



THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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Dan Short

Interviewed by John Lentz

Dan Short is a practicing clinical psychologist who also serves as codirector for the Milton H. Erickson Institute of Phoenix; is an adjunct faculty for The Milton H. Erickson Foundation Intensive Training program; and the originator of the training program in Ericksonian Choice Architecture (ECA). Short served as editor for The Milton H. Erickson Foundation Newsletter for five years and served two years as assistant director at the Erickson Foundation. During that time, he oversaw the preservation of nearly 1,500 hours of audio recording of Erickson.

Short has taught medical hypnosis at Sonoran University of Health Sciences for more than a decade. He has published four books, served as guest editor for the American Journal of Hypnosis (AJCH), and authored dozens of scholarly articles and book chapters. His research interests have focused on Ericksonian hypnosis, resulting in a research-based treatment manual for Ericksonian Therapy (ET), which is used by training institutes around the world.

John Lentz: This is the 25th anniversary of *Hope and Resiliency*, which you cowrote with Roxanna Erickson-Klein and Betty Alice Erickson. It continues to be one of the books I most recommend. It makes Erickson more accessible. [Please refer to Lentz's review of *Hope and Resiliency* on page 16.]

And now I have heard that you and Michael Langer are taking an even more fundamental look into the Erickson perspective with your new online educational program called *Ericksonian Choice Architecture*.

Dan Short: Yes, we are. And since Michael is more known in the world of coaching, this is going to be a class

that reaches out to people wanting training to do coaching and those wanting to do therapy.

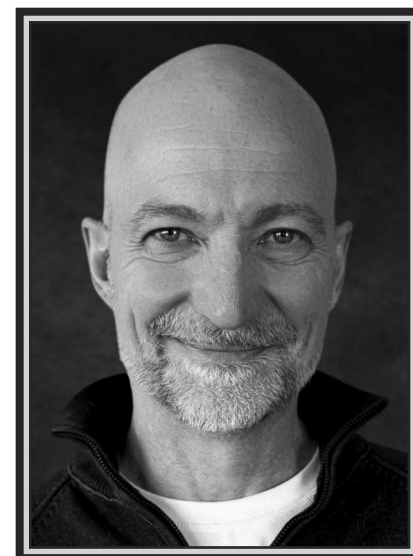
To date, I feel like this course is my most important piece of work. These concepts have transformed how I naturally engage people because I know it is important for me to understand what I'm doing when I sit in front of someone in my office or when I'm talking to someone who is precious to me, such as my partner or my children.

It was a very similar motivation writing *Hope and Resiliency*. It is important to have a general principle in mind to really understand what you're doing. It helps if you approach any complex task from three different levels of abstraction—to know what your *mission* is, what *strategies* you're going to use to achieve that mission, and what *tactics* you have available to employ in service of those strategies.

When you know something with that degree of depth, you really know it. So, when I wrote *Hope and Resiliency*, my mission was to bring hope to people and help increase their resiliency. I understood that to be the essence of what Erickson was doing.

JL: I am not familiar with the concept of choice architecture as associated with Erickson. Where did that come from and how did that evolve?

DS: I had been studying with Erickson for two years; eight hours a day, five days a week, and listening to his lectures on the reel-to-reel recordings. And if I were asked to boil his mission down to one thing, I believe he was giving people hope and increasing their resiliency and assisting them in finding solutions. With that mission in mind, I listed the different strategies I saw him using, such as suggestion, and the idea of partitioning or breaking things down into simpler pieces, etc. I was trying to stick to



Dan Short

Erickson's language and be as true as possible to the way he said he was conceptualizing things at that time.

For the last year, I have been rereading all of Erickson's documented cases. And in my concentrated rereading, I recognized that running through the cases is an un verbalized presupposition that I had previously missed. What then became apparent to me was that Erickson had a deeper mission that he didn't directly talk about. This deeper mission appeared to be different from the one usually associated with ordinary therapy or coaching.

The goal in traditional therapy and coaching is to introduce behavioral change. And if my primary mission in working with you is to change you, then we need to overcome or work around your resistance. To do that, I need to be as influential as possible, because influential people change other people who may not be ready for change.

But the idea of changing another person sets us up for conflict. It sets us up to reject the other person if they decide they do not want to be profoundly influenced by someone else; that they

INTERVIEW continued on page 7

EDITOR'S COMMENTS

It is not unusual for my clients to feel powerless in making a difference in the world today. They often have a specific goal in mind that would take God-like powers to make happen. This can lead to a discussion of what it means to “do your part,” and I often quote Mahatma Gandhi: “Be the change you are trying to create.” Then, I add that they should have curiosity and imagination. What we do to make a difference does not need be huge or even openly noticed.

