



THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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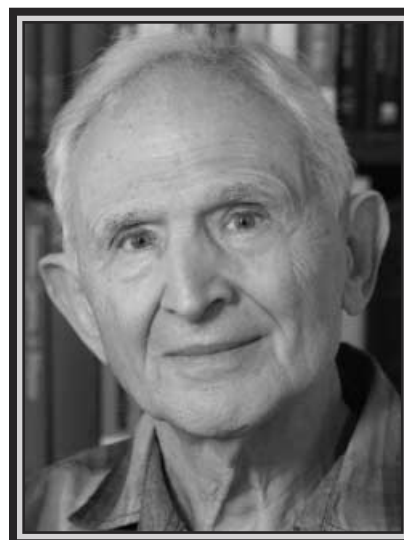
Peter A. Levine

Interviewed by Rick Landis

Peter A. Levine, PhD, is the developer of Somatic Experiencing® (SE™), a naturalistic and neurobiological approach to healing trauma, which he has developed for more than 50 years. He holds a doctorate in biophysics from UC Berkeley and a doctorate in psychology from International University. Levine is the author of several best-selling books on trauma, including *Waking the Tiger: Healing Trauma* (published in 29 languages). He is the founder and president of the Ergos Institute of Somatic Education, which is dedicated to community outreach and post-advanced SE training. He is the founder and advisor for Somatic Experiencing International, which offers a professional SE Certificate program. His work is taught in more than 44 countries.

In recognition of his groundbreaking therapeutic work, Levine has received multiple Lifetime Achievement awards, including from *Psychotherapy Networker* and from the U.S. Association for Body-Oriented Psychotherapy. He has taught at the University of California, Berkeley, Mills College, Antioch University, the California Institute of Integral Studies (CIIS), and the Santa Barbara Graduate Institute. He served as a stress consultant for NASA and was a member of the APA Task Force developing responses to large-scale disasters and ethno-political warfare.

Peter Levine is currently a Senior Fellow and consultant at The Meadows Addiction and Trauma Treatment Center in Wickenburg, Arizona, and continues to teach trauma healing workshops internationally with the Ergos Institute and various trauma healing organizations.



Peter A. Levine

Peter Levine: Rick, do you know when we first met?

Rick Landis: The first time was in the '80s.

PL: Oh, wow. No kidding.

RL: Milton Erickson had recently died, and I was still trying to integrate his concept that people aren't broken; they don't need to be fixed. They're not sick; they don't need to be cured. They're just stuck.

And then I went to one of your lectures and I realized what stuck meant from a different perspective. And that further expanded my world. So, thank you.

Near the end of your most recent book, you asked the question, "Have I done enough?" And you answered....? [pausing expectantly]

PL: I answered, "Yes."

RL: And yet it still hasn't stopped you from doing more.

PL: [laughs] Sure.

RL: And when I read *An Autobiography of Trauma*, I seemed as though you were saying, "I have fulfilled *tikkun olam*. I've made the world a better place. I've set it in motion. I've made ripples by touch-

ing people who are continuing these ripples. I don't need to do this anymore."

PL: Exactly. It was something that was off my shoulders.

RL: Yes. So, from where did the question of "Have I done enough" originally come?

PL: I realized when I started writing *An Autobiography of Trauma* that I had less time to live than when I was conceived to that point. In writing *An Autobiography of Trauma* there were a couple of questions that I posed to myself; not necessarily to answer, but to reflect on.

The first question was, "Have I done enough?" When I began teaching what was to become Somatic Experiencing in the late '60s early '70s, a small group of therapists from Berkeley would come out to my treehouse in Wildcat Canyon and I would try to demonstrate and explain what I was doing. That was a task.

And today when I ask the question, "Have I done enough?", I realize that SE is now taught by approximately 70 trainers worldwide in about 44 countries to around 70,000 trainees. It's off my shoulders now. I can go on to the next phase of my life.

But then the other question, "Am I enough?" was not so easy to answer and was one of the motivations for writing the autobiography. That is much more difficult to answer because it is not linear and doesn't have a linear answer. I accept that I may always be a work in progress.

RL: Possibly because the question is an incomplete sentence?

PL: Exactly. Dramatically, it is an incomplete sentence. But, part of a commitment I made to myself was

INTERVIEW continued on page 7

EDITOR'S COMMENTS

During uncertain times, there have always been those who chose to focus on questions and possibilities. They pursued curiosity for its own sake, to explore beyond the need for immediate answers. It is not that they were indifferent to finding answers. It was just that by taking the time needed to explore and move beyond the limitations of the original questions, they discovered paths to answers that redefined their questions. And the cycle continued in a spiral of questions leading to answers that led to better questions that led to better answers, and so on. These evolved questions were the keys that open doors to new worlds and perspectives. It is to this courage to be curious over the need for certainty that we dedicate this issue.

Our *Featured Interview* is with Peter Levine, the developer of Somatic Experiencing®. At his request, the interview was conducted as more of a conversation, an exchange of ideas. It was great fun. In both our conversation and in his latest book, *An Autobiography of Trauma*, he demonstrates how curiosity and the evolution of questions has driven his life. Even his "active imagination" conversations with Albert Einstein were prompted by exploring and evolving questions, rather than obsession with possible answers. And this pursuit of asking better questions will lead him to present *Trauma and Spirituality: Resilience in the Human Spirit* at this December's Evolution of Psychotherapy Conference.

In this issue, John Lentz provides two columns: *In the Spirit of Psychotherapy* and *The International Community*. His two interviewees are question-seekers who use an Ericksonian understanding of hypnosis to treat conditions that previously had been the sole domain of medication.

In the *Spirit of Psychotherapy* column, John introduces us to Stefen Hammel. While Hammel's books on three-sentence interventions have been previously reviewed in our newsletter, this is the first time we have had the opportunity to meet the man who lives at the intersection of two worlds. Many of Hammel's questions about his own evolution of self, perspectives, and beliefs lead to answers that produce an increased sense of self and acceptance of being a work in progress. It seems that this curiosity-driven quality of exploration allows him to connect with many different types of individuals, and with just three sentences, it opens new worlds of perspectives. In addition, his research regarding a non-medication resolution for trauma-associated tinnitus is fascinating.

In the *International Community* column, psychiatrist Claude Virot, a major hypnosis proponent throughout the world, says it has been more than 30 years since he has prescribed antidepressants or anxiolytics to his patients. In the interview, we can see how experiencing the cultural differences and similarities of more than 30 countries has kept Virot from resting on any one answer.

In Eric Greenleaf's *Case Reports* column, Joann Depetro demonstrates how questioning the nature of the question can transform the answer into magic. Depetro redirects the question from "How do you manage childhood schizophrenia?" to "How do you empower a child to make a monster disappear?" with the latter changing the course of a child's life.

In our *Theoretically Speaking* column, Rubin Battino, our master storyteller and resident "Mister Wizard," reintroduces the traditional Gestalt Therapy Two-Chair Approach by projecting it through a distinctly Ericksonian lens. And, in the Erickson tradition, he uses his powers of observation to find the hypnotic elements in the process. Underneath it all? Decades of implied questions that made the observations possible.

We have four book reviews for this issue. The first, reviewed by John Lentz, is Eugene Ellis' *Transforming Race Conversations: A Healing Guide for Us All*. I especially liked this review choice not only for its content but also because its process mirrors our *Featured Interview* with Peter Levine. Both include bottom-up (somatic/emotional) experiences rather than just top-down (symbolic/logic). It fits well with Levine's writings on the science behind the physical and spiritual causes and impact of multigenerational trauma. Regarding conversations about race, Ellis asks the questions that help us discover what we can do with both our underlying assumptions and our physical reactions.

Autism in Polyvagal Terms: New Possibilities and Interventions by Sean Inderbitzen

with an introduction by Steven Porges is part of the Norton Series on interpersonal neurobiology. Kate Hubert Bilotta's insightful review is informed by more than a dozen years of personal experience working with individuals with autism. With the current emphasis on where someone "fits on the spectrum," Inderbitzen's respectful definition of an individual with autism is *what they feel is their own level*. I can see in Bilotta's review how the nature of the questions of successful treatment changed when her focus shifted from the often-cited manipulation of genetics at *some possible time in the future* to the modification of trainable autonomic states *today*.

John Lentz reviews *Doorknob Bombshells in Therapy: The Deadline, the Brain, and Why it is Important to End on Time*, written by Daniela Gitlin. If any of you have attended Scott Miller's presentations at the Evolution of Psychotherapy Conference, you will know why I especially appreciate this review. Miller's research over the last 20 years shows how the patient's perceived relationship with the therapist is most impactful, and can lead to the success of the therapy, independent of the theoretical underpinnings. Only after reading the book, did I realize that the deceptively simple question, "Why is it important to end on time?" was worthy of an entire book. Well done.

And finally, Jenni Page reviews *Personality and Wholeness in Therapy: Integrating 9 Patterns of Developmental Pathways in Clinical Practice*, written by Daniel Siegel and the PDP Group. This is another in the Norton Series on interpersonal neurobiology. Page does an outstanding job of presenting the essence of an information-packed book. Siegel, et al, brilliantly uses the Enneagram as a scaffolding for a neurobiologically informed framework of personality as a way of reaching wholeness. This is a book that you will need to put down and return to because of its emergent quality and because the concepts are so rich and multidimensional. Both the book and the review demand your attention.

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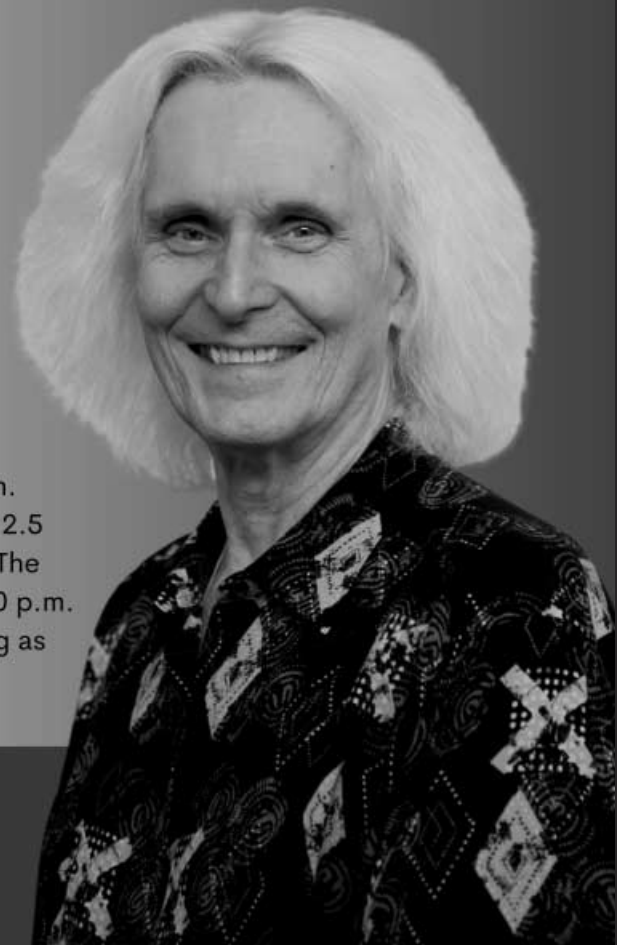
- (1) Case consultation, (2) Discussion of the utilization of clinical hypnosis with specific topical areas (e.g., anxiety, personality disorders), and (3) Practice exercises.

