in the Use of Hypnosis*, the author essentially maintains that hypnosis is quite safe. But he does write: *"In the hypnotic state there is a possibility that the subject may have a dream which is dictated by a biological drive rather than a suggestion. The subject might accept this dream as reality and thus cause a good deal of embarrassment to the hypnotist. The presence of a third person will guard against embarrassment of this sort."*

The rest of the book has a short chapter on group hypnosis, stating that one of the advantages of group hypnosis is those who are not so hypnotizable will see those who are hypnotizable and learn from them. Chapter X offers case histories from several dentists and the final chapters *Production of Clinical Hypnosis and Patient Conditioning* contain specific techniques and suggestions for an optimal hypnotic environment.

Clinical Applications of Suggestion and Hypnosis is exactly that. A concise, practical, well written historical guide for clinicians to use hypnosis in the patients' best interests.



New Ericksonian Course Offering

If the following ideas interest you, then you have a unique opportunity to establish yourself as one of the early adopters of this approach, with live instruction and supervision offered by Dan Short. The first ongoing training series in Ericksonian Choice Architecture (ECA) will be hosted in March 2025 by The Milton H. Erickson Foundation. For more information and registration, go to https://www.erickson-foundation.org/ericksonian-choice-architecture.

What is Ericksonian Choice Architecture?

By Dan Short

As an author and teacher of Ericksonian methods, I am often asked, "How do I learn to think more like Erickson and know which ideas the client's unconscious mind needs to hear?" To answer this, it is helpful to begin with a broad objective (our mission), then understand the methodologies that guide our decisions (our strategies), and finally focus on specific interactions (our tactics). By framing this discussion with concepts from behavioral economics, such as "nudges" (indirect suggestions without trance) and "choice architects" (those who strategically design choice environments to promote positive outcomes), our conclusions shift from being speculative to being evidence-based. Interestingly, a search for "nudge theory" on Wikipedia will reveal Milton Erickson's name. While Thaler and Sunstein (2008) pioneered the science of choice architecture, Erickson's innovation of permissive suggestion conceptually aligns with the principles found in nudge theory.

The Overarching Mission: Choice-centric Care

Milton Erickson's contributions to hypnosis and psychotherapy have sparked a significant paradigmatic shift that continues to reverberate throughout modern fields of practice. His work has been extensively explored and integrated into various therapeutic modalities, shaping the way brief therapy, family therapy, coaching, psychotherapy, and medical hypnosis are practiced. But if I was asked to discern Erickson's single most groundbreaking contribution to the care of human consciousness, it would be his transition from the traditional change-centric model to a client-focused, choice-centric approach.

To more fully appreciate the importance of choice-centric care, we can look to Self-Determination Theory (SDT), a well-established psychological theory that focuses on autonomy, competence, and relatedness. What research in SDT has shown is that choice is a driver of psychological well-being and motivation. Still, some may be skeptical of elevating the mission of choice above that of change. A person could correctly argue that Ericksonian therapy often integrates a balance of choice and strategic influence to create change. However, certain phenomena, like happiness and spontaneous growth, are more likely to ensue when we do not pursue them directly. Thus, naturalistic change is the biproduct of optimized choice environments.

Given the voluminous research produced by the positive psychology movement, we can state with confidence that our species is innately oriented towards growth, lifelong problem-solving, altruism, and self-organizing change. When any of us demonstrate these qualities, we have not "changed" but rather are living as the best version of an evolutionarily engineered self. Common sense dictates that if you come across an animal trapped in a cage, you do not really help the animal by trying to change its behavior. Rather, you must restore the experience of free choice and illuminate obtainable, high value options.

When the focus shifts away from prioritizing change, remarkable outcomes often follow. First, client resistance diminishes quickly—and this was one of Erickson's most renowned skills. Secondly, responsibility for progress transfers from the therapist to the client. As Erickson frequently emphasized, personal responsibility requires free choice. Most importantly, this allows clients to attribute progress to their own self-organizing forces, significantly reducing the likelihood of relapse (see Bruce Wampold, 2001). In the context of choice-centric care, the mission of the care provider moves away from enforcing norms, or evaluating others' health, to the creation of optimal choice environments. Especially in the context of Ericksonian therapy, we are not only interested in conscious choices but also those choices made outside of conscious awareness. In other words, the stimulation and promotion of unconscious intelligence.

Strategies to Evoke State Shifts

Rather than being grounded in personality theory, a key focal point of choice architecture is shifting states of mind. Erickson repeatedly emphasized the essential role of flexibility in problem solving, but it was Michael Apter (1982) who clarified that it is our state of mind that needs to shift in response to changing environments. Furthermore, Apter's research on motivation suggests that states of mind are better predictors of human behavior than personality. The field of social psychology has come to a similar conclusion: Stable traits do not predict human behavior nearly as well as situational factors, which then impact state of mind. Thus, one set of individuals might (on average) go into trance more readily than others, causing us to identify them as high hypnotizables (personality trait). Yet under certain circumstances "high hypnotizables" will not respond to suggestion, not unless the setting is conducive. This crucial point was first argued by Erickson and repeatedly tested in his exploratory research.