And then I often redirect clients to the Judeo-Christian story about Joseph. At the beginning of the story, the focus is on the resentment his brothers had for him as the youngest who was favored over his older brothers. Joseph craved their company, and they wanted nothing to do with him. When Joseph was busy doing something else, they left so he could not find them. Looking for them, Joseph approached a man at a crossroad and asked if he had seen them. “Sure, they went that way,” the man said. And Joseph proceeded to find his brothers who (Cliff Notes version) beat him up and sold him into slavery. But he eventually became the Grand Vizier, or advisor to the pharaoh and he prevented the death of thousands from starvation, including his own family. My question to my clients is, “Who is the pivotal person in the story of Joseph?” It usually takes several guesses until they realize that it is the man at the crossroads. Without his direction, Joseph might have taken a different path, and the story would have had a very different ending.

We are dedicating this issue to those who have given us directions at a crossroad. Each of our contributors give credit with gratitude to a pivotal person in their journey of being where they are now. This theme shows up in all three of the people John Lentz has chosen for his interviews. And all three interviews include those who love what they are doing.

In the *Featured Interview*, John Lentz interviews Dan Short, a former foundation newsletter editor and coauthor of the acclaimed *Hope and Resiliency*. In his first interview for this newsletter (2004, Vol 24, No.3), Dan credited a cascade of pivotal people who redirected his path, leading to where he is today. It began with his coming across a copy of Jay Haley’s book, *Uncommon Therapy*, which led him to connect with Betty Alice Erickson, and then Roxanna Erickson Klein. And with this cascade of help and guidance, his new path became clear. Back then, he had no idea that it would lead him to years of study to discover the deeper patterns that informed Erickson’s decisions. In this interview, Dan presents the result of that study: *Ericksonian Choice Architecture*. This interview is informative and may also be a pivotal experience for readers.

Lentz also interviews Bette Freedson for his column, *In the Spirit of Therapy*. Freedson cites a fascinating pachinko game of influences that occurred on her journey from being a high school teacher, to stay-at-home mom, to psychic, and finally to post-MSW senior adult director at a Jewish community center where she met a local doctor, John Garrison. Garrison’s CBT-focused talk on stress management stimulated Freedson to integrate her intuitive “Stress Management via Psychic Development” program. And asking how she could integrate these ideas led her to a Brief Therapy Conference and a pivotal meeting with her old friend, Rick Miller, who enthusiastically said, “Oh, my goodness, I’m so excited about the work I’m doing and I’m presenting at this conference, and you have to meet Jeff Zeig. And you must go to his master class, because it will change your life!”

The interview is delightful and meaningful, and it too can be pivotal.

Woltemade Hartman is the subject of Lentz’s *International Community* interview. It is very difficult to find a label that covers Hartman’s perspective as it is constantly expanding. He not only teaches throughout the world, but he also uses each location as an opportunity to learn and incorporate ideas into his work. He seems to attract pivotal experiences, including those with Ernest Rossi, Peter Levine, Steven Porges, and Jack and Helen Watkins. Each of these masters expanded his perspective and added dimensions and new directions to his under-

standings. It is a very dynamic interview.

(For an example of Hartman’s use of Peter Levine’s Somatic Experiencing body focus, please see his *Hartman Neuroception Hypnotic Induction* article in this issue.)

Eric Greenleaf provides commentary on “A Bucket for Your Tears,” a *Case Report* written by Eugene Don. It is an excellent example of how an Ericksonian direct approach is often the best. And Greenleaf mentions one of Don’s pivotal people.

We have a trio of book reviews in this edition, all reviewed by John Lentz. We previously mentioned Lentz’s Featured Interview with Dan Short, discussing Short’s *Hope and Resiliency: Understanding the Psychotherapeutic Strategies of Milton H. Erickson, MD*.

Following up on his interview with Stefan Hammel for *In the Spirit of Psychotherapy* in our spring newsletter, Lentz reviews Hammel’s *Transforming Lives with Hypnosystemic Therapy: A Practical Guide*. It reflects the European Systems Approach to human inter- and intra-connection: physical, psychological, and spiritual. It differs from the American understanding of systems and so I found the book stimulating and filled with new ways of looking at old ideas.

In Lentz’s review of *You Can Go Home Again: Reconnecting with Your Family* by Monica McGoldrick and Tracy Laszloffy, he demonstrates how the book is not about how to change the family, as much as it is about the advantage of evolving our mindset by focusing on what we do have control of and letting go of that which we do not. Lentz offers numerous examples of famous and not-so-famous people who have