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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COUPLES CONFERENCE

Couples Conference Turns 30

By Marnie McGann

Happy birthday Couples Conference! This year marks the 30th anniversary of a brilliant idea that grew into a conference with its own momentum.

In the early '90s, when Ellyn Bader, Ruth McClendon, Les Kadis, and Peter Pearson were flying back from another conference, they got into a conversation about how there was no substantial training or conference solely dedicated to couples' therapists. So, Ellyn called Jeff Zeig and asked him if the Erickson Foundation would consider co-sponsoring a conference focused on couples. Jeff thought it was a "great idea" and agreed to do it once and see how it goes.

The first Couples Conference was held in 1995 in San Francisco, and the theme was *Integrating Sexuality and Intimacy: The Challenge of Treating Couples in the '90s*. "We wanted to bring sex and intimacy together because many sex therapists were faced with intimacy issues and other therapists were confronted with sexual issues and both did not feel equipped to deal with what came up in therapy," says Ellyn.

At that time, couples' therapy was not recognized in the field as a true therapy. "It was more of a stepchild," Ellyn says. "Today, when I tell people that couples' therapy was not considered a real therapy, they cannot believe it."

For the first decade or so of the conference, the locations included Dallas, Boston, and Chicago. But in the 2000s, the conference was held only in northern or southern California. It became known as *the California conference*, attendance grew, and the conference became well known.

Themes for the conferences over the years have included *Sexuality and Intimacy; Love and Intimacy; Attachment, Differentiation & Neuroscience; Affairs, Addictions, and Deception: Challenging Issues in Couples' Therapy; Evolving Challenges in Couples Therapy; and 5 Pathways to Interpersonal Ex-*



Terry Real, Jeffrey Zeig, Esther Perel



From CC2015, Helen LaKelly Hunt, Harville Hendrix, Ellyn Bader, Peter Pearson, Stan Tatkin, Tracey Tatkin, Judith Anderson, Jeffrey Zeig

COUPLES CONFERENCE

cellence. The theme for this year's virtual conference is *Reconnecting in a Disconnected World*, May 2-4. (<https://www.couplesconference.com/>)

The Couples Conference has been known to integrate ideas and ideologies. One example was creating the theme of *Attachment, Differentiation & Neuroscience in Couples Therapy*. "In the mid-90s," says Ellyn, "I noticed there was a split in the field between attachment and differentiation and we wanted to bring these two ideas together." That split played out at the first conference. A lively debate sparked between Harville Hendrix and David Schnarch. Ellyn remembers playing the de-escalator. She says it was during this time that the conference began to take off and develop a status of its own.

The conference also became known for its relevance to what was happening in the world of couples. "It has been an opportunity for experts to bring their perspectives into focus and find consilience," says Jeff Zeig. "And Ellyn has been a central force in bringing couples into focus as a central topic of therapy."

In the more recent years of the conference, new voices have been brought in to address pertinent topics such as gay and lesbian and transgender couples' issues. Rick Miller, the author of *Unwrapped: Integrative Therapy with Gay Men* (2015) has been faculty for several conferences and will join this year's conference faculty. "The conference evolves," says Zeig, "as the faculty's perspective become enriched."

Faculty regulars of the Couples Conference over the past 30 years include Lilian Borges, William Doherty, Helen Fischer, Steven Frankel (Law & Ethics), John and Julie Gottman, Harville Hendrix, Helen LaKelly Hunt, Marty Klein, Harriet Lerner, Pat Love, Cloé Madanes, Rick Miller, Bill O'Hanlon, Peggy Papp, Peter Pearson, Esther Perel, Terry Real, Janis Abrahams Spring, Daniel Siegel, Stan Tatkin, Michele Weiner Davis, and Jeffrey Zeig.



Jeffrey Zeig, John Gottman



From CC2009, Esther Perel and Ellyn Bader



From CC1997, Jeffrey Zeig and Ellyn Bader

RECONNECTING IN A DISCONNECTED WORLD MAY 2-4, 2025



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THE 45TH ANNIVERSARY OF ERICKSON'S DEATH

Milton Erickson died on March 25, 1980, and this year marks the 45th anniversary of his passing. On March 28, 1980, Jeffrey Zeig delivered a eulogy at the memorial service for Erickson.

The following are excerpts from that eulogy.

Now I want to talk to you about art. But that really isn't what you are here to hear about.

I had a teacher who was a true artist. Like any true artist, his art was creative and deep. It brought out the best feeling in those around him, and those whose lives he touched. It was original art, a true departure from any art that ever existed before. Because, you see, he was a real master artist.

Now his art took three forms: The art that he created with his craft; the art that he created in his family; and the art that he created in his own personal life.

The art he created in his craft stands as genius. It is acknowledged to be some of the best ever made... It was not direct art. And though at times it was confusing and not easy to grasp, one always had a sense that that art was really alive in the true sense of the word. Because like any great art, although it was composed of simple lines, one realized that the depth of the art was subtle and profound, with a scope that cannot be measured... And the art of his craft had other characteristics... It was also an art of compassion and humor, and I can illustrate that with a story.

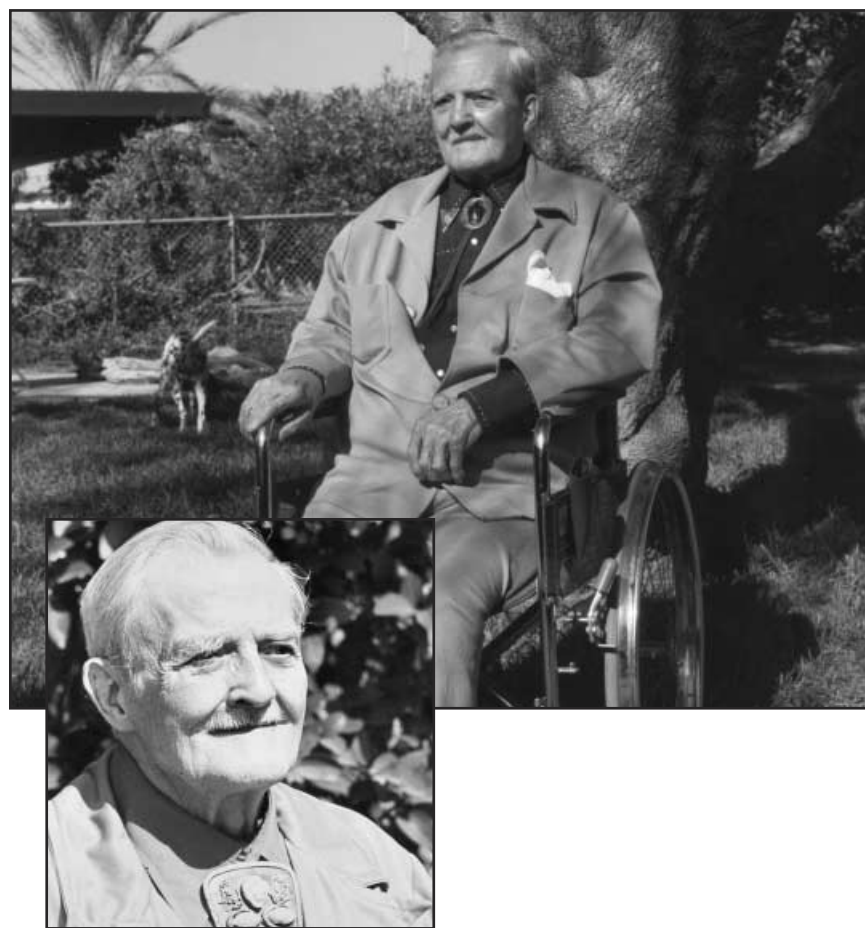
I can remember a specific time a number of years ago when I was especially moved by his art. And I looked at him with tears rolling down my face and I said, "Artist, you are the most impressive person that I have ever met." To which he quickly replied, "Oh, I'm just another bozo along the path of life"... Now, his art was so masterful because of an ability to really be awake to what was said and to look with open eyes and see what was really happening...

As I mentioned, there was a second part to his art and that was family art. Because after having spent time with his family over the last week... I can say that had his only contribution been to have been a part of creating that art, that in itself would be a true masterpiece.

Now, I also said that there was a third part to his art. Because his art was an art which personally was lived. It was an art of a person who could fill the unforgiving minute with 60 second worth of distance run... a lot of enjoyment and richness was squeezed into every minute of that art. And it was alive art because the artist was his own artistic creation. He was an original and he molded himself and shaped himself and created in himself an original masterpiece of art.

And although we say good-bye to the artist, the masterpieces and memories live and create not ripples in an ocean, but waves that others will extend immeasurably, perhaps also, somewhat mysteriously, but naturally, in a true alive way, into the future.

For I believe that for him "life was not a paragraph, and death, I'm sure, will be no parenthesis."



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INTERVIEW

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that I would trust or follow wherever my exploration would lead me. And as I reflect on this, I realize that's been true for my entire life. In living out that self-commitment, I reflect on "Am I enough?" And that's come out a lot in important relationships I've had in my life. Not just with people who are mentors, although I talk a bit about them in the book, but am I enough for myself? Can I embrace myself? Again, it's a work in progress, but it's something to which I am committed.

RL: It sounds as though you are answering: "Am I enough *for me*?"

PL: Yes!

RL: Okay. But it still doesn't answer the question: "In the service of what?"

PL: Yeah, I don't know if I'll ever answer that question. I tend to have questions about my questions.

RL: In your autobiography, you use an analogy of Johnny Appleseed. When I read that, everything in me said "Yes," because Johnny Appleseed walked through the country dropping seeds. He didn't always dig a hole and put the seed in it. Sometimes he just ate an apple and threw the seeds over his shoulder. He had no idea whether they would land on fertile soil or not.

PL: Exactly. To land where they may.

RL: He was not responsible for what people did with the gift he gave. And the concept of gifts keeps emerging in our conversation.

PL: I have been gifted by people in my life, real or imagined, who have supported me, my growth, and my individuation. I'm deeply blessed in that way.

I was thinking about when I gave my speech at the 2023 Evolution of Psychotherapy Conference. I got up in front of thousands of people and my throat was clenched. I couldn't get the words out. I was supposed to be talking about *An Autobiography of Trauma*, but the words wouldn't come. And believe me, I was uncomfortable, because as far as I could see there were people looking at me. But then I began to feel at my side and at my back, the people who had written blurbs about me, about

the book, and their support gave me a deeper sense of who I am as a person. Even though I couldn't figure it out, by having them there with me, the words came, the words flowed. And experiences like that take me to a deeper sense of self.

RL: You seem to have the perception, the internalization of the concept of gifting that I find so hard to instill in other people. If they don't have it, they don't have it—to perceive gifts and to give gifts; not obligations, nothing underneath it—that which is given and received as given out of love, out of caring, out of connection. Again, gifting is a connection concept.

PL: Yes. The only choice I guess we have is if we accept it or we don't accept it.

RL: And do you perceive it as...

PL: Do I perceive it as a gift?

RL: Yes. As a gift.

PL: There's two ways of looking at things: Nothing is a gift and everything is a gift. I would lean more toward everything as a gift or potentially a gift. And, you can be grateful for a gift, or you can ignore a gift. My dreams and synchronicities are often those gifts. Sometimes my dreams just frustrate me. I would ask of my dreams, "Why don't you speak to me in my own language?" And the answer would be: "Clearly, I don't understand your language, at least at this moment."

And I think that's the nature of the unconscious, of the dream. It brings you solutions for problems you didn't even know you were solving. And I have persistence. I stick with things. That's one thing that characterizes me. I persisted when it seemed like I wasn't going anywhere, I kept going and going. And I continue to persist.