These self-contradictions (behavior that is contrary to a given personality) start to make sense when we study the various states of mind and understand that people can shift in and out of these states of mind resulting in multi-systemic changes in motivation, behavior, cognition, emotionality, and interpersonal reactions. A thing that is crucial in one state of mind may hold no value in another. Thus, those who are educated in choice architecture can use behavioral economics concepts (such as negativity bias, or risk aversion, or reactive devaluation) to both identify and utilize these multi-systemic patterns.

In additional to the utilization of an existent state of mind, other strategies such as changing perceptual frames (reframing) or destabilization of established patterns (confusion technique), enable the choice architect to sometimes mediate contra-lateral changes of state, for example shifting from a negativity bias (which is best suited for highly threatening environments) to a positivity bias (which is best suited for safe environments that are rich in resources, such as the therapy office).

Because adaptation and survival are dependent on one's ability to flexibly shift in and out of various states, the choice architect does not need to change the individual but rather recognize how to work with the existing state of mind and utilize the choice opportunities that are immediately available.

Tactical Examples

For Erickson, the exercise of choice was so central to his approach that he would often support the choice to refuse to cooperate with therapy, or to maintain negative behaviors, or the choice to preserve the status quo. Yet these same clients, under his care, would still somehow start to flourish in seemingly unexpected ways. We cannot call this a strategy of unconditional positive regard because in certain instances Erickson might be critical of a client or state that progress is unlikely. We also cannot explain this in terms of "paradoxical reaction" because that fails to offer the nuance that differentiates the three different states of mind alluded to above. However, if we turn to the rapidly emerging science of behavioral economics and consider how quantifiable cognitive biases not only shape social interactions, but also motivation, memory, emotion, perceptual focus, and cognition; then it becomes possible to identify and predict unconscious decision-making rules (heuristics).

For example, to work productively with someone who inexplicably fails to cooperate with hypnosis or therapy, you should know how to recognize a state of mind known as "reactance" and how to leverage this state. If you tell a person in this state to do their level best to defy your wishes, their defiance is suddenly transformed into compliance. This initiates a state shift that leads to "social conformity bias," or what Erickson identified as implicit cooperation.

As a different example, if the client says to you, "You are probably wasting your time with me…It is highly unlikely that I will make any real progress," then we need to recognize that this is an entirely different state of mind that requires a dif-

New Ericksonian Course Offering

ferent form of suggestion. This statement represents a strong negativity bias. In this state, the individual does not have access to memories of past success. There is no approach motivation but rather avoidance motivation. If you want this person to really listen to what you have to say, then you would need to offer qualified options, such as, "You are probably right. We probably will waste a lot of time here today. We may not even accomplish a quarter of what you are hoping to achieve." The client will be able to choose success under these conditions because it implicitly appeals to avoidance motivation (i.e., we can avoid having the entire session be a failure).

Finally, offering the choice to preserve the status quo is the right response for someone who is habitually dominated by the status quo bias. For example, I once had a woman tell me that for five years her previous therapist had been telling her she needs to leave an abusive relationship. Her mother and sister had told her the same thing. Her girlfriends were no longer talking to her because they could not stand the fact that she was staying in a highly toxic relationship. I, however, told her that I disagreed with all of them. I thought she should stay in the relationship…for now. I pointed out that this man was emotionally abusive but not physically violent. I explained that this was the perfect place for her to practice new skills of assertiveness and personal empowerment. I cautioned that I did not want her "jumping out of the frying pan and into the fire." (ending up with a new boyfriend who is dangerously violent) Two months later, she chose to move out.