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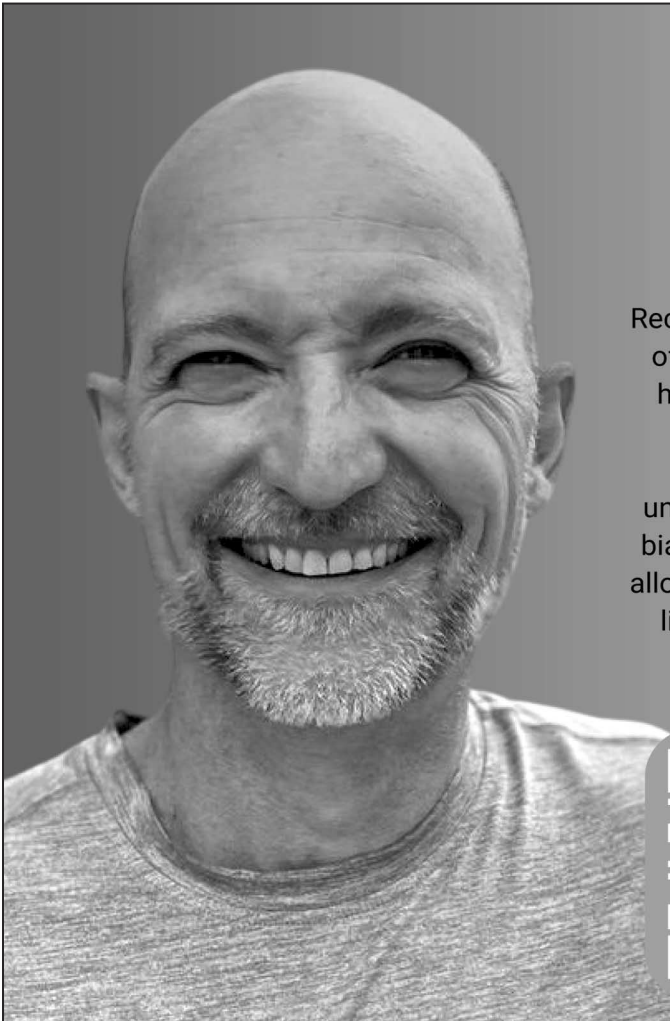


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IN THE SPIRIT OF THERAPY

Interview with Bette Freedson

By John D. Lentz, D.Min.

Bette Freedson is a clinical social worker practicing in southern Maine. A highly regarded speaker and teacher, Freedson is the author of three books, Soul Mothers' Wisdom: Seven Insights for the Single Mother, Other Realms, Other Ways: A Clinician's Guide to the Magick of Intuition, and her most recent, PassageWays: Everyday Adventures into the Paranormal.

She is also a contributing author to Ericksonian Therapy Now: The Master Class with Jeffrey K. Zeig, PhD.

An ASCH approved consultant, Freedson incorporates hypnosis methodology with the wisdom of the unconscious mind into her writing, teaching, and clinical practice. With her early roots in public education, she is mindful of connecting presented material with each unique audience.

Freedson is a frequent faculty member and moderator for Erickson Foundation conferences and its Intensive Training program. She has conducted independent workshops for the American Society of Clinical Hypnosis, The Sweetser Training Institute, Southern New Hampshire Medical Center, National Association of Social Workers (NASW), Florida Society of Clinical Hypnosis, New Jersey Society of Clinical Hypnosis, AdCare of Maine, and The Hypnotic Idea Exchange of the North Carolina Society of Clinical Hypnosis. She also co-presented a weekend program at Kripalu entitled A Woman's Sacred Journey.

Freedson has served as a contributing member of the NASW specialty practice section on Children, Adolescents and Young Adults. (CAYA). Currently, she serves on the board of the North Carolina Society of Clinical Hypnosis.

John Lentz: You have a unique way of looking at psychotherapy, and I love your book, *Other Realms, Other Ways*. I reviewed it for our 2021 summer edition of the newsletter. I am fascinated by your book *Soul Mothers' Wisdom: Seven Insights for the Single Mother*.

Bette Freedson: I'm thrilled that you liked *Soul Mothers' Wisdom*. Until now, it hasn't garnered the attention that *Other Realms* has, but I think the information and the guidance in it is so important for all parents.

JL: Yes, that is true and my perspective it is also deeply spiritual.

BF: You are talking to my heart, my friend. That book was reviewed by the *Midwest Book Review* when it came out, and it was so much the work of my soul. People initially thought it was just for single mothers because of the title. Eventually they discovered that the book could apply to all parents. It offers a sense of transformation of Self that could be helpful to parents, and even those who are not parents. It pleases me that you think that book is important.

JL: So, talk to me about your connection with the Erickson Foundation and hypnosis.

BF: My connection with the foundation began in 2010 when I walked into a Brief Therapy Conference, and the first person I saw was my dear friend Rick Miller, who I hadn't seen for a while and we were thrilled to see each other again. He said, "Oh, my goodness, I'm so excited about the work I'm doing and I'm presenting at this conference, and you have to meet Jeff Zeig. And you must go to his master class. It will change your life." So, I said, "Okay". If Rick says to do it, I'd better do it." My husband, Ray Amidon, who is also a therapist and hypnotically attuned, said, "Let's go." And that began my mentorship and friendship with Jeff Zeig and my connection with the Erickson Foundation.

Currently, I volunteer for the foundation's Intensive Training program, and I love that role, and finding new ways of understanding the Ericksonian approach and integrating it into my work. And, of course, I love Jeff and am deeply appreciative of all he's done to help me learn and grow and become more involved in my own work with hypnosis. The Erickson Foundation is important to me. I've met and become involved with so many wonderful people, including Roxanna Erickson-Klein, Scott Miller, Dan Short, Rob Staffin, Rob McNeely, and many more who I can name.