In the *I Ching*, there's a hexagram that says *perseverance further*. And that's been my motto. To persist and to honor the gifts when they come, because they don't come all the time. But as one persists, these gifts seem to offer themselves up.

Joseph Campbell talks about how we're not looking for meaning *per se*, but we're looking to feel alive. And I completely relate to

that, to feel that we're alive and that we're real. I think that's the essence of the human condition.

And as people restore and move through their traumas, transform their traumas, then they almost always go to a state of greater compassion. Compassion for self and compassion for others. And if there's anything we need more of in this world these days, it is compassion. That's one of the gifts that facing our trauma can give us. And to be able to talk to you about this truly is a gift.

RL: Yes. Gifting is an unusual concept. When people talk about negotiation, they talk about compromise and all sorts of different things. And when they can see a gift, they stop thinking about cost.

PL: Interesting.

RL: Because for me, a gift is something that is not a negotiation for remuneration. It's not a transaction. It radiates in a single direction.

PL: Sometimes when I'm working with someone in Somatic Experiencing and they have little self-compassion, but they feel deep relaxation, I might ask them to just be curious what happens when they say the following words, "I give myself this gift of pleasure and deep relaxation." And then one of two things usually happens. Either the person will feel even more relaxed, or they will say something like, "I don't deserve it." And then I point out, "But wait a minute. A gift is a gift. It has nothing to do with deserving." And I think that's the way I look at my gifts. It just happens. And if you're open to it, then you get added benefit.

RL: In your interviews and books, the word *curiosity* frequently comes up. The last photograph in your book, *An Autobiography of Trauma*, is of you as a young child. That photo shows an exuberance about life. You have frequently said that exuberance for life as well as insatiable curiosity was a driving force throughout your life.

PL: Yeah. For just about everything.

RL: In essence, I think that we are all born into a sense of exuber-

ance and curiosity, because we're born into a new world. Everything is new. It comes naturally. We must be taught to *not* be curious—that it's not safe to be curious.

PL: Yeah, you're right... We're traumatized and over socialized. "Stop asking all those questions!" I was that perennial child. "Why is the sky blue?" Why?

RL: We usually start out by asking simple questions because we don't have enough life experience to make questions specific.

You've told me how your dreams are such a driving force for your curiosity, and they keep your brain alive, and propel more dreams. How has your curiosity evolved?

PL: Well, in my active imagination conversations with the great professor...

RL: Yes, in your most recent book, you described your "active imagination" experiences with Albert Einstein.

PL: Yes, in the section *Albert and Me at the Beggars Banquet*. So, I would have these conversations with Einstein and ask him questions, and he would ask me questions about my questions. He would never diminish me by giving me answers.

I learned from those encounters to spend a lot of time asking questions about my questions and not just seeking the answers. The writer, Rainer Maria Rilke, said to an inspiring poet, do not chase the answers, but live the questions. Until you're open to the answers, just keep asking the questions. When I was having these conversations, I knew, of course, that I was imagining. I think the process of active imagination was coined by Carl Jung.

RL: Related to the evolution of your questioning: My perception has always been that if it's the wrong question, any answer, no matter how brilliant, will be irrelevant. But if it's the right question, the answer is inevitable because it will set up such a curiosity, it will wake you up in your dreams. It will tap you on the shoulder wherever you go, until you get an answer that

INTERVIEW continued on page 16

IN THE SPIRIT OF THERAPY

Interview with Stefan Hammel

By John D. Lentz, D.Min.

Stefan Hammel is an Ericksonian hypnotherapist, systemic therapist, and Protestant chaplain who has been working in a psychiatric hospital and now works in a regular hospital. He is the founding director of the Institute for Hypno-Systemic Consultation in Kaiserslautern, Germany, as well as author of books and media for hypnotherapeutic and systemic practice. He also conducts hypnotherapy training on systemic skills and narrative techniques that reflect Milton Erickson's perspectives. In his therapeutic approach, Hammel uses metaphors, utilization, multilevel communication, and pacing and leading, forming a network of therapeutic interventions for changing the focus of attention toward resources. His most recent books are Transforming Lives with Hypnosystemic Therapy: A Practical Guide and Therapeutic Interventions in Three Sentences: Reshaping Ericksonian Hypnotherapy by Talking to the Brain.

Hammel was trained at the renowned Institutes for Systemic Therapy in Heidelberg (International Society of Systemic Therapy "IGST" and Helm-Stierlin-Institut) and in the German Milton Erickson Society. He is an associated member of the Milton Erickson Society in Germany.

John Lentz: You have the rare distinction of having both religious and therapeutic credentials and you incorporate both in ingenious ways.

Stefan Hammel: I find there is a subtle link between hypnotherapy and Jesus. For example, when healing someone, Jesus often said that a person's faith helped them heal. And that is so close to hypnotherapy.

JL: Yes. Now your book, *Therapeutic Interventions in Three Sentences*, is amazing.

SH: Thank you.

JL: Even before the hypnosis community began distilling things down to make interventions shorter, you were writing about a three-sentence intervention.

SH: And that's a bit like Milton Erickson, who would write out a long intervention and then cut it in half. And then cut that in half, and then again and again.

JL: Yes. But, the difference is that Milton Erickson didn't make a religious statement in addition to a therapeutic one. Your work in those three sentences is brilliant.

SH: Thank you.

JL: Not everyone notices that subtle link between hypnotherapy and Jesus. I was a member of the National Association of Clergy Hypnotherapists, and when I asked members about hypnosis in the Bible, they often had difficulty answering because no one I spoke to had thought much about it. They didn't think to apply what they knew about the Bible to hypnosis. They would often say an example of hypnosis in the Bible was God putting Adam to sleep and taking his rib. I always felt there was not much thought behind that example because they could not describe what made it hypnotic.

On another subject: Given that German society, in general, has a reputation for not being religiousness, do you find it difficult to be both a religious person and a hypnotherapist?

SH: Actually, I don't have any difficulty with German society. While it is not much interested in church or religion, I find German society to be rather tolerant. And I must say that I've seen religion often linked with unpleasant intolerance. So, I prefer people being a bit disinterested to people telling me that I'm not a good Christian if I'm not their version of a believer.

When I was in my early 20s, I had more of a missionary mindset. And then a lot of things happened in my life, specifically pain and injury. Through those experiences, I developed a fascination with therapy and hypnotherapy, and I transformed a lot. Nowadays I may ask myself, "Am I still a real Christian?" One friend said that he

thinks that the spirit of Christian love just comes out in my way of doing therapy. He finds it very spiritual. But I still have that inner discussion of whether I am still a Christian.

JL: So, in many ways you have calmed those questions inside, and you feel like you're doing your best.

SH: Yeah. I've even turned my inner discussion into a friendly outside discussion.

Currently, I'm writing a doctoral thesis on curing tinnitus, not only the emotional side, but also the hearing side. While all the hypnotherapists I know say it's impossible, I find that to be not true. You can do something about healing the hearing side of tinnitus and I've seen it done many times.

I like to tell the story about how Jesus healed a blind man. The story in Mark 8 is that Jesus spat into his hands and rubbed that with dirt, creating mud and then he put his hands on the eyes of the blind man. Then Jesus had the man open his eyes and Jesus asked, "Do you see anything?" And the man said, "I see people, but they look like trees walking around." And again, Jesus put his hands on the man's eyes and the man's eyes were open, and he saw everything clearly. And sometimes I say to client, "You know, if Jesus didn't mind having a miracle in two steps, why should we mind?" And that's what I think about therapy. You may experience miracles, but if they come in steps, why not?

JL: What excites me is that while you are creating your dissertation on both the emotional and physical aspects of tinnitus and promoting healing with words, you are also backing up existing research by developing new research.

SH: Yes, we will be able to measure effects. I've often seen in therapy that in treating tinnitus, noise can be reduced and can sometimes disappear. Of course, it did not happen in all cases, and that is what we are working on. But what is clear is that tinnitus is not an isolated phenomenon, however, it goes along with changes in the Hirsch value in the level of where you start to hear. It is like polyneuropathy, where you can simultaneously have numbness and pain. Wherever there's tinnitus, there's also hearing disability next to the frequency of tinnitus, and both are "frozen," in the sense that tinnitus is so overwhelming that it interferes with a person's ability to hear. While hearing is normally an ongoing dynamic balance, for people with tinnitus their hearing is "frozen."

You see it when you ask people what happened when they began to have tinnitus. They will often tell you about the trauma, severe conflicts, and crises they experienced. Therefore, I see tinnitus as a form of "traumatic frozenness," which can become chronic because the starting point is usually trauma and conflict.

We can also see that with tinnitus, there are physical similarities. There's a very clear disposition for tinnitus. But still you can ask, "What made the difference? Why didn't the subject get it a year earlier or later? Why did it happen at that point?" If you can see a clear link to biographical crisis, and if you dissolve the biological crisis and the frozenness which often follows, then that can contribute to ending the tinnitus. And you can track the frozenness to muscle contractions, the same way we do with trauma. Usually, someone with tinnitus has muscle contractions in the ear and jaw, and often the neck and back. If you can get rid of that, it can help with tinnitus.

We need to see tinnitus as a complex balance, most likely linked with trauma and conflict.

JL: You have a way of connecting theology and therapy that is unique. I assume that is part of your inner discussion.

SH: Therapy profits from its dialogue with spirituality. One way of creating healing is by resolving a relationship a client had with someone who died. I ask people to travel to the heavens in their imagination to meet the person who died, and I use the person's faith to address their issues. I am a Protestant, but sometimes I borrow from Catholicism. I may say to a client, "Maybe your father needed to go to purgatory first." And for me, that would mean that the client allows the father to have a look at what he did and what it meant. Once the father feels the pain of what he did and the awful impact it had on the client, then the client can take the next step.

JL: That is a wonderful use of the person's beliefs for healing.



Stefan Hammel

IN THE SPIRIT OF THERAPY

SH: I always saw purgatory as part of believing in the Catholic faith. To have justice, the Catholic Church might have created purgatory because it understood that some things in life need to be balanced.

JL: It has been my understanding that it is a way for people to be cleansed before entering heaven.

SH: Yes. Makes sense.

JL: Other than your doctorate, what are you looking for down the road?

SH: Together with three colleagues, I have started to do online supervision in German, and I do that at no charge once a month. I would like to start doing this in English as well. With Zoom it will be easy to do cross culturally and should be fun. It will also be a way for people to add to their understanding.

JL: Cool.

SH: I would like to be more present in the English-speaking sphere. Most of my books have been translated into English and that's a start.

JL: Anything else that you'd like to say before we end this discussion?

SH: In Phoenix, I gave a workshop on hypnotherapy, doing interventions with the dying in their final hours. That's something I sometimes do because I still work part time as a chaplain in a hospital. For a long time I had been working in a psychiatric hospital, but now I'm back working in a regular hospital. Obviously, I've seen a lot of dying people and I often wondered what I could do for them. I am frequently asked to perform a little ceremony of some kind that would make it easier for the dying person and for those left behind. And over time I used more metaphors. I would offer the dying person, who is commonly in a coma, a metaphor, because they often still hear you, and the evidence is in how their heartbeat and breathing change as you offer the metaphor.

JL: Right.