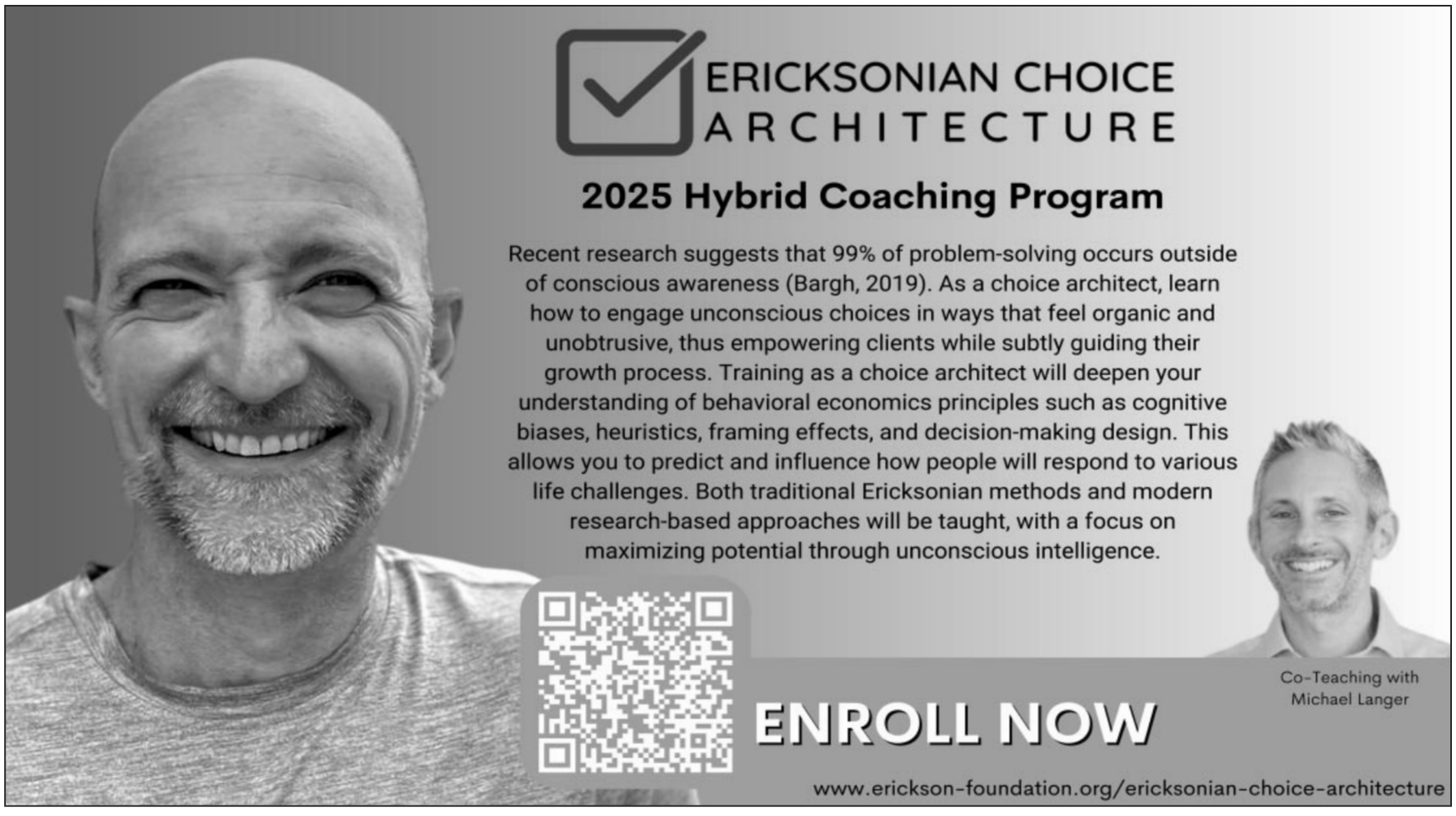
My statements were not a "paradoxical" manipulation designed to change her behavior. I know of a woman who died while trying to leave an abusive relationship after her doctor manipulated her into leaving her boyfriend before she was fully prepared. (The boyfriend saw her packing her bags and killed her.) Ethical practice demands that clinicians provide viable options that can be implicitly decoded and acted upon by the existent state of mind. In this example, as therapy progressed, the woman switched from a status quo bias to a change bias, which then advanced her own best choices. This is what is meant by client-focused, choice-centric care.

To work as an Ericksonian choice architect, one must think outside the bounds of hypnosis. Rather than limiting our understanding of altered states to two options (conscious versus unconscious), it is possible to identify in the research literature at least 24 states of mind (each with its own subclassifications) that are clinically relevant. These states can also be paired with more than 150 different tactics for optimizing choice. This new technology enables me and my students to have a nuanced view of client behavior, similar to Erickson's incredibly sophisticated approach to building an optimal choice environment.

For example, an Ericksonian therapist might casually mention to a client (with a troubling habit), "You know, you are about to turn 30, and at that age, there are a lot of transformational things that take place in the body." Why say this? It sounds like something Erickson would say but is there any research that helps justify or operationalize this tactic? As it turns out, there is! The phenomenon is broadly referred to as the *fresh start effect*, which can be automatically triggered by temporal landmarks (such as a birthday or the start of a new career). It has been shown that change bias is more likely to dominate when an implicit goal is paired with a specific date (temporal landmark) that holds symbolic importance or emotional value. This is one of the greatest benefits of being well-versed in Ericksonian choice architecture—it helps reposition our school of thought from intuition-based to evidence-based.

Summary

In summary, Erickson's creation and refinement of permissive suggestion dramatically shifted the locus of care away from trying to change behavior and towards the optimization of free choice. This psychological experience underlies the instinctual constitution of all animal species, making it a prerequisite for living beings to thrive. It is likely that Erickson implicitly recognized patterns of unconscious processing (heuristics) that can be employed to optimize the design of choice environments. If you are a person who strategically uses this type of knowledge, then you are already acting as a choice architect.