The road to my connection with the foundation was an interesting one. After retiring from teaching high school to be a stay-at-home mom, it was eventually time to consider a new career, it was social work that called me. I had done social work in my first job as senior adult director at the Jewish Community Center in Marblehead, Massachusetts. In 2009, the senior groups hired a local doctor, John Garrison, to come and speak. Dr. Garrison presented what at the time was a new idea: The way you think could affect your stress level. I was very excited about this because I was developing a little side hustle teaching stress management through intuitive development. I called it: *Stress Management via Psychic Development*.

In the '70s, I took the *Silva Mind Control* course, which is now called the *Silva Method*. That course introduced me to intuition and the world of psychic functioning. I was excited about what the psychic dimension of mind could do to help people manage because intuitive knowing is also a part of thinking. And so, in 2009, John Garrison is talking about *thinking* as an important ingredient in managing stress, and I'm thinking about *thinking* related to my psychic work. I need to integrate these ideas more fully into my clinical practice. How am I going to do that? And that was right around the time I saw Rick Miller and met Jeff Zeig.

Scott Miller, who wrote the foreword to *Other Realms*, had done research on psychics and their ability to get good results. And I was doing psychic consultations. Scott Miller said, "Bette, you'd better say in your book, 'Before I was a therapist, I was a psychic.'" I respect Scott, so I wrote exactly that in my book.

JL: It's very trance inducing to talk with you. It seems like you let yourself go into a trance while you're talking. I assume that you often do that with your clients. From my perspective,

it is spiritual because that state is a willingness to connect on a profound level.

BF: What I've learned from my colleagues in our community is that the therapist trance is a state of readiness not unlike being in an intuitive state, being receptive to what the client brings and ready to utilize it. Because of years of work with my stress management through psychic development groups, I tend to go into a state of readiness quickly. So, I am typically in a therapist trance, which for me is relaxation and just enjoying being with you, enjoying being with my people.

JL: Oh yes. In fact, you're more present by being in a trance.

BF: So yes, being in the therapist trance allows me to feel and listen while being as fully present as possible. Even in a difficult session, I want to be in a place where I can receive information and be ready for ideas for utilizing. I'm more able to concentrate, track and deliver what might be motivating and evocative for the client when I'm in that inner receptive place.

JL: It's not just a utilization technique; it's a way of thinking, a willingness to address whatever occurs so that it can become a part of the journey in a positive way.

BF: That's a powerful, wise statement. Yes, this is a way of thinking and a way of being in the conversation and in the therapeutic relationship. There is so much going on for the client in any session. Being in a working trance helps me stay tuned on multiple levels: one track of thinking about the client's story and another track paying attention to all those little details that are going on within and outside of the client's story. There is also a different level where you need to also be aware of your own journey and issues and not superimpose those on the client. But if appropriate and in the interest of the clients, you can utilize a story in a consciously determined and strategic way.



Bette Freedson

IN THE SPIRIT OF THERAPY

JL: You just brought up a memory for me when you talked about speaking on more than one level. In 1986, I met Jeff Zeig when he came to Louisville. He spoke on multiple levels throughout the four hours he was teaching, and I vowed that I was going to do everything I could to learn how to do that. And as I'm sitting here talking with you, I'm aware that you often slide into doing that. It seems to be more of a mindset than a planned strategy.

BF: I've been fortunate to learn about multilevel communication from the master. In years of master classes and consultation with Jeff Zeig, he has helped me continue to learn how to communicate by using a variety of output channels, and how to perceive what's being communicated on more than one level as well. Part of the fascination of multilevel communication and perception is that it is nonlinear, but rather subject to intuition, and as much precise utilization as possible. The way I have come to see communication on multiple levels has to do with training the unconscious mind and the conscious mind to work together to decipher what is being communicated and/or perceived, and to develop and determine the most effective delivery of the therapeutic message.

Using multiple levels cannot be limited to a series of linear or rigid steps. It is an art and a practice of learning subtle styles of communicating, including para-verbal, gestural, postural, tonal, and metaphoric. And depending on the clinical goal, being in an open-eyed, ready-to-receive state, available to utilize what is being offered allows both the conscious and the unconscious mind to do their best work. Working with multi-level communication is not a modality; but rather, as you said, a mindset, that with practice can be developed. Multilevel communication can be exciting to utilize for the clinician and can elicit fascinating realizations for the client.

JL: That was one of the geniuses of Erickson. When he wanted to say something, he would imply it in a very subtle way. He would nudge you to recognize the strengths and the abilities inside you to do things that you didn't think you could do.

BF: Well said. And, when you said that John, it made me think about the master classes where we would each get an individual session with Jeff. In these sessions, Jeff is present in a way that implies that he is with you, and this sense of his presence, which I think he sometimes has talked about as "the gaze," is powerful as a way of helping the client to believe in herself. He exudes respect and affirmation in his presence, which is something I've tried to emulate with my clients in my own way.