SH: So, I might say to them, "Well, I imagine that where you are there's a cloakroom and there's someone waiting in the cloakroom and you can give him all your

clothes that you don't need and the baggage you don't need. And if there's something that's worrying you, give it to the person in the cloakroom. He will take it and hang it up. And if you have anger, give it to him. He can hang it up. If there are fears, give them to him. He can put them on a hook. If there's sadness, give it to the one who guards all those things. And if you're having difficulty breathing, you can hand that over to him as well. He will take it from you," and so on. And then at some point I say, "And then if you look to the left side of the cloak room, there's a door and that door leads to the room where festivities are going on. And if it is your time, then you can go through to where the others are celebrating. But take your time. You do it whenever you find that appropriate."

For others in pain, I may talk about an eagle flying across a sky with storms coming, which is a pacing of pain, or I may talk about breathing problems or fear. The eagle flies to a mountain ridge and goes on to the other side where the weather is calmer. And the eagle continues flying to the next ridge and the next and eventually may come to the sea. And after the sea, he comes to a place called the Jordan River, leading to the Dead Sea and there is a place where you can rest in the Jordan River. And obviously crossing the sea is already a metaphor for eternity. I first did that to help someone lower and regulate his blood pressure. But I have also frequently used it with those who are dying.

One woman came up to me and said, "After you talked about letting go, I said to my husband, 'You know, I let you go, and you can let me go. You can love me from the other side, and I will love you on the other side.' And 15 minutes later, he died." And that told me that it's a good metaphor to use, both for the dying and bereaved. You can love me from the other side, and I will love you from the other side. We can continue.

JL: Stefan, it has been wonderful being with you again.

SH: I appreciate the way you listen and ask important questions. I wouldn't even call this an interview. It's been more of a connection.

JL: Oh, thank you. You take care and I'll be in touch.

SH: Thank you very much. It was my pleasure.



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CASE REPORT

A Special Imagination

by JoAnn Depetro, MA, MFT

I taught and trained therapists in narrative and social constructivist approaches to therapy and worked with “reflecting” teams. My office had a one-way mirror, and I could speak into the ear of the therapist in the room.

One of my trainees, Mary, introduced the team to 8-year-old Tommy and his mom. The problem was that Tommy had been paralyzed at night by a monster, and he was unable to sleep, eat, or go to school. Tommy was living in terror. The parents had consulted a psychiatrist, because talk therapy was not helping him.

The psychiatrist who evaluated Tommy diagnosed him with early childhood schizophrenia and hospitalization and anti-psychotic medications were recommended. The family was poised to accept the diagnosis and treatment, but Mary told them about her training program and asked them if they would come to her group for another opinion. They agreed to come to one meeting.

Mary brought Tommy and his mother to my office. They were introduced to the team and invited into the room behind the one-way mirror. As Mom was describing Tommy’s problem, Tommy, looking frightened, crawled into the corner of the room so that we were unable to see him.

After Mom finished, I said to Mary, “Now say this to Tommy: ‘Wow, this must be a very terrifying monster! Would you be willing to draw a picture of the monster for the team so we could understand your horror?’”

Tommy perked up and with enthusiasm said, “Yes!” We sent drawing material into the room and a more animated 8-year-old drew with intensity, THE MONSTER! Mary, understandably, made the error of saying, “Oh, that’s not so scary.” I called into her and said to Tommy “We the team are back here shaking and frightened. So scared! That’s some kind of awful monster. No wonder you are so scared.” He looked surprised and pleased, agreed with us, and became increasingly engaged.

After making more of a fuss about the ugliness of this creature, I asked Mary, who apologized to Tommy for not understanding his fear, to say to Tommy, “Tommy, you must have a special gift to see such a terrifying monster. Do you think you have a special ability?” Tommy lit up. “YES!” he replied. As this was happening, we saw Tommy’s mother crying. She was moved and surprised to see her son so energized and excited.

The team and I spent a lot of time letting Tommy know how hard it must be to have the ability to see such a scary monster. We asked him, “Do you think it takes a special imagination to see like this?” He said, “Yes.”

I said to Tommy, “The team and I have another question for you: Would it be possible that with this special ability to see monsters, you might be able to destroy the monster and make it disappear?” We spent time elaborating on this idea and then I asked him if he would like our help to destroy the monster. He once again enthusiastically said, “YES!”

We suggested Tommy might need something like a magic wand. He liked this idea. And we thought he might need a team of trusted people to help him with this brave endeavor. Tommy named four people who he would like to be part of his team. We suggested his team could help him make a magic wand strong enough for the task. He agreed. And then we suggested that he keep it near his bed at night, because his task will take courage.

We asked Tommy and his mother to return in a month and tell us how it went. And, we asked Tommy to please bring the magic wand so we could see it and use the idea to help other kids destroy monsters. In the meantime, Mary would see Tommy. Mary told us the next week that Tommy’s mother had cancelled the hospital stay and medication.

A month later, Tommy and his mother returned, with Tommy carrying a magnificent monster-destroying magic wand. He was beaming. We knew from Mary that Tommy had destroyed the monster. So, we had a badge for him to wear to tell people about his heroic achievement. The badge said: “Tommy, the Monster Slayer,” and Mary pinned it on him.

He told us the story of how he did it. “It was hard,” he said, but he kept using

his special ability and succeeded. We celebrated with a very happy little boy and his mom. Tommy was eating and back in school wearing his badge!

I followed up with Mary and she reported that Tommy continued to feel proud of himself and was living a full life.

Commentary

By Eric Greenleaf, PhD

It is possible to create a very grave disease by acting on the vital principle of imagination and to cure it the same way. —Samuel Hahnemann, MD

Childhood schizophrenia is much more difficult to treat therapeutically than paralysis due to a night monster. Hospitalization and a regimen of anti-psychotic medications were surpassed in effectiveness with minimal side effects by the involvement of JoAnn Depetro and her team in mobilizing the imaginative powers of their young patient.

As Douglas Flemons put it: “You invite your clients to think, feel and act in poems that dissolve boundaries, that metaphorically imagine the ... truth so that the strands of a knotted problem, once loosened and unraveled, can be rewoven into a braided resolution. This is the heart and mind of hypnotherapy.” (2021)

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UNEARTHED FROM THE ERICKSON ARCHIVES

Letter from Arlene W. Wolberg

Arlene Robbins Wolberg, a psychoanalyst, educator, and author, was married to Dr. Lewis R. Wolberg. In 1945, they cofounded the Postgraduate Center for Mental Health in Manhattan.

She was considered an authority on the treatment of patients with borderline personality disorders and wrote two books on the subject. Lewis Wolberg was also a psychoanalyst who advocated the use of hypnosis in psychiatric treatment. He wrote/edited 20 books including The Psychology of Eating (1936).

Monday, October 3, 1988

My dear Dr. Zeig:

I hope you will excuse my delayed response to your letter. I have been occupied with preparation for a memorial meeting in honor of my late husband.

I do have one rather vivid memory of an afternoon with Dr. Erickson which I shall describe so that you can determine whether it is anything you can use.

We were living at the time in NYC. The time was between 1945 and 1949. Milton had come to New York to attend a meeting which my husband could not attend because he had a virus and was in bed recovering. Milton called to say he could come over to see us at four o'clock in the afternoon. He joined us in the bedroom—Larry was in bed and Milton and I were sitting and half lying on the bed as well—a jolly threesome!

As you know one of Milton's techniques at the time was to intersperse certain words and phrases conversationally, which he would then utilize when the patient came and picked up his word suggestions—all to the aim that the patient himself would ask for hypnosis. Another aspect of his technique would be to invite the patient to oppose, especially if he were to begin with an oppositional type and then wear him down with soothing and seductive phrases.

I remember that on this particular afternoon Milton was talking a great deal, and we were putting in a word or two in response, occasionally giving our opinion about some question he might ask.

After about two hours of this kind of exchange, I found myself at one point beginning to feel very, very drowsy—almost falling asleep. This seemed strange because I was usually alert whenever we met Milton. I began to feel that he was talking—but his voice seemed at a distance, and I seemed to hear a monotonous droning kind of sound coming from him and I began to realize that he was trying to hypnotize us. I chuckled to myself by deciding I would resist this attempt on his part. I snapped myself out of it—or at least that's what I thought I did. I wondered whether I had actually been hypnotized without realizing what was going on, at least in the beginning.

I felt that I had snapped out of it just in time to defeat him. I looked at him and he seemed to have a gleam in his eye—a look of sly pleasure. Was this all my imagination?

We talked for another half hour during which I had completely recovered and then Milton said he had to go back to the meeting for a dinner engagement.

I do not remember one word that was said that afternoon but remember only that I became aware of this repetitive monotonous tone and suddenly tried to bring myself out of the "spell," and did so.

After Milton left, I asked Larry how he felt and what he thought about Milton's visit—I then told him why I had asked. He laughed and said: You know I had the same exact experience. The old fox! The old devil! He was trying to hypnotize both of us. I felt the same way—I snapped myself out of the sleepy drowsy feeling. We never said any more about it. We never mentioned it to Milton, and I never did know whether he had actually performed his feat. We did not want to give him the satisfaction of knowing that we realized what had been tried—or did it happen? We did laugh about it and thought that Milton must have had fun that afternoon.

Very sincerely,

Arlene W. Wolberg

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FROM THE ERICKSON LIBRARY COLLECTION

Hypnotism

by Albert Moll (Scribner's, 1897)

By Marnie McGann

In Milton Erickson's office at the Erickson Historic Residence, there are two dark wood bookcases densely packed with volumes on hypnosis, psychiatry, and psychology. With a faded spine and yellowed pages, a book called *Hypnotism* written by Albert Moll caught my eye. Albert Moll (1862-1939) was a German neurologist, psychologist, sexologist, and ethicist who was a pioneer in hypnosis. He is considered a founder of medical psychology. So, it's no wonder that Erickson had this seminal work in his office.

Like Erickson, Moll believed that the unconscious mind holds the key to many psychological problems, and he examines hypnosis from both a psychological and physiological perspective. But with hypnosis still in its infancy and cloaked in skepticism regarding its validity, Moll is careful to balance his enthusiasm for hypnosis by acknowledging its limitations and the lack of empirical evidence.

At 400 pages, *Hypnotism* encompasses much material, beginning with the history of hypnotism and its theoretical underpinnings. Offering the reader a wide scope of historic hypnotic methods spanning from ancient times through the middle of the 19th century, Moll takes us back to Egyptian medicine and the laying on of hands. He also touches upon sorcerers, soothsayers, and "the belief in the special powers of certain individuals."

However, Moll approaches hypnosis not in a mystical sense, as was common in his day, but from a scholarly, scientific perspective. He carefully examines the relationship between suggestion, the unconscious mind, and the physiology of those who are hypnotized. He recounts a few of his own experiments with hypnosis, several in which he used fixed attention or mesmeric passes.

Moll provides a thorough overview of the different schools of thought on hypnosis, with their successes and limitations, although it is obvious that he favored the Nancy School. Among the experts he credits as pioneers of hypnosis are Mesmer and Charcot.

In more than 125 years, we have come far in in our thinking about hypnosis. We are reminded of this when Moll delves into the drugs, such as ether, morphine, and chloroform used in his era to induce "sleep" for hypnosis. He also discusses unorthodox ways of producing hypnosis, such as using a magnet, and ways to wake a subject from hypnosis, such as sprinkling the subject with water, or making a loud noise. It is also evident that this book was written long before the study of neuroscience and the discovery of the brain's connection to mental health. Moll writes: "... there is nowadays no more connection between the art of healing and the histology of the brain than there is between it and astronomy. If I may call the art of healing a science, the history of the brain is something quite apart from it—at least in the present day. Perhaps a connection between them may be discovered later; perhaps the histology of the brain may be of use to the science of healing; but at present there is no such inner connection."