In Memoriam

Dr. Philip Zimbardo

(1933-2024)

We are saddened to say farewell to Dr. Philip George Zimbardo, a renowned American psychologist and former professor emeritus at Stanford University. Philip Zimbardo was a steady presence at Erickson conferences frequently serving as a keynote speaker.

Born to Italian immigrants in the south Bronx, Zimbardo knew the sting of growing up poor and disenfranchised. He said these tough early life experiences influenced his later research.

In 1971, Zimbardo conducted the *Stanford Prison Experiment*, which has been compared to the classic *Milgram Experiment* (Milgrim was a former high school friend of Zimbardo's). *The Stanford Prison Experiment* shed light on how ordinary people put in extraordinary situations can behave immorally, unethically and even sadistically. Zimbardo called this The Lucifer Effect. According to Zimbardo, "Good people can be induced, seduced, and initiated into behaving in evil ways. They can also be led to act in irrational, stupid, self-destructive, antisocial, and mindless ways when they are immersed in 'total situations' that impact human nature in ways that challenge our sense of the stability and consistency of individual personality, of character, and of morality."

Zimbardo had a PhD in psychology from Yale University. In 1972, he married Christina Maslach, also a renowned psychologist.

After teaching for one year at Yale he became professor of psychology at New York University College of Arts & Science from 1960-1967. He then taught at Columbia University for a year and in 1968 he became faculty at Stanford University where taught for 50 years.

Zimbardo wrote introductory psychology college textbooks and popular books, including *The Lucifer Effect*, *The Time Paradox*, and *The Time Cure*. He published more than 500 articles, book chapters, and books. He was also the founder and president of the *Heroic Imagination Project*.

Philip Zimbardo & Jeffrey Zeig

With the *Heroic Imagination Project* (HIP), created in 2010, Zimbardo's goal was to highlight the extraordinary potential within ordinary people to act with courage, integrity, and compassion. He believed that there are heroes among us in everyday life. The project's aim was to cultivate empathy, resilience, and moral courage. Zimbardo was instrumental in challenging the bystander effect, empowering people to break free from inaction, and embrace the development of what he called "heroic imagination."

The Heroic Imagination Project taught students, educators, and business leaders how to overcome fear, develop critical decision-making skills, and understand social dynamics.

Philip Zimbardo's kindness, humor, and passion will be remembered. Part of his legacy is the *Heroic Imagination Project*.

Book Store Spotlight

In the long-distance race between the art and the business of psychotherapy it often seems as though the latter is winning. As you peek out from behind the forms and the red tape that constitute the business side, perhaps you wonder about what will happen – or has happened – to the creativity and sense of awe that galvanize the art. Authors Frances Steinberg and Richard Whiteside bring a fresh new voice to the literature. They are both archeologists and pioneers, sifting through ancient wisdom to forge an entirely unique approach to psychotherapy. Because the well of knowledge from which they draw dates back thousands of years, their message carries the power of a million healings across a million different circumstances.

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Trance Around the World

Interview with Eric Greenleaf

By John Lentz

Eric Greenleaf, PhD, has practiced psychotherapy and hypnosis since 1970. He directs the Milton H. Erickson Institute of the Bay Area, teaches worldwide, and he also researches trance and healing in Bali. His book, The Problem of Evil: Ancient Dilemmas and Modern Therapy, is published in English, Spanish and Mandarin. Dr. Erickson chose Eric Greenleaf to receive the first Milton H. Erickson Award of Scientific Excellence for Writing in Hypnosis.

John Lentz: We've known each other for a number of years. I think our newsletter readers would be interested in your Bali trips and what you've learned or discovered when you watched hypnotic trances and large trance ceremonies.

Eric Greenleaf: I have approximately 35-years' experience in Bali and long-standing Balinese friends. I have seen the effect of their healings and ceremonies.

Eric Greenleaf

In Bali you can film almost anything. The important relationship is between the person and the god, and the tourists are irrelevant to that. So, the Balinese have no fear of the soul being captured with photography. I filmed huge trance ceremonies, like *Pongerebongan*, and *Balians* working in possession trance.

The *balian ketakson* is a healer, generally a woman, who is possessed by a god. She speaks in the voice of the god, sometimes to the client or the family, or to the village community; or speaks in the voice of the client's dead ancestors.

One interesting thing about trance in Bali is that no one "goes into" trance. It's not voluntary, it's not a learned skill. Balinese meditate and pray, but trance goes into them. You don't ask to be possessed. The god tells you that they want to sit in your *kelinggihan*, because the gods in the temples sit on thrones of carved stone. The gods speak through the people they possess, and they make them dance. The person is absent; the god enters.

JL: Erickson had his wife, Elizabeth, watch a Balinese film and identify who she thought was in a trance.