JL: Betty Alice had a way of speaking to you with her eyes that said she liked you and believed in you.

BF: Oh, goosebumps. Of course, I want to bring that to my clients. Getting back to the intuitive level that communicates on a level that's beyond the conscious level. One of my dear mentors who's no longer on the planet, Jack Weltner, said to me when he first became my consultant out of social work school, "People come to therapy to be loved. They can pay you for your expertise, they can pay you for your knowledge, and your time, but there's no price for your caring."

JL: Very wise.

BF: Oh, Jack was an amazing individual. And he was one of the first people who completely unabashedly supported my intuitive work. In fact, Jack himself, who was an incredibly well-respected psychiatrist in the Boston area, would bring tarot cards into his sessions and do readings. But his trust in me about using my unique skills, being diligent and continuing to learn, was tremendously important to me. Jack utilized his appreciation of my work as a way of helping me believe in myself. His belief that I could do the work I really wanted to do was powerful. I give him a lot of credit for who I am at this point.

And, there are other aspects to think about in terms of how to offer this kind of encouragement to clients in terms of the way they see things, their belief systems, and their life views. And in working intuitively and clinically, it is essential to enter the client's frame of reference, utilizing their language as much as possible. When I have an idea that I'm not sure will fit the client's understanding. I check in, notice, listen, and continue to tailor and utilize.

JL: Your sense of spirituality seems to be pervasive in how you interact with clients. It is as if you're looking to find other ways in which that you can intervene with the client through their own sense of spirituality, their understanding of religion, their understanding of the universe, and their understanding of the world. It's your willingness to be abstract and yet very connected to them.

BF: I was thinking of a memory when you were talking about spirituality. I remember long ago, at one of the early Evolution of Psychotherapy conferences Ray and I went to, Jeff was doing a conversation hour with Erving Polster. And Erv embodied that spiritual something in just his presence. I was mesmerized by their interaction/discussion about the essential self, the essence that we each bring to our lives. I wrote a bit about this in *Other Realms* because it had a powerful impact on me.

And Erv embodied that deep, intuitive understanding of his clients. The times I was privileged enough to see him work in person, or when I met him in person, I could feel the depth and genuineness of his presence. You could feel that gentle confidence that he exuded in his way of being with another. He was a master, but essentially, he was just a human being sitting with another human being.

JL: I had written to Erv asking him if I could interview him, and I was sitting in the audience at a workshop. He came in and intentionally sat down in the chair next to me, because he wanted to connect with me before he would ever make his decision about whether he was going to let me interview him or not. His presence was intense and real.

BF: I thought that Erv Polster was one of the most special people that I have had the privilege to meet. He exuded love and kindness and a sense of compassion. You were fortunate to experience the essence of his presence.

JL: We have appreciated the brilliance of some of these folks and their kindness and their compassion, their connection to others.

BF: Right. Well said. And of course, we're going to experience it a little differently because we're different ourselves and in different places in our work and our lives.

JL: Right.

BF: You know, when you are open to it, when you are with these certain amazing people, you can absorb some of what they are radiating, by intuitive osmosis, and you don't even know exactly what's happening.

JL: Yes, yes. That frequently happened when I was in the room with Ernest Rossi. Oh, my goodness. I would come up with all kinds of thoughts I hadn't even dreamed of just by sitting in the room with him.

BF: We've been fortunate. This makes me think again about 2010, after Rick said, "You must meet Jeff and go to the master class," Ray and I introduced ourselves to Jeff after attending his workshop. And it was as if I'd never *not* known him. It was as if I'd just met my long-lost mentor.

Jeff's welcome, of course, was warm and inviting. "Yes," he said. "Come to a master class. I hope you can get in." And we were not sure we would get into our first one that May of 2011. But as fate would have it, two spots "just happened to open up." And we have been going ever since. I've stopped counting. These master classes, the brainchild of Helen Adrienne, embodies not just an amazing educational experience and a beloved teacher, but a community of friends who have become like family. And in addition, I am honored to be among several who contributed our favorite sessions with Jeff for a book about the master class called: *Ericksonian Therapy Now: The Master Class with Jeffrey K. Zeig*.

JL: Fabulous. Bette, it has been wonderful being with you. You have been remarkable.

BF: John, thank you. I've enjoyed being with you. As we both know, things have evolved the way they were meant to evolve.

JL: Yes, they have.

BF: Thank you. I'm honored because you've interviewed the best, and I feel very privileged.

CASE REPORT

A Bucket for Your Tears

by Eugene Don, MA

When it comes to addiction, I accept patients in any state. If they're sober, great. But I also accept patients who are under the influence of alcohol or marijuana. Why? Because when patients are in an altered state, they often share things they would otherwise hide when sober; they open up, exposing their very souls.

I had a client I will call Alexa. At 23, she had been drinking daily for six months straight, a bottle of wine every day. Her boyfriend, a long-haul truck driver, was on the road for a month at a time, then stayed home for three weeks. Her boyfriend asked for my help. When her boyfriend was home, she drank less. But when he was away, it was daily.