At nearly 150 pages, the chapter, *The Symptoms of Hypnosis*, is an investigative journey into the symptoms of hypnosis. Moll writes: "...to explain the separate symptoms of hypnosis is to explain the mode of production of hypnosis...that the one explanation involves the other." Notable experiments by renowned psychotherapists are throughout this chapter.

Moll presents theories on different levels of depth in trance and the similarities and differences of sleep and hypnosis. Animal hypnosis is also discussed.

In the chapter, *The Theory of Hypnotism*, Moll talks about how thinking about hypnosis has changed. He writes: "A few years ago it was believed that there was really no such thing as hypnotism, and that those who believed it were deceived. But since that time opinion has entirely changed. The representations made by different people in authority as to the reality of the hypnotic phenom-

ena, and particularly the repeated assertions of numerous investigators, have caused a complete change of view." Hypnosis was thought by some to cause nervousness, delusions, and/or hysterical convulsions. There was also the fear that people could be hypnotized to commit a criminal act. Moll writes that the antidote to these perceived and often exaggerated dangers about hypnosis is to offer the right suggestions.

Post-hypnotic suggestions, automatic writing, hypnotic phenomena, and amnesia for hypnosis are investigated in this chapter as well.

The final chapter, *Animal Magnetism*, strongly indicates the era in which this book was written, roughly 80 years after Mesmer died. Mesmerists believed that plants and animals could be magnetized by vibrations of fluid. They maintained that a person need not be asleep to be magnetized; that subjects could be fully awake. Mesmerists said that this was the distinction between hypnosis and mesmerism.

In conclusion, although many of Moll's theories and ideas have been revised and updated through modern research, *Hypnotism* is still a historically foundational work in the field. It provides valuable insight into the beginnings of hypnosis and its brave pioneers like Albert Moll.

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THEORETICALLY SPEAKING

Gestalt Therapy Two-Chair Approach: Hypnosis and Variations

By Rubin Battino, MS

The Gestalt Therapy two-chair approach was developed by Fritz Perls. Two seminal books in this area are *Gestalt Therapy Verbatim* (Perls, 1969), and *Gestalt Therapy Integrated* (Polster & Polster, 1973). My first training in psychotherapy was in this approach with H. H. Fink, someone who had worked with Fritz Perls.

In the two-chair approach, it is suggested to the client that by having a conversation with the participating components (which may be real or imaginary and can also be objects) is useful in resolving a current or former conflict with others or within the client themselves. For example, they might resolve unfinished business with a living or dead person of significance; find a way to continue a relationship with someone who has died and attain closure; or resolve the polarities within themselves, such as feeling sad/happy and good/bad. It also works with specific difficulties like depression, OCD, bruxism, anxiety, being overweight, PTS, etc. In this approach, a characteristic behavior, emotion, or object can occupy the second chair.

A frequent use of the two-chair approach is for unfinished business with a dead parent. There may be things you wish you had said to your mother or father that never got said. You may not have been on speaking terms with a parent, or the parent may have died before you had a chance to say good-bye. Or, it may be that you simply never had the courage to tell that parent what was on your mind and that has festered within you. It is suggested to the client that now is the time to take care of this. I find it best to *use two different chairs* rather than the client's regular chair.

For example, the therapist could say: "So, your mother or 'M' is over there in that chair. Please tell her what is on your mind." [The therapist guides the conversation, suggests things to say, and tells the client when to switch to the other chair. Note that abbreviations such as "M" for mother are helpful. I have found that linguistically using an abbreviation appears to make the entity—like mother—more real to the listener. Also, in the delivery an abbreviation is easier to speak.] "Now, how would 'M' respond to what you just told her?" "M" then responds. The conversation between the two continues until a resolution is attained. This may take half a dozen or more exchanges, and it is amazing that the unfinished business is resolved in a short time.

I find it fascinating that when the client changes chairs, their affect, posture, and voice quality change accordingly. It has been my observation that when clients are immersed in the two-chair experience, they manifest all the indications of a hypnotic state. Clients usually become so engrossed in each persona that the experience takes on a dreamlike characteristic. The two-chair experience can also be considered a mini psychodrama (Moreno, 1972).

The two-chair approach has many possibilities in terms of who or what is put in the second chair. I once had a client who presented with bruxism, or the grinding of teeth while asleep. This can be harmful as it wears teeth down. It can also be painful and cause disturbed sleep. My client had seen many specialists about her bruxism and she done what is commonly recommended: wear night guard. (She did not like this at all!) I suggested to this client that she put bruxism in one of the two extra chairs while she sat in the other one. The conversation with "B" went back and forth until a resolution was achieved. Part of this resolution involved "B" telling my client its motivation in having her grind her teeth. With this understanding, the client was able to negotiate with "B" to stop, since the prior solution was no longer necessary!

The approach can be extended to couples therapy in several ways. With only one partner present, have the client put the "spouse" in the second chair and play both roles. Or, with both partners present, have one spouse watch the in-

teraction of the partner playing both roles (without commenting), then the partners reverse roles. You can put the couple in the two separate chairs and guide their role-playing interaction. Also, each partner can put the construct of "marriage" in the other chair. (This can be done solo or with the other partner observing.)

The two-chair approach may be helpful (even effective) when used with psychotic clients. I have been working for some time with a schizophrenic client I will call Sam whose primary voice is Charlie. The two-chair approach had each of them in separate chairs. I was surprised at how animated, spontaneous, and active Sam was...that is, he just bounced back and forth between the chairs, occasionally sitting in his regular chair and then jumping up to continue the conversation. Sam and Charlie ended up reaching an understanding.

I have used the two-chair approach virtually with clients and when doing virtual training in master classes. I first used the method at a demonstration at an Erickson conference. It was suggested to the audience as an exercise where they could confront and have a dialogue with a part of themselves that troubled them or with someone or something with which or whom they had unfinished business. They would hold this dialogue within their head, being themselves when turning to the right in their chair and being the other entity when turning to the left. They were told to do this exchange until they had reached their desired change, and then to sit forward to let me know that they had finished the exercise. It appeared to me that during this exchange process, they were somewhat dissociated and showed manifestations of a light trance. When working virtually with a client I have them talk out loud to the other part (so I can participate), and I guide them in terms of making suggestions as to what to say when talking in each direction. It usually takes only four to five exchanges to attain desired solutions. And again, when being the other entity their voice and demeanor are different.

In conclusion, for most clients the two-chair approach is unexpected, unusual, and surprising, thereby disrupting old patterns. This dynamic interactional approach to therapy can promote change.

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INTERNATIONAL COMMUNITY

Interview with Claude Viot, MD

By John D. Lentz, D.Min.

JL: This column is about the efforts to globally promote hypnosis. Not only do you do that, but you have also been extremely instrumental in promoting hypnosis in your native France. What makes you so driven to promote hypnosis?

CV: I'm 67 years old, and in 1986 when I trained in hypnosis, I was 29 years old. I was a psychiatric intern and decided to write my medical thesis on hypnosis. This work on hypnosis was well received by the university, and it enabled me to officially announce that I was going to practice hypnosis as a psychiatrist. It was quite strange at the time to say that you were officially practicing hypnosis, and my professors were worried, but it always went very well. Right from the start I was convinced that hypnosis was a powerful, respectful, and ecological way of helping people. And even though it took me several years to stop prescribing drugs, it has been 30 years since I have prescribed any antidepressants or anxiolytics to my patients, because I consider hypnosis to be much more effective, powerful, and quicker than all these drugs for many of the disorders my patients present. I was also quick to encourage colleagues to train in hypnosis, so that we could work together, think together, and improve through our exchanges.

This enabled us to create the first Milton Erickson Institute in Brittany, and then to join the *Confédération Francophone d'Hypnose et de Thérapie Brève* (CFGTB). In 2003, I became president of CFHTB. By 2000, I had already organized the first hypnosis congresses in the field of anesthesia, surgery, and acute pain, which was very new in France. So, for more than 40 years, I've done nothing but work helping people in difficulty by using hypnosis, and I've been teaching for all those years. I've been involved in many institutions, particularly as president of the International Hypnosis Society. And in 2015 I also had the honor of directing the 20th World Hypnosis Congress in Paris.

JL: You have won several awards, but not that many people know you have been instrumental behind the scenes in arranging and leading hypnosis conferences. Would you talk about what you have done in this capacity?

CV: Yes, as I was saying, I organized my first congress in 2000, then in 2001, then in 2005, and this year, in 2025, I will be organizing my 16th hypnosis congress in October in Paris. It's important to me that these congresses exist, because they enable everyone to update their scientific knowledge, to acquire new ways of working, and to connect with many other practitioners in different professions who have different experiences. The congresses allow us to progress together, creating friendly and professional connections.

JL: Do people in France know that you are well known around the world as a leader in hypnosis?

CV: Yes, even if many professionals in France are mainly concerned with the evolution of hypnosis in our country, my career at the International Hypnosis Society is well known and even more so, my role in organizing the 2015 World Hypnosis Congress.

JL: Even though you are so well known around the world, you kindly remember the names of many people who attend the conferences. I cannot say how others have experienced you, but you remembering me has been very much appreciated. I felt as if I mattered, and that was flattering. Would you comment on that?

CV: I've been teaching hypnosis for more than 30 years, sometimes in large groups and sometimes with just three or four people. But that doesn't change my motivation or objective. Everyone has their own way of progressing and ac-

quiring new skills to better help their patients. I have to look after each participant as he or she needs. It is essential for me to think of the patients that this participant will now be able to help—to be well in life, to be freer, to blossom, all without taking psychotropic drugs.

JL: You attended conferences in Budapest, Istanbul, Montreal, Paris, Manchester, and Kraków. How many countries have you been to when promoting hypnosis? What is it about the international hypnosis scene that attracts you?

CV: I've traveled to about 30 countries, and I've also invited speakers from a dozen different countries to my institute. And each time it's something new, because even if hypnosis has common values on every continent, each culture brings something different, original, and enriching to the table. Meeting people from different parts of the earth, whether in Brazil, China, Mexico or South Africa, reinforces my conviction that activating resources through hypnosis is always a good idea, whatever the language and whatever the therapeutic traditions of that country. And each of these encounters has given me the strength and clarity to better transmit hypnosis, to better use hypnosis, to better understand Erickson's fundamental message, which is to activate the mental resources of each human being to evolve favorably.

JL: You have been deeply involved directly or indirectly in the leadership of the International Society of Hypnosis. Would you comment on your involvement?

CV: It was when I was president of the CFHTB that I became aware of the importance of international societies, such as the European Hypnosis Society and the International Society of Hypnosis. And thanks to Teresa Robles, in 2006 I was able to bring together a group of 35 French people to take part in the World Hypnosis Congress in Acapulco. Until then, French participation in international congresses was rare. What was different in Acapulco was that the conference and workshops were translated into French. And this enabled colleagues to discover the importance of these meetings and the pleasure of rubbing shoulders with the biggest names in world hypnosis. Immediately afterwards, I applied to become a member of the International Society and the European Society. And both institutions welcomed me with open arms. I was beginning to get the idea that it would be wonderful to host the World Hypnosis Congress in Paris. It was primarily to support this project that I applied to become a member of the ISH board in 2009. I had no intention of becoming president of the international society.