EG: He did this with the films Bateson and Mead brought back from Bali, then with the films Jay Haley and Maddy Richeport took there, and the video I took of trances that Betty Alice Erickson attended with me. She said that the trance of *Sangyhang Dedari* that we saw was the deepest trance she had ever seen.

Sangyhang Dedari, "spirits of the angels,": Two temple virgins, prepubescent girls, are chosen by their ability to go into trance by sucking up huge amounts of incense smoke without coughing or getting sick. A couple of them in each village are chosen to live with the priest's family, and to stop going to school for a year. The gods teach them to dance in unison in trance, eyes closed, standing on the shoulders of young men. In the ritual, they carry the young women, who stand unaided on their shoulders. Then girls get down off the young men's shoulders and they run through fire. And that's the end of the ceremony.

JL: Wow. That must be something to see.

EG: Yes. One village was ordered by the gods to do *Sangyhang Dedari* and the whole village had to dress in their temple clothes and go to the temple at midnight every night for three months. They bargained it down to a little less because you can apparently bargain with the gods. But if the gods insist and you refuse, you die or get sick.

Lori, my wife, and our friend Dr. Luh Ketut Suryani, a Balinese psychiatrist who was taught psychiatry by the gods when she was a girl, went to the temple at midnight to see *Sangyhang Dedari*. When she was 14 years old, Suryani stopped going to school, and she meditated from 8:00 at night until 3:00 in the morning. She did feats of strength in the village, and she spoke Sanskrit, although she had not been taught to speak the language. She was instructed by the gods who she heard, perhaps saw, on how to heal her angry mother and her sad sister. She was a woman of low caste, but she went to medical school in Java and there met her future husband, a king of the most important Balinese royal family. They have six sons.

At some point the gods said, "You're on your own, but we'll talk to you occasionally." She has a practice and has also treated trance disorders which she wrote about in her book, *Trance in Bali*.

Suryani took us to the temple at midnight and we saw *Sangyhang Dedari*. Girls were wrapped in their white costumes. Then they went into trance by sucking up incense smoke, and then danced on the shoulders of the young men.

JL: That just is incredible for the girls to have that balance on shoulders of the young men.

EG: The last time I saw this, one of the girls was injured and needed medical attention because black magic was used, but that is rare.

People walk on fire all over the world without serious consequences. But the explanation for that girl's injury was that some of the villagers were envious and they put black magic into the mix. We would say that the trance broke up, but they would say that the gods were interfered with by magic.

Then there are large trance ceremonies that start about 2:00 in the morning. There, in the *Calonarang*, is the battle of the ancient gods, the *Rangda* and the *Barong*, who fight. And the men inside the costumes are in trance. So, the two gods dance/fight with each other. Then the men draw their kris knives, wavy Balinese weapons, and try to kill *Rangda*, but they can't. And *Rangda* waves her magic cloth because she gets angry. And the men fall to the ground and start stabbing themselves until the priests come with holy water and bring them out of trance.

JL: What's it like today versus the first time you saw this?

EG: I know some of the men possessed by the gods, and each time I am fascinated by the costumes, the *gamelan* orchestra's frenzied music, and the intensity of the trances.

I saw the last one on the holiday, *Gulungan*, where the gods come to earth and they're entertained and fed by the people. And so, there are dance performances and dramas and masked dances.

Ten days later, on *Kuningan*, the gods go back to where they live. The holy places are the volcanoes, the profane ones are the beaches. That's why the Balinese sent the Australian tourists to the beach to surf when they came to Bali. This ceremony is in one village located on a cliffside. After a feast for the children of rice balls and fresh pig's blood, the men pick up the gods on platforms supported by carrying poles, which includes their masks, costumes, mirrors, and such. The gods are kept in the inner temple and are brought out when the gods visit earth or visit each other in another temple.

When the gods come out, the whole village walks down slippery stone steps all the way down the cliffside to the river where the men go into trance. They walk into the water and go into trance, or more accurately, they're possessed. And the women chant and pray. And then the men pick up the platforms with the gods and race up the slippery stone steps to the temple at the end of the village, shouting and throwing themselves on the platform and banging platforms together on the run.

It is hard to describe, but you see the costumes and banners and umbrellas and

continued on page 16

TRANCE AROUND THE WORLD

continued from page 15

hear the *gamelans* and smell the jungle in the humid advance of night. And when it's dark, the gods want to go back to their home. So, they pull the men toward the narrow gates to the temple because they put the gods away in the inner temple. But the men don't want the gods to go home, so they pull back and there's a tug of war at the steep, very narrow entrance to the inner temple. And there are bigger men in the village who pull the whole contraption and everyone and they all tumble into the inner temple where there's another narrow, steep set of stairs.