Alexa comes from a family of alcoholics. Her father went through treatment several times but was unsuccessful. Her mother also drinks, and it's the same story. She had been in treatment, but was unsuccessful. Her grandfather underwent treatment many times but died of alcohol related illness.

Alexa had reached the point where she simply couldn't stop drinking, whether her boyfriend was home or not. Then, she had an affair. Her boyfriend was willing to forgive her, as long as she stopped drinking. He begged, he yelled at her, but nothing worked. A couple of days later, she came to see me. She admitted that she had been drinking. "After all," she said, "everyone drinks, and alcohol is legal."

She was very nervous and began telling me a long story. At one point, I interrupted her and said:

"Alexa, how is it even possible that you've allowed yourself to fall this far? You're only 23, and yet you look and act like you're 45 or 50. And now you're sitting here in front of me, a stranger, telling me your story and paying me for it. Maybe it'll work out and maybe it won't. Who knows."

Alexa began trembling. Then she broke down in tears. I said, "I can bring a bucket for your tears, but your tears will not help you. Although your tears are a good sign. It means there is something human still present in your body."

Then I asked her to describe in detail her drinking process. When does the idea begin? Does the idea come to her in a dream, at home, or while watching TV? Does she have a plan to drink? Does she buy her own alcohol? I asked her to tell me her thoughts and actions leading up to drinking and then the fallout; what happens afterward? I wanted to know everything, down to the smallest detail.

And so, she described her drinking process to me. When she went into a store, she suddenly felt an intense urge to buy alcohol—because it is delicious and has a sweet aftertaste, and because when she drinks that intoxicating feeling of bliss spreads throughout her body. She implied that she had absolutely no control over her drinking. And this notion is another illusion that dominates alcoholics.

So, I asked Alexa: "And what if you suddenly felt an urge to put your head in a noose? Would you do that too?" "No, no!" she exclaimed. "Why not?" I asked. "Because I can control myself!" "Exactly." I stated. "So, from now on, whenever you walk into a store, don't look for the alcohol section. Look for the juice aisle. Because the alcohol aisle, for you, is like a noose."

After that session, she didn't drink alcohol...even once. She began to look much better, and with each day, she improved. I worked with her for a little more than a month—three times a week, one hour per session.

Alcoholics sometimes believe that they can return to moderate drinking. But I was adamant with Alexa, telling her that she would never again be able to drink. She had already crossed all the red lines. From that point forward, only a sober life would be possible. I also told her she must be cautious with medications and inform doctors that alcohol-based drugs are not suitable for her.

I explained why I was so confident: Alexa had ongoing memory lapses, a bad sign. She began to have a head tic, and this understandably frightened her. When she was an infant, she would sometimes lose consciousness when she

started to cry. The problem was resolved by the time she was 6. But with her drinking it had returned. I explained that her body was showing severe and dangerous changes. However, I emphasized that her body and its cells could recover, offering her a long and happy life. I also involved her boyfriend in her recovery, because he began showing signs of dependence on energy drinks.

Alexa has not had a drink for three months now, whether her boyfriend is home or not. She even went on a work trip with him and found a new job. We stay in touch, and we agreed that she will check in once a month.

Commentary

By Eric Greenleaf, PhD

Although, during the therapy, Milton [Erickson] would occasionally be indirect, most of the time I witnessed him being very direct. He would tell them exactly what was necessary to solve the dilemma... —Herbert Lustig

Eugene Don, a student of Betty Alice Erickson's, shares her relentless, loving attention to a patient. "Alexa, how was it even possible that you allowed yourself to fall this far?" begins his direct opposition to her illusions. When she declares, "...I can control myself!" he has tipped her toward reality. Eugene's concern for Alexa's situation was shown by him asking her to describe in detail her entire experience of drinking alcohol—before, during, and after. Then he comes up with the alcohol aisle as a noose!

Eugene has practiced Ericksonian approaches for approximately 30 years, working with alcoholics, gambling addicts, and drug addicts. His relational presence and thoroughgoing therapy elicit swift connections and effects that benefit his patients. As in all relationships, sequence, language, and calm awareness of the other counts, making strong outcomes seem sudden and mysterious.