It was Camillo Loredio who, at a European congress in Turkey, strongly encouraged me to run for the position. That's how I came to be elected president-elect in 2012, before becoming president from 2015 to 2018. The president's major role is to ensure that all actions undertaken by the society continue under the best possible conditions, and that finances are sound. The president must also prepare for the next world congress, welcome new member countries, work on ethics and training processes, and support communication with member countries and members. All this is essential so that in every country every hypnosis practitioner can rely on shared values, validated knowledge, and the experience of the best international experts. That's why in Paris, in 2015, we created a pre-congress colloquium to bring together hypnosis clinicians and researchers, enabling them to get to know each other better and collaborate more effectively.

JL: A few years ago, you became fascinated with Ernest Rossi's moving hands approach. Are you still utilizing that approach and would you be willing to say how you have found it useful?

CV: You know, John, there are unexpected moments in life. Some damage us, traumatize us, and others take us to another level of awareness and practice and make us better. These moments can be totally unexpected. When I trained in hypnosis in 1986, it was a deliberate choice to enter the world of therapeutic



Claude Viot, MD

INTERNATIONAL COMMUNITY

consciousness, fundamental human resources, and the messages of Milton Erickson. In 2003, with three friends, I signed up for a three-day workshop given by Ernest Rossi in Cannes. I went a little out of curiosity and because at that time of year, at the end of September, it is very pleasant to be in the South of France. I'd already been practicing hypnosis for more than 15 years and felt I had a pretty good grasp of the techniques and tools I used daily. In fact, I wasn't expecting much from that workshop with Rossi. But what I didn't expect was to discover a whole new form of hypnotic practice and to experience such a powerful dissociation process. I also found it fascinating to be able to do hypnosis with a patient without interfering with their fundamental process of change and evolution, even without knowing what their precise objective was during the session. In other words, I discovered that the therapist could be much more neutral than I had been up to that point, and that it's the patient who then becomes much more active and in touch with all his or her own virtual resources and creativity.

Today, I find it easy to use this double dissociation technique. However, at the beginning, that wasn't the case, and it took me maybe two years before I started to feel comfortable with this way of working. It became easier after inviting Ernest Rossi to give a workshop in my hometown of Rennes, then continuing to meet him at international conferences, and in 2009, being hosted by him for a week at his home in Los Osos, California. And it was because he gave me a diploma authorizing me to teach that I started offering training courses in this field in 2011. Today, I work with many patients using this hands-on approach. And I've gradually been able to extend Rossi's methods to other clinical situations, such as bereavement.

JL: Given the prominence of hypnosis in French history, does the psychiatric community respect for utilizing hypnosis?

CV: As I said, I started using hypnosis as a psychiatrist in 1986, so that's almost 40 years ago. In France, hypnosis has developed a great deal in all health-

care sectors, from psychology to anesthesia, maternity, nursing, and more. But the sector that has resisted the most is psychiatry. I don't know whether this is because France has long been the world champion in prescribing psychotropic drugs, or whether its psychoanalytic traditions created this barrier. However, the situation may well have changed over the last two or three years, and we're taking stock of this because psychiatric institutions are starting to ask us to organize training courses in their establishments. Perhaps *Emergences*, my training company, has played a part in this movement, since in 2023 we were the first to organize a symposium dedicated solely to psychiatry, a symposium so well received that we're organizing another one in October 2025. It may also be that the growing awareness of major disorders among adolescents and young adults after the COVID years plays a role in this new interest in hypnosis. I also hope that this new interest will encourage scientific studies, which are still far too rare in the world of psychiatry.

JL: What else would you like people to know about you and your work?

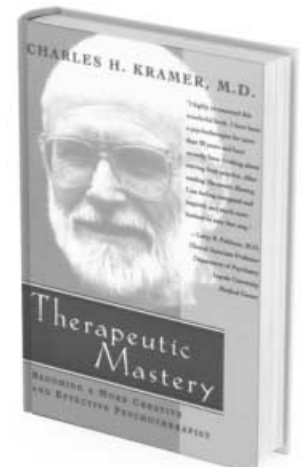
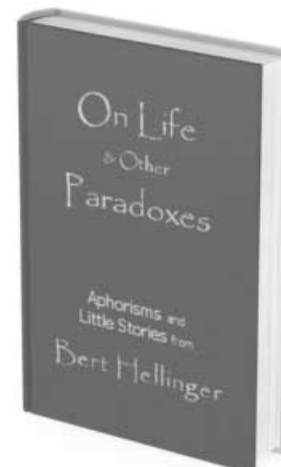
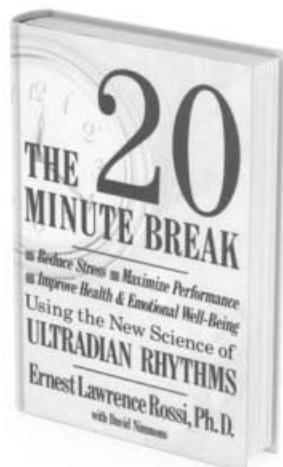
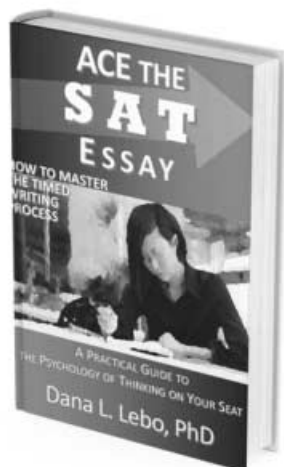
CV: I've always been convinced that hypnosis is a natural process that enables people to make the most of their own natural abilities and resources, and that every patient should be able to benefit from it. And that's why it's essential that all healthcare professionals have access to hypnosis training. Training courses can, of course, be different and adapted to each profession. Some can be completed in three or four days. Others can last 30 or 40 days over two years. But the important thing is to enable every healthcare professional to have this skill in his or her therapeutic toolkit. This is what we've been doing at *Emergences* since 2001. We train healthcare professionals in all fields of healthcare, and we rely on teachers and trainers who are themselves professionals in many different fields of healthcare, whether psychologists, general practitioners, nurses, midwives, psychiatrists, physiotherapists, surgeons, and so on.

JL: As always it was great getting to be with you in this project. I look forward to seeing you in other places and at other conferences.



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INTERVIEW

continued from page 7

you eventually realize is still incomplete, and then you continue again.

PL: Yeah, absolutely. The process of questioning is a bit like dreams. If someone is at my door and they knock, and I'm in the back room and don't hear them, they knock even more. And I may think I hear something as they're pushing on the bell and banging on the door at the same time. And then I realize that someone is trying to meet me, so I go and encounter the visitor.

Our unconscious is like that. Our dreams are like that. They keep knocking. And if you don't respond, then they just give up and go away.

One of the things that I've learned about Erickson's work is that he helped people dream in their wakeful state.

I'm doing a class this month on dreams and synchronicities and how important they are in life. Sometimes I'll have a dream and then the next day there's something signifi-

cant that happens in my life related to that dream or just coincidences that I meet people who I'm supposed to be meeting.

People often ask me about my spiritual path. Well, I don't have a guru, so I don't have a path in that sense. But encountering synchronicities and attending seriously to my dreams has been an important part in my awakening, in my individuation. So, I think in a sense that is a path.

RL: What I'm hearing you say is that your path is connecting to all sorts of different areas, realms. It's a resonance that allows you to connect and be aware. Does that fit at all?

PL: Well, yes, I couldn't say it better. It's that sense of connection, for example, you began our conversation by talking about *tikkun olam*. My understanding of that is to leave the world a better place.

RL: Yes. To do our part in heal-

ing the world.

PL: That's also part of who I am as a person. It's not even a conscious choice that I made, but it's a commitment to myself and to others to leave the world a better place. And, there are all kinds of horrors that have gone on and will most likely continue to go on while I'm still alive, but I can still leave the world a better place. I can put just one drop in that pond and let it ripple out in all directions. It's not going to change everything, but it's going to make a difference to others.

RL: The evolution of Somatic Experiencing reminds me of what the philosopher Arthur Schopenhauer said about new ideas. He said, "First, it is ridiculed; second, it is violently opposed; and third, it is accepted as self-evident." Did you have that experience during the time when cognitive behavioral therapy and empirically derived treatments were the gold standard?

PL: Oh, yeah. Wow. I did.

RL: What was that like and how did you get through it?

PL: Let's go back to Johnny Appleseed. When cognitive behavior therapy was the acceptable mode, I would talk to anyone who would listen. I think there are great insights from CBT, especially CPT. But SE is more of a bottom-up approach and cognitive work is more top-down. I think optimal therapy is bringing the two together.

However, at that time, there was not a bottom-up system of understanding. When I finished the manuscript of *Awaken the Tiger* in 1992, no one would publish it.

Back to my teaching the therapists from Berkeley at my treehouse in Wildcat Canyon...I wanted them to have something that they could read. In those days Kinko's copies were a penny a page, so I made enough copies for the people in that study group. One of them gave a

INTERVIEW continued on page 22

COMMENTS

continued from page 2

In the *Unearthed from the Erickson Archives*, we feature a letter written in 1988 by psychoanalyst and author, Arlene Robbins Wolberg. She wrote to Jeff Zeig about an extended conversation she and her husband, Lewis R. Wolberg, had with Milton Erickson at their home. It is an example of Erickson's typical playfulness in using words and questions to artfully induce unexpected trance. Erickson spent decades perfecting his understanding of the impact of strategic words and questions that invite others to go deep inside and change states. Arlene's letter is a good example of what it's like to be on the receiving end of Erickson's playfulness.

It is through this lens of evolving questions and curiosity that I approach the Evolution of Psychotherapy Conference (December 15-18, 2025). I am always glad to attend this conference because I never fail to learn useful information and expand my practical applications. Being able to see and hear the established and future great thinkers and therapists in our field offers such a sense of community. So many of my questions are answered at the source.

By attending all the presentations, I have found that their cumulative intersections and divergences have a power of their own. These larger interactions have helped me to discover many underlying assumptions in my questions of which I had not been aware. These assumptions have often limited the scope of my lens. So, I've walked away from the conferences with more than just new information. I had a wider scope of understanding.

After decades of attending the Evolution of Psychotherapy Conference, I realize that my questions are driven by a curiosity to explore the assumptions within my own questions. Each question is now a starting point.

I look forward to meeting you at the conference this December. And the quest continues.

Rick Landis, Orange, CA



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BOOK REVIEWS

Autism in Polyvagal Terms New Possibilities and Interventions

By Sean Inderbitzen

W.W. Norton & Company, Inc.
Louisville, KY

ISBN: 978-1-324-05321-7 (pbk)

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Reviewed by Kate E. Hubert Bilotta, LCSW
Louisville, KY

“Why autism and polyvagal theory?” Dr. Sean Inderbitzen introduces the text with a personal reflection of what autism means for him. He describes it as, “a disordering of the evolutionary journey of my own nervous system.” From a polyvagal lens perspective, Inderbitzen helps readers learn how the human body functions in relation to the vagus nerve and autonomic nervous system.

Although I have worked with individuals with autism for more than 12 years, much of this information is new to me. Inderbitzen explains how our nervous system functions and then gives practical examples that inform clinical practice. He has years of clinical experience working with children and adults. He writes that this book is not intended to be the ultimate guide for working with individuals with autism, but rather a starting point. He says that by creating safety, patterns, and repetition, those with autism can more easily deal with day-to-day life and have healthier relationships. And we can begin by treating those with autism with kindness, openness, generosity, and respect.

Inderbitzen describes the overlap with diagnoses of autism, posttraumatic stress disorder, and obsessive-compulsive disorder. A similarity between the diagnoses is the amount of time spent activating the sympathetic nervous system and the dorsal vagal system. Rather than the popular view of an individual with

autism as having “different wiring,” Inderbitzen says that we could instead focus on the possibility of “state changes.”