My group went to the inner temple and filmed the men pulling the people in. And then those who had kris knives tried to stab themselves. The priests are flinging holy water at them. They bring the *Barong* in, put its beard over the faces of those in trance to try to help them out of trance. But the grip of the man with the kris knife is so strong that they can't pull it loose, even with many strong people. So, the attendants and temple police each wrap a sarong around their hand and grab the blade of the knife and pull it away from the man in trance

JL: How did you get so mesmerized by this?

EG: Well, by seeing it, interviewing people, and reading the many accounts of Balinese trance ceremonies.

Bateson and Mead had characterized the Balinese as schizoid. My friend *Suryani*, the psychiatrist, interviewed Bateson and Mead's Balinese informants, and they told her, "Oh yeah, they were a scary couple. People in their village had not seen many Westerners, except Dutch soldiers. Bateson was 6 foot 8 inches! They thought he was a monster, and Mead had very white skin and red hair. They thought she was a witch. So, when they sat with Bateson and Mead, the Balinese averted their eyes looking down. That's not schizoid behavior. It's a Balinese emotion called *lek*. You feel *lek* and express it when you're in the presence of a much higher status person. And the gods and demons are higher status than the humans.

It's like with the king of England. You don't look directly at his face, so to observers you might appear schizoid. Same with the gods.

JL: So how do you use this knowledge in your practice working with people?

EG: I'm not prejudiced against odd expressions or forms of life. My understandings are more anthropological than intrapsychic, as I think Dr. Erickson's were. He would understand people by their culture, language, and posture. Not in his terms, diagnostically, although Erickson could speak that psychiatric language, but in their own terms. That's an important difference.

My theoretical position is one announced by a *Balian* when she was asked, "Are witches real?" She said, "They are *not* real, and they are *not* imaginary. They are something else." Like the Christian gods, "They are something else." They're not your imagination: "Oh, there's a God in the heavens, and I made up the story." No, not to those who *experience* God. I once saw a 4-year-old kid in the schoolyard say that he could touch God. He said, "I can touch God. If I reach out, I can kiss God." That's a reality-based God.

Okay, so I have that view of patients' experiences. And, as you may know, I did a hypnotic session years ago, five hours long, with two women who had experienced being abducted by aliens. I hypnotized them and elicited their experiences. I don't think it's real. I don't think it's imagined. It's something else. That's my understanding. And it's applicable to all sorts of circumstances with patients. In the patient's own terms, what is he or she going through?

JL: It seems as if you are attempting to understand their perspective through their cultural ideas.

EG: Not quite that, John. Not their perspective. I want to know their helpless experiencing. I interviewed the *Sangyhang Dedari*, which is rare, because they are typically in *communicado*. But Dr Suryani's husband asked the priest, who had denied us access to speak to the girls. So, the king spoke with the priest. The priest came to us and said, "You can have the interview. Your husband is my God."

In 1906, the kingdom of *Kliungkung*, which is the lineage of Suryani's husband, Cokorda Alit, was attacked by the Dutch colonizers. The king took his whole court—kids, wives, soldiers; everyone—and dressed them formally, took them out in front of the Dutch cannons, and committed suicide so as not to be enslaved.

That is called the *Puputan*. And so Suyani's husband, who's a king in that lineage, has that aura, even though he's a pharmacist. So, he's a very good model for me; he has tremendous social impact because of his position. If you can understand these things sociologically and anthropologically, you understand the person, because we're all creatures of our cultural understandings, our religious practices, our loves and disasters. And these experiences and relationships can then be understood more easily.

Mask of the Goddess Rangda

And then you can ask questions like, "What is it like when a God possesses you?" rather than, "Are you sure that you're not just hallucinating?" I can ask my friend, who is one of the Sisters of Mercy, "What is it like when God is present? What is it like when God is absent in your prayer? What's the dark night of the soul like? What is your experience?" I don't say, "Well, in my psychological tradition, we don't believe in the unseen world." She would smile at me and say, "Well, you ought to try it sometime, Eric." So that's essentially a long answer to your question.

The Balinese say there are two worlds in balance: the seen, *Sekala* and the unseen, *Niskela*.

Jeff Zeig Receives Robles Award in Mexico

In October 2024 in Mexico City, the Mexican Association of Psychology presented the first Teresa Robles Award to Jeffrey Zeig, PhD, in recognition of a professional life dedicated to advancing the field of psychotherapy.

Book Reviews

Transforming Lives with Hypnosystemic Therapy: A Practical Guide

By Stefan Hammel

Routledge
ISBN 9781032544632
ISBN 9781032544625
243 Pages 27 B/W illustrations

Reviewed by Jeffrey K. Zeig

Transforming Lives is a book of fundamentals (although not an instruction manual) that can improve the practice of therapists from all orientations. The book contains a thoughtful amalgamation of methods, including systemic thinking, parts work, and constellations. Using a conversational approach primarily without formal induction, Ericksonian hypnosis serves as a foundation. In fact, the book is centered on ways of using hypnotic methods to empower clinical practice.