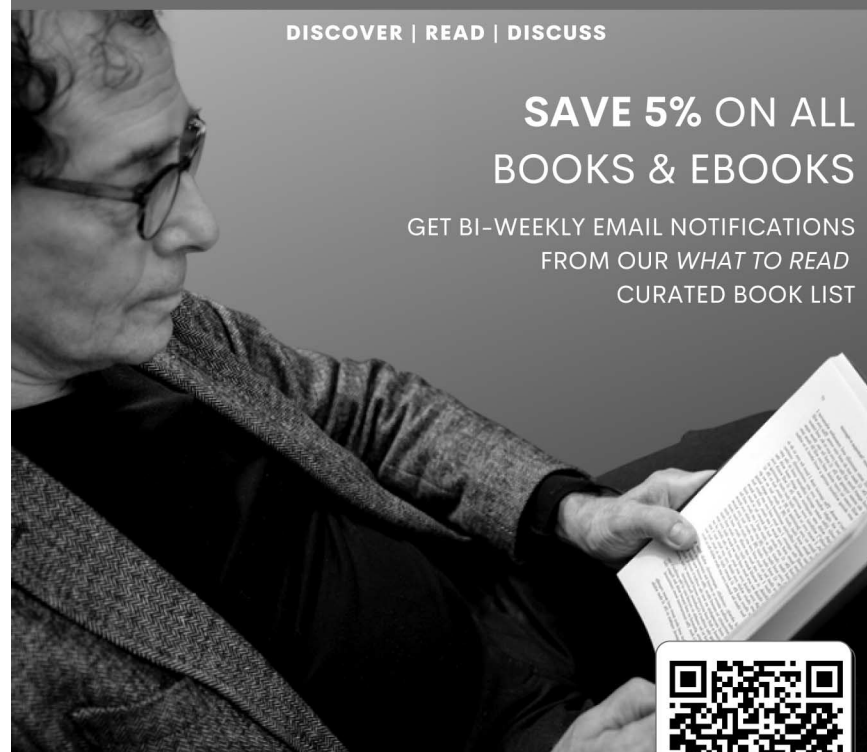


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INTERVIEW

continued from page 1

are not ready for change. To avoid this conflict, therapists need to make clients feel like the ideas are coming from them or find ways to lead clients to solutions but making them feel as if they discovered the solution themselves. So, it's kind of a trick. The person might feel in charge of themselves, but in reality a therapist is introducing change in their life, because it's the therapist's job to be a change agent.

What if the person does *not* want to be made to do things differently? Or, what if they do not want to *be* different? Competing at a deeper level, the intelligent unconscious is designed to resist entrapment. It's designed to resist outside control and forces that overwhelm it. So, it will do its very best to defy these forces.

This idea sent me back to William James, who emphasized the importance of freedom for diversity and freedom to exercise choice. He spoke about self-determination and hope to be able to do something to somehow make tomorrow better than today. And for William James, that summed up everything. But that type of hope isn't something you do *to* someone. It's not a change you make happen *in* someone. As a matter of fact, when people grow, when they start to thrive, you're not *changing* anything about them. Because we are already designed to *evolve*. So, it's a silly notion to make "change" our main mission.

Around 2008, in the world of government and business, the concept of *choice architecture* started becoming more popular. It focuses on the rules or heuristics that govern people's conscious and unconscious choices. The more I started to study this, the more I realized that choice architecture is a map for how unconscious intelligence works. This approach focuses on helping people optimize the choices they make. And, as I was rereading Erickson's work, the overlap in process became obvious to me.

While Erickson used words like *change* and *strategies for change*, if you look for the patterns of actions under the words, you can see how he helped people experience choice. This may have included keeping some symptoms or keeping the status quo. He would equip people to keep the status quo in such a way that they could still make choices that were right for

them. Permissive suggestion is all about expanding the opportunities for people to exercise choice under favorable conditions. I realized that was Erickson's unstated mission.

JL: This is fascinating because I came to the same conclusion in a radically different way, and I came up with the exact same reasoning for Erickson's work. It just did not make sense to me that Erickson was all about change. Instead, he was about helping you become who you wanted to become and what your unconscious could become. It wasn't about changing you. And when I realized that, it changed everything.

I had also been reading Erickson's work, and I kept coming up with the same thing: He wasn't changing people. He was offering them possibilities for change and he was widening their options so that instead of a bad choice, they could make choices that were compatible to their way of being.

DS: Once you had that insight, my guess is that you didn't get as much resistance or as tangled up with people.

JL: Absolutely. If anything, it's freeing for both the therapist and client. The client already has the answer inside of them, and together the client and the therapist can discover the solution.

DS: You said that well. Now people could argue that if nothing changes on the outside and everything stays the same, you haven't accomplished anything. And the point that I think you and I are both making is that it is not about change. It's that as therapists we need to take a step back and decide on our mission and be aware of our priorities.

Viktor Frankl observed that when people prioritize chasing happiness, it tends to fly away from them, like a butterfly. He emphasized that when you pursue meaning as your top priority, then the butterfly comes and lands on your shoulder. And people who pursue meaning as their top priority are happy people, because happiness comes to them.

I would say the same is true when you pursue the optimization of choice. Change can happen, but at an unconscious level. And you can control things, like your hunger or your sleep, or if your arms become paralyzed for

psychogenic reasons, all these choices are made outside the realm of conscious awareness or conscious intention. The idea is that you will capitalize on making the choices that are best for you as a unique living being. It's not that we don't have room for change, or we don't see change as important. It's that choice should be the mission, not change. And evolution and change come as a natural byproduct when someone is able to make the choices that are right for them.