Inderbitzen says the unconscious processes in the autonomic nervous system, like resting heart rate and heart rate variability, can differ in autism. Because of these variations, individuals are more likely to seem unsettled or as Inderbitzen says, may “appear more autistic.” He proposes neural exercises to assist with feeling safe because he explains that at their core, individuals with autism want to feel safe. Throughout the text I heard the message of safety repeated multiple times, as well as the necessity of kindness.

Clinically, autism has often been described in terms of diagnoses as either “high functioning” or “low functioning.” The author, more respectfully, refers to an autism diagnosis as “your own level.” He says that every individual is an expert when it comes to their disorder, and it is appropriate to treat them as such. I felt honored while reading Inderbitzen’s text, because he treats his readers with the care that I imagine his clients must feel.

In parts 2 and 3, Inderbitzen teaches clinicians ways to support autistic clients with polyvagal theory-informed interventions. These interventions help to address cognitive inflexibility and social communication. One of these interventions include a cardiovascular exercise to “flip the vagal switch” and increase cognitive flexibility over time. Inderbitzen discusses this process in relation to heart rate variability and helps readers to understand the physiological implications that affect emotions and behavior. The association with the ventral vagal nerve is something I had not yet considered with regards to heart rate variability and safety. The author also mentions a few other interventions including mindfulness, deep breathing, motivational interviewing, and strength-based perspectives. Though these are more familiar concepts, Inderbitzen interprets them through a polyvagal perspective, which introduces them as something new.

In reading this text, I have found myself focusing on ways to ensure that my clients feel safe, and I am discovering new ways to do so. Inderbitzen says that the alliance between therapist and client is primary. With that said, one of the most important things that we can do is to be kind, particularly with those with autism, so that they feel cared about, treated with respect, and safe.

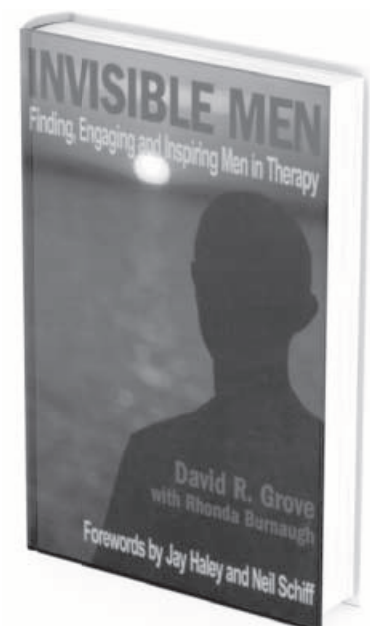
Book Store Spotlight

Neil Schiff describes the book as [bringing] the reader into the client’s and therapist’s world, illustrating the idea of invisible men and using the idea as an explanation, as well as a basis for change. Why is it so difficult to engage men in the therapy process when a family runs into difficulty? The reasons are many, but the upshot is singularly unproductive, even destructive. And yet it continues to be a problem for therapists — and families. *Invisible Men* offers insight into the problem as it manifests across numerous specific situations. More important, the authors demonstrate a host of innovative approaches to making men an integral part of the solution picture. Ample case material brings the perspective to life, taking it from theory to application.



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BOOK REVIEWS

Personality and Wholeness in Therapy

By Daniel J. Siegel, MD
and PDP Group

Norton Professional Books

Copyright©2024 by Mind Your Brain, Inc., Laura Baker, John Y Killen, Jr.,
Denise Daniels, John David Daniels
New York, New York

ISBN: 978-1-324-01629-38 (pbk)

Reviewed by: Jenni Page, LMFT
Elizabethtown, KY

Daniel Siegel and the PDP Group have given readers a unique gift by thoughtfully explaining the Enneagram Personality Test in neurological terms, and providing a map to utilize the wisdom offered for profound change. If you are familiar with Siegel's prior writing you will find this book too provides brilliant insights in a clinically compassionate style. Siegel encourages therapists to expand their current understanding of the Enneagram and develop new therapeutic skills that will not only enhance their work with others but help them to know themselves better. This book provides a framework for understanding Patterns of Developmental Pathways (PDP) as a life-span model of personality, based on patterns of motivation, emotion, and attention. Some believe that one's personality is fixed, but Siegel suggests that we see ourselves as a verb rather than a noun, as a being who is capable of change and adaptation; being a part of a whole rather than separate.

This 375-page book includes 10 chapters and an index. In the first chapter, *The Fundamental Ideas*, the authors introduce the reader to three key ideas: 1) a neurobiologically informed framework of personality, 2) a lifespan model of personality, and 3) the concept that the main driver of the development of personality across a lifespan involves seeking a sense of "wholeness." The chapter encourages readers to understand that features of temperament and adaptive strategies lead to personality patterns. The chapter also prompts the reader to recognize that personality seen through this model as PDP's, can provide a framework for growth and change and be a guide to increased integration as clients learn to recognize and then relax their patterns.

In the following chapters, Siegel briefly explains the challenges and victories he and the PDP Group went through developing a framework from data hidden in the rich narratives gathered over the years from Enneagram teachings. This brilliant work resulted in a truly remarkable system that allows readers to see how patterns of Developmental Pathways lead to the formation of personalities. We are reminded about implicit and explicit memories. memories such as the implicit memory of being in the womb, when we felt a true sense of wholeness. Upon arriving in the world, we are suddenly separate, and perhaps for the remainder of our lives we seek that primitive sense of wholeness again.

Siegel introduces the concepts of vectors, tendencies (focus of energy and information), and emotion regulation modes, and he explains how they come together in the nine personality types. Which vector or motivational system of a core need is most active in an individual? Is it agency for embodied empowerment? Bonding for relational connection? Or is it certainty for prediction and safety? And how is a person's mode of emotion regulation expressed? Is it upregulating (EE: experience and expression), downregulating (CC: contain and channel), or shifting (RR: reframe and redirect)? And *how* is it one attends? Is it outward, inward, or dyadic?

As you read through this book you will likely begin to perceive those around you in a different manner. You might find yourself curious about how

the person navigates. What is their common adaptive strategy and how deep is the PDP groove? The deeper the groove the higher the probability one will express a certain way of feeling, thinking, and behaving (personality). As we know, the more rigid the personality, the more one has trouble accessing options. Siegel offers insights into each PDP. He describes its expression, common strategies, strengths, challenges, and blind spots, etc. He helps to direct us toward meaningful growth edge work with vignettes to help with applications.

In conclusion, Siegel invites us, the therapist, to know ourselves. And he inspires us through therapeutic principles to work toward wholeness and integration so that we can inspire others to do the same.

Siegel and the PDP group have given readers something unique. The study of personality is often neglected for many reasons related to inconsistent definitions, challenges with accurately measuring personality traits, and perhaps a lack of real-world application. I am delighted to say this book provides an opportunity to see personality as a playground rather than a plaque. If learning is our renewable sense of joy, I finished this book rejoicing with anticipation and new energy for the work ahead of me.

Doorknob Bombshells in Therapy: The Deadline, the Brain, and Why It Is Important to End on Time

By Daniela V. Gitlin, MD

Norton Professional Books

Copyright©2024 Daniela V. Gitlin
New York, New York
219 pages

ISBN:978-1-324-052529-3 (pbk)

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

Many therapists have had patients who drop bombshells just as they are leaving a session, or in the last few minutes. There is that awkward "doorknob moment" when a client suddenly reveals something important, possibly startling; or the client asks a profound question of the therapist, but there is no time left to delve into crucial material. These moments, Daniela Gitlin says, can be pivotal in how a therapist learns to manage time and set boundaries.

And so, what is a good therapist to do? As the book title suggests, the author believes that it is important to always end the session at the designated time. Gitlin acknowledges that there are debates on this subject and many therapists will extend the session, but she strongly favors ending on time, except for extreme cases, like a medical emergency.

Gitlin maintains that the time in therapy is not just a logistical concern; it's a psychological one. The therapist and client have an agreement for the length of the session. The therapy is structured, predictable, and contained. And it is in this environment, the author says, that clients can flourish because structure and stability foster a sense of security where clients feel safe to share and explore. If this is disrupted or changed, that stability and safety disappear. The relationship between the therapist and client can erode and the therapeutic initiatives can be compromised.

Throughout the book Gitlin makes a compelling case and with warmth

BOOK REVIEWS

and personability, offers examples of patient interactions from her own practice and relatable quotes. For example, in Chapter Three, *One Brain, Two Cerebral Hemispheres, Two Minds*, the author includes the quote: “This way, that way, I do not know what to do. I am of two minds,” and she describes the differences in brain function of right and left hemispheres that could account for last-minute bombshells. While the left brain is analytical and time-conscious, the right brain is emotional and intuitive. Gitlin talks about how the “doorknob moment” occurs when the right brain has a delayed processing of emotions, which only comes to light when time constraints trigger a release or flood of insight and emotion. As time in a session begins to run out, those who might have been ambivalent in sharing could feel a rush of emotion or have a sudden insight and blurt out something important or revealing. Gitlin says that these moments align with brain functions and reflect the patient’s psyche and should be considered when deciding on treatment and structuring a session.

Gitlin also believes that stopping a session on time promotes creativity. She explores the meaning and positive impact of having a deadline, quoting Duke Ellington as saying, “I don’t need time. I need a deadline.”

Finally, in the Coda entitled, *The New Triangle, You and the Patient Plus the “Inanimate Third,”* Gitlin addresses what she feels is the intrusion of the electronic “other” that is a major part of therapy today, especially since the COVID pandemic when therapists and patients began to use phones and computers for psychotherapy.

Daniela Gitlin is a psychiatrist who writes from a psychoanalytic perspective. However, this work can inform therapists of all schools because of the universality of the subject matter. And because the author’s writing is relatable, this book can also be enjoyed by the layperson. Gitlin offers concrete and useful insights about therapy, particularly managing time and boundaries effectively. Rather than allowing a session to abruptly end, Gitlin recommends using the last few minutes to strategically wrap up things and prepare the client for the next session.

I found this book compelling and recommend it to seasoned therapists, although even beginners and the layperson can appreciate and find it useful.

Transforming Race Conversations: A Healing Guide for Us All

By Eugene Ellis

W.W. Norton & Company
New York, NY

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ISBN: 978-1-324-05389-7(pbk)

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

The timing couldn’t be better for *Transforming Race Conversations: A Healing Guide for Us All* by Eugene Ellis. The author is deeply insightful, compassionate, and understanding when it comes to the often difficult and uncomfortable conversations we have about race.

I chose this book to review in part because of the overwhelming praise it received from other authors, educators, and psychotherapists. As Benjamin Zephaniah, author, poet, lyricist, and musician said about this book, “After years of experience on the frontline helping people like me, Eugene has written a book that I believe can change the way we relate to each other, and the

way we relate to ourselves.”

This 289-page book with chapters lends itself to be read and reread as a reference with the help of its appendices, notes, bibliography, and index.

The author is both a teacher in diversity and an experienced counselor, and he handles the subject with finesse and sensitivity. At the beginning of the book, the reader cannot help but notice the many positive endorsements from those with expertise in race relations.

The first chapter, *Being Color Conscious*, addresses the underlining problem of having race conversations. The author writes that race is something all white people *can choose* to deal with but that with which black people *must* deal. It is our (the white person’s) implicit bias stemming from systemic racism, the culture, and experiences that creates difficulty in conversations. The author’s intention is to get us all involved and to understand how race has impacted our thinking and behavior.