Transforming Lives is comprehensive text with terms that are clearly defined. The course of therapy is outlined, and interventions are aptly described with illustrated case examples.

This book offers many applicable techniques, but even more, it offers a philosophy of bringing best practices to life.

The New Marriage Clinic Updated

W. W. Norton & Company 2024
544 pages
ISBN-10: 1324016310
ISBN-13: 978-1324016311

Reviewed by Jeffrey K. Zeig

Written as a comprehensive revision of the original 1999 edition, *The New Marriage Clinic* Updated, authored by John and Julie Gottman (at more than 500 pages), is a tome about scientifically based marital therapy. The book includes a wealth of information on clinical practice and research findings.

Detailed concepts will be familiar to those who know the basics of the Gottman approach. But this updated version sheds even more light on essential Gottman concepts, including flooding, the sound relationship house, and dreams within conflict.

The New Marriage Clinic will edify and advance the work of clinicians, theorists, and researchers. And it makes an excellent addition to the libraries of those who provide couples counseling.

Super Psyched: Unleash the Power of 4 Types of Connections and Live the Life You Love

Amplify Publishing 2024
Hardcover 296 pages
ISBN-13-979-8891381421

Reviewed by Jeffrey K. Zeig

Adam Dorsey is a licensed psychologist in San Jose, California. *Super Psyched* is his award-winning podcast. I was once a featured guest, one of more than 200 experts who have been interviewed by Dorsey.

Super Psyched: Unleash the Power of 4 Types of Connections and Live the Life You Love is the title of Dorsey's recent book. The book centers on four types of connection: 1) connecting to self, 2) connecting with others, 3) connecting with the world at large, and 4) connecting with "something greater."

Dorsay's bold choice to investigate connection works, as he provides an engaging and detailed exposition that brings to life all four type of connection.

Super Psyched is an important book that can benefit both professionals and the layperson. Dorsay summarizes relevant research and highlights the perspectives of experts. There are valuable takeaways in every chapter that can help readers to more fully connect and love the lives they live.

I am glad that I have a copy of *Super Psyched*. I will recommend the book to others. It is certain to edify.

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.

Don't miss a single issue and stay informed! To receive the newsletter in your inbox, be sure to sign up on the Foundation website at www.Erickson-Foundation.org and click on "Subscribe." You can always find the newsletter posted online at the Foundation website: www.Erickson-Foundation.org click on 'Newsletter' on the top menu.

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2025		
1/10-2/28	Intensive Training Level A / Virtual / Lilian Borges, M.A., LPC, Brent Geary, Ph.D., Dan Short, Ph.D., Jeffrey K. Zeig, Ph.D.	1.
1/23-26	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	2.
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	3.
2/25-26	Master Class in Ericksonian Psychotherapy / Koln, GERMANY / Zeig	4.
3/12-10/22	Erickson Choice Architecture (Wednesdays, one per month) / Phoenix, AZ and Virtual / Michael Langer, PCC, Short	1.
3/7-4/25	Intensive Training Level B / Virtual / Borges, Geary, Short, Zeig	1.
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.

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3) For information: Email, mail@bernhard-trenkle.de
4) 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 April 2025 issue (mid-April distribution date) is February 20, 2025. All workshop submissions are subject to approval by the Erickson Foundation. *Note: Beginning in 2025 the Milton Erickson Newsletter will only be available online and distributed via email to 30K+ subscribers.

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.**

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

The Couples Conference: Reconnecting in a Disconnected World, will be held May 2-4, 2025. More information including invited faculty, topics and registration will be available on the conference website. Sign up for Couples Conference updates at www.CouplesConference.com