In Chapter 2, *Toward a Trauma-Informed Understanding of Race*, Ellis maintains that trauma is a part of the dialogue, whether we recognize it or not. He is, of course, inviting us to become more aware of how we respond to others. But just to be aware of the systemic injustices is not enough. There must be a willingness to listen and empathize with an open mind and heart. Through these kinds of conversations about race, we can all grow personally and communally. And Ellis offers practical tools, including active listening, ways to work within the discomfort, and ideas for engaging those who are resistant to talk about race.

In Chapter 3, *Witnessing the Wound*, the author asks readers to first pause... go deep inside, focus on breathing, and notice emotions, feelings, and memories that have been evoked. A central theme in the book is the willingness to have courage and vulnerability—to face our fears and biases regarding race and be willing to have difficult conversations. Through this we can heal, evolve, and transform. The author also stresses the importance of emotional intelligence and compassion when talking about race. Although he does admit that some blacks have stopped trying to converse about race with whites because white people tend to become defensive. He speaks about how frustrating this can be for black folks attempting to bridge the gap through conversation with white folks about what is so obvious to them.

In Chapter 4, *Inside the Race Construct*, Ellis discusses the trauma that resulted from the years of slavery in America, England, and India. He makes a compelling case for how it is still impacting race relations.

Chapter 5, *Being with Race*, deals with internal dialogs and their impact, while Chapter 6 is about *Finding Your Voice*. Ellis invites the reader to recognize through their own internal responses, ways that they have been impacted. He continues that line of thinking in Chapter 7, *Becoming Race-Construct Aware* and in Chapter 8, *Feeling It, Not Being It*.

In the rest of the book Ellis leads us to recognize how race relations have impacted our lives, and he does this by offering experiences. It is not by using logic that he makes his strongest case; it is by using emotion. And he offers examples of dialogue between people who have recognized subtle ways race has impacted their relationships and their personality.

In conclusion, this is a well written, thoughtfully crafted book that offers constructive approaches to having difficult conversations about race. The author’s intent is to heal wounds and differences by having honest, empathetic conversations. With a holistic approach to doing this, Ellis offers the reader hope that we can be part of the solution of racial tension. Although Ellis does not delve deeply into the systemic structure of racism, he does put a positive foot forward by suggesting that we must first be able to talk about the issues with kindness and compassion. And for this he deserves much recognition.

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2025		
4/16-10/22	Ericksonian Choice Architecture – Modules 2-8 (one module per month/Wednesdays) / Phoenix, AZ and Virtual / Dan Short, Ph.D., Michael Langer, PCC	1.
5/2-4	Couples Conference: Reconnecting in a Disconnected World / Virtual /Invited Faculty	1.
5/9-7/11	Intensive Training Level C / Virtual / Lilian Borges, M.A., LPC, Brent Geary, Ph.D., Short, Jeffrey K. Zeig, Ph.D.	1.
7/9-12	Training in Ericksonian Therapy / Virtual (CHINA) / Zeig	2.
7/18-9/12	Intensive Training Level D / Virtual / Borges, Geary, Short, Zeig	1.
7/28-8/1	Master Class in Experiential Psychotherapy - Cape Cod Institute / Orleans, MA and Virtual / Julie T. Anné Zeig, Ph.D., Zeig	3.
8/23-31	Master Class in Ericksonian Psychotherapy / Mexico City, MEXICO	4.
9/13-16	Master Class in Ericksonian Psychotherapy / TAIWAN / Zeig	5.
9/17-10/29	2025 Intensives+ / Virtual / Geary	1.
11/13-16	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Jeffrey Zeig, Ph.D.	6.
12/15-18	Evolution of Psychotherapy Conference, 40th Anniversary Celebration: The Legends of Psychotherapy / Anaheim, CA and Virtual / Invited Faculty	7.

Contact Information:

- 1) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org; Web, www.erickson-foundation.org
Couples Conference: www.CouplesConference.com
2025 Intensive Training Program <https://www.erickson-foundation.org/intensive-training>
2025 Intensives+ <https://www.erickson-foundation.org/intensives-plus>
2025 Ericksonian Choice Architecture <https://www.erickson-foundation.org/ericksonian-choice-architecture>
- 2) For information: Email, 1250947144@qq.com
- 3) For information: Cape Cod Institute, www.cape.org
- 4) For information: Email, Sandra@ccipmexico.com
- 5) For information: Email, Hung1266@gmail.com
- 6) For information contact Stacey Moore: Email, SJMTJM@msn.com ;
For information on virtual programs with Jeffrey Zeig including virtual

courses with Spanish translation visit: www.jeffzeig.com

7) For information: www.EvolutionofPsychotherapy.com

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

For Upcoming Trainings, ad rates / specifications visit <https://www.erickson-foundation.org/newsletter-archive> or contact Karen Haviley: karen@erickson-foundation.org. A \$25 fee per Upcoming Training listing is required. Deadline for the August 2025 issue (early August distribution) is June 20, 2025. All workshop submissions are subject to approval by the Erickson Foundation. *Note: Beginning in 2025 the Milton Erickson Newsletter will be available only online, distributed via email to 30K+ subscribers, and archived on the website.

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 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

The William Glasser Centennial Conference will be held July 17-18, 2025 at Loyola Marymount University, Los Angeles, Calif. Through keynotes and workshops participants will walk away with cutting-edge insights and practical strategies to apply Choice Theory, Reality Therapy, Quality Schools, and Lead Management effectively in their personal and professional lives. For information and to register visit <https://wglasser.com/whova-events/>

The annual convention of the American Psychological Association, *Perspectives, Power, Possibilities*, will be held August 7-9, 2025 at the Colorado Convention Center in Denver, Colo. More information will be available on the convention website including registration (beginning April 23): <https://convention.apa.org/>

The Anxiety and Depression: Advancing Treatment conference will be held September 27-28, 2025. The conference will again be held online and is sponsored by The Milton H. Erickson Foundation, Inc. Faculty include Lilian Borges, David Burns, Lynn Lyons, Dan Short, Reid Wilson, and Michael Yapko. The conference focuses on unraveling the complexities of anxiety and depression through dialogue with leading experts and by exploring innovative approaches to understanding, preventing and managing anxiety and depression. For complete information visit the conference website: www.erickson-foundation.org/anxiety-depression-conference or email support@erickson-foundation.org

The Evolution of Psychotherapy Conference 40th Anniversary Celebration, *The Legends of Psychotherapy*, will be held December 15-18, 2025 in Anaheim, Calif. The current list of speakers include Daniel Amen, Ellyn Bader, Claudia Black, David Burns, Eli Coleman, Elliott Connie, Robert Dilts, Ramani Durvasula, Stephen Gilligan, Harville Hendrix, Diana Hill, Saundra Jain, Kay Jamison, Helen LaKelly-Hunt, Peter Levine, Bruce Liese, Camillo Lorio, Lynn Lyons, Nancy McWilliams, Donald Meichenbaum, Terry Real, Daniel Siegel, Stan Tatkin, Dustin Weissman, Michael Yapko, Jeffrey Zeig, Julie Anné Zeig. More to be announced. For the most updated information and to register visit www.EvolutionofPsychotherapy.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.

September 27 - 28, 2025

ANXIETY AND DEPRESSION CONFERENCE

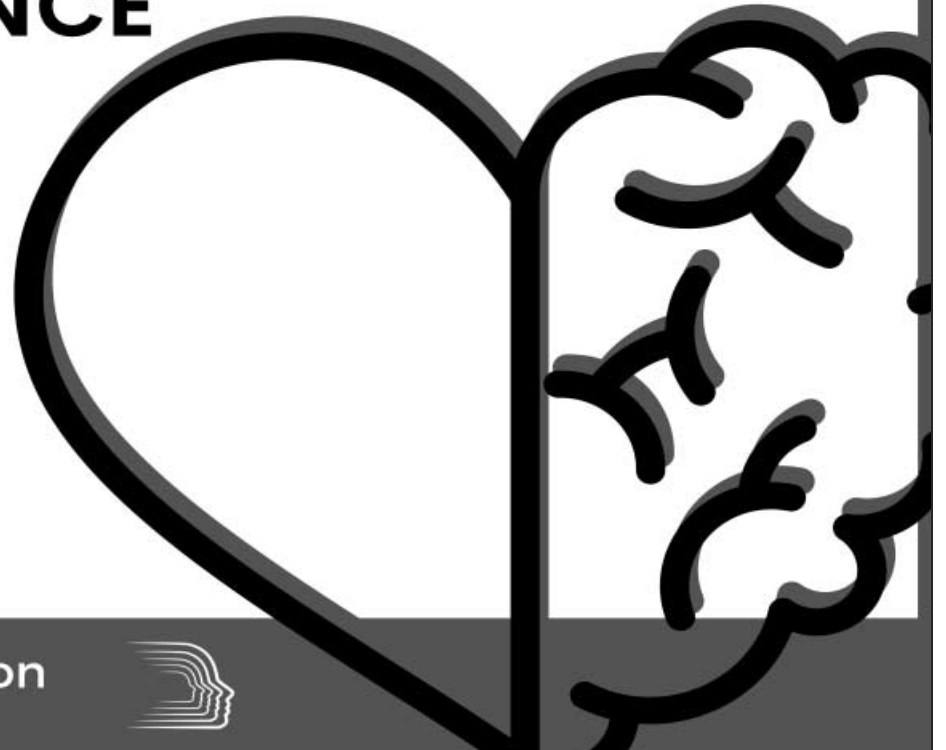
SOME OF OUR FEATURED FACULTY:



Michael Yapko
PhD



Lynn Lyons
LICSW



Scan For More Information

www.erickson-foundation.org/anxiety-depression-conference

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Cloé Madanes



An Epic Life

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

Jeffrey Zeig



Advancing Psychotherapy

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

Jeffrey Zeig

www.erickson-foundation.org/books

INTERVIEW

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copy to Richard Grossinger, who at the time was the president of North Atlantic Publishing. He said, “Well, it’s very interesting what you’re saying, but it seems too fantastic. And besides, it needs to be more technical, more jargon for psychotherapists and psychologists and less adapted to the public.”

And so finally I said, “No, it’s done. It is really for everyone.” And he said, “Think about it.” And I thought about it. I went back to him a couple of weeks later and said, “Richard, since I wrote this book in 1992, I’ve been trying to get it published. I’m done for now.” So, I self-published it and North Atlantic distributed it. It turned out to be a bestseller. And, 40 plus years later, the sequel is going to be called *Embracing the Tiger: Engaging the Instinct to Heal*.

RL: Oh, I love that.

PL: Speaking of its evolution, Schopenhauer was right. At that time when I originally developed Somatic Experiencing, it was revolutionary. People now assume that the freeze response is a self-evident understanding. But no one knew about it then. The talk that I’m going to be giving at the next Evolution of Psychotherapy is *Trauma and Spirituality: Resilience in the Human Spirit*. And again, this is something that wasn’t talked about 20 years ago. We’re not afraid to talk about these things now.

And I’m continuing to drop seeds. My life is exciting and that’s all there is to it. And I’m grateful for the gifts I have received.

RL: I want to thank you for the gifts that you’ve given me throughout my life. You have helped me be where I am today. And I like where I am today and you have been part of it. So, thank you.

PL: Rick, it has been nice to reconnect with you. And hopefully I’ll see you at the Evolution of Psychotherapy this December.

RL: Oh, definitely.

THE MILTON H. ERICKSON FOUNDATION

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