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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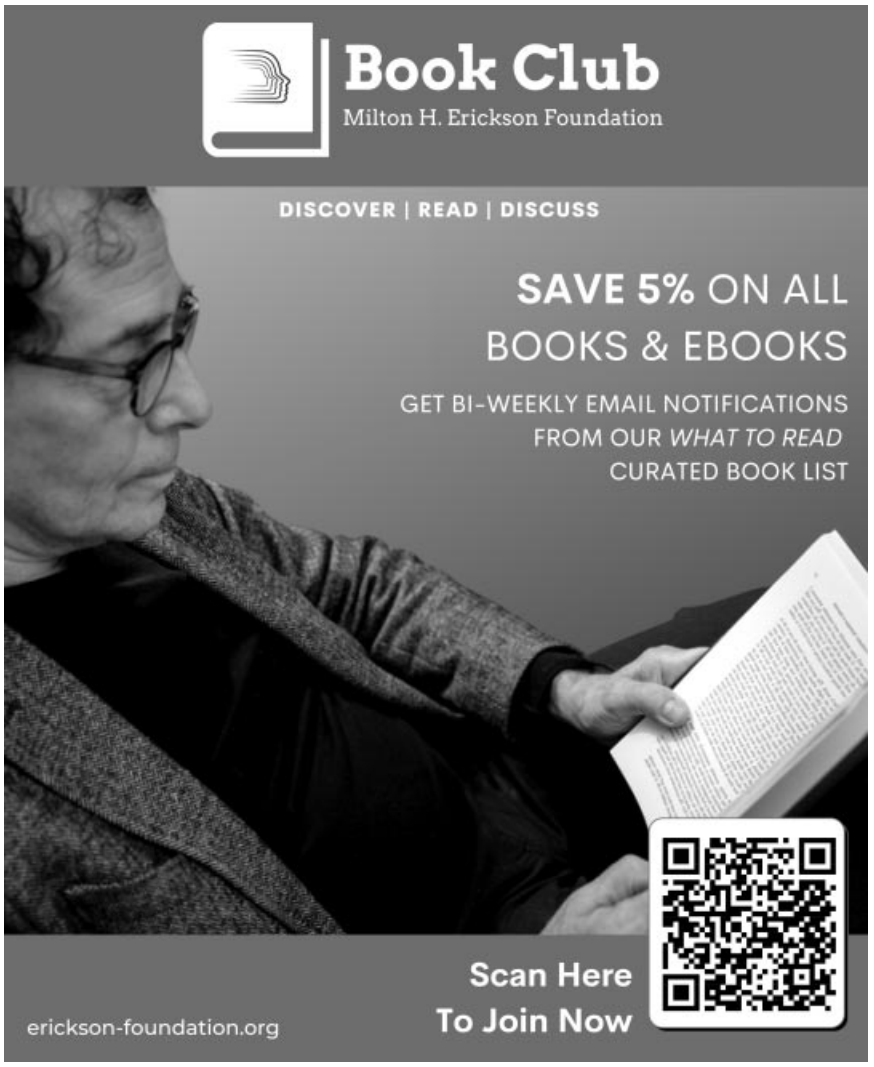

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INTERVIEW

continued from page 7

tional paradigm. And I began to reread quantum physics, written by quantum physicists for people who don't know math. And I finally began to understand that quantum physics changed our view of reality. It changed it from the Newtonian idea of separation to the quantum idea of interconnectivity, and that's the new science. All those atoms are there, and they're still wandering around like Newton said, but they are not separate and bumping into each other and competing, which is the basis of both the individual and of society. They are *connecting* all the time.

Carlo Rovelli, an Italian quantum physicist wrote a book called *Helgoland* about how quantum physics evolved. Rovelli starts off saying that the science of physics wants to know what nature is about. Newton would say that nature is made of atoms, and they're all separate, independent, and self-sufficient, and that atoms are uncuttable and unchangeable. So that was the theory of determinism. But Rovelli developed what he calls *relational quantum field theory*. And his restatement of Newton is that the thing out of which everything is made is not a thing, but it is the relationship between things. Therefore, reality is relations, and all things rise out of relations among things. And that things in their relationship, particles interacting with each other, change each other with every interaction, so that there's nothing determined or fixed, but change is a constant process that happens with every interaction one has with anyone or anything.

And so, I started focusing on the couple's relationship rather than the individuals in a relationship. And I've always sensed that connecting was the critical component and what happens when couples move through their fears and drop their defenses and begin to feel safe. They talk about feeling connected, and they love it, and they talk about what I would call *relaxing into being*. And here was this scientific statement that says, well, of course, because reality is relations and relations give birth to everything.

So, we are all *functions* of our relations and *derivatives* of our relations. It changed the whole conversation from it's great to have a good relationship and to have someone to relate to, to the fact that relations are what is permanent, and the people we have relationships with are transient. And that was a breakthrough for me. The basis of all reality is connecting. So, any process that connects is implicitly and essentially spiritual, because spirituality is connectivity, being connected to the whole, to the oneness of being.

RL: See if I understand the core of your message: In a state of just being, there is a natural force which brings us together for connection and interaction. When that gets distorted and we become self-protective in areas where protection is not really needed, it sets up a negative field that artificially pushes us away from our natural being, which is connection.

And the *Imago Relational Paradigm* is based on the return to childhood, the wonder and fascination and curiosity of everything being new, plus the wisdom of all the mistakes that we made and learned from, so that our curiosity is more re-focused on seeking the connection that was lost, the connection that had never been made. And in essence, that is the purpose of all your books: If you can make the other person feel safe, feel seen, and feel accepted in the connection, it opens them to the child that they always wanted to be.

HLH: Oh, how beautifully said. I have never heard anyone say what you just said. That was just lovely.

HH: Exactly. That's perfect. You have been such a great mirror.

RL: Thank you for that. Also, I want to thank you both very much for taking the time to reconnect. And I'm looking forward to getting together again in 2025 at the Evolution Conference in Anaheim, California.

HH: Rick, I feel so seen by you that I'm really feeling good. You have given us a great gift.

RL: The pleasure has been mine.

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