JL: And the strategy is to expand clients' options so that they can make better choices.

DS: That is what first comes to mind. But in choice architecture, we also recognize that people don't do so well when they are overwhelmed with options. So, in some cases it's necessary to constrict the range of options. Like at Walmart, instead of having 20 items to choose from and people just walking away bewildered, Walmart has learned to stock only three items from which to choose. Interestingly enough, creating an optimal choice environment sometimes means constricting it.

JL: Right. And that's how we are as people. When there are too many options in the candy store, you just become frustrated.

DS: Yes, we can't function. We don't do so well with seemingly unlimited choices. We're not designed to work that way. A real problem in our field is therapists being taught and encouraged to pursue change as their primary goal. Which means that if I am doing my job correctly, I have to change you into my idea of what is okay. This implies that I'm okay, and you're not okay. I'm going to help you become okay, because you're broken and I'm going to try to turn you into something not broken. And that's just the wrong implicit message to send people.

JL: Absolutely.

DS: One of Erickson's greatest contributions to the understanding of psychology is that people exercise choice outside of conscious awareness. And it's not random and it's not just instinctual. Freud also argued that, but his argument was that it is animal-like instincts and there is no intelligence involved. And then Erickson came along

and essentially said, "No, we're setting goals, we're evaluating outcomes, we're making plans, we're adjusting, and we're tactically learning." All of this is happening outside of conscious awareness. So, there is an unconscious intelligence that we need to speak to and work with to empower our choices.

Not until the late 1990s did science catch up with that observation and provide unequivocal evidence that there is unconscious intelligence; that all the higher cognitive processes operate in either unconscious mode or conscious mode. And so, when we want to give people a choice, it's not just about talking to their conscious mind, saying, "Here are your options, and let's talk about the reasonable thing to do here. This is the core of a lot of counseling models: 'I'm going to counsel you on your choices and options and help you make smart choices and options.'" But as Brene Brown likes to say, "We get it all backwards. We think that we're rational creatures who sometimes get overly emotional and do emotional things. But in reality, we are emotional creatures who can sometimes act rationally." The research is clear: This is how we operate. So, if you flip it around like that, you realize that people do not reflexively make choices based on logic and reason, and certainly not at an unconscious level.

JL: It may be possible, however, it seldom works.

DS: Well, we can think of it like Maslow's Hierarchy of Needs. There is a hierarchy of conditions that have to be met for choices to be made at an unconscious level. The base of the pyramid, so to speak, is that choice must be *conceivable*.

For example, let's say you have a female client who has only dated guys who turn out to be emotionally neglectful or abusive. And you say to her, "Well, you know, you can date someone who can treat you with kindness and empathy." And you describe it, and you talk about red flags, and you try to teach her conscious mind. Sure, her conscious mind can conceive of the idea to date a different kind of guy. But for her unconscious intelligence, it may still be inconceivable. You do not exercise choice for something that's not conceivable.

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Hypnosis

(Originally published in French, and translated into English)

By L. Chertok, MD

Pergamon Press, 1966

Reviewed by Marnie McGann

Léon Chertok (1911-1991) was a French psychiatrist known for his work in hypnosis and psychosomatic medicine. In the late 1940s, he worked with psychoanalyst, Lawrence Kubie, at Mount Sinai Hospital in New York. In the late '40s and early '50s, he underwent psychoanalysis in France with Jacques Lacan. In the 1950s, he met Milton Erickson and Erickson hypnotized him.

In the Erickson archives there are two inscriptions by Erickson to Chertok:

For the book, *Advanced Techniques of Hypnosis and Therapy* (Haley, Ed.), Erickson wrote: "Dr. Leon Chertok: This book is only a small token of my appreciation of the privilege of knowing you. March 1968, Milton H. Erickson, M.D."

Erickson also inscribed the book, *Hypnotic Realities* (Erickson, Rossi & Rossi): "To Leon Chertok, M.D. With my highest regards. Jan. 21, 1977. Milton H. Erickson, M.D."

In a rough draft (12/31/1992) for Chertok's book, *Mémoires d'un hérétique*, Chertok wrote:

In 1951, shortly after the creation of the Center for Psychosomatic Medicine at Villejuif, I made another trip to the United States. By then the encounter with Madeleine had already taken place, but I hadn't published anything on the

subject. I didn't dare until 1953. But I was trying to understand. That's how I met Milton Erickson. I was even trained as a hypnotist by him. He was an extraordinary hypnotist, almost diabolical. He used his patients' resistance, like in Judo. He didn't need to make any explicit suggestion: I once saw him hypnotize someone without warning, in the middle of an ordinary conversation. He was also a healing genius, but he didn't try to theorize it. He said he didn't have any theory.

In Chertok's book, *Hypnosis*, Part One covers the history of hypnosis, theories of hypnosis, hypnosis and sleep, animal hypnosis, hypnoanalysis, and hypnotizability. Part Two is more hands on: how to do an induction, tests of suggestibility, how to deepen the trance, how to awaken the patient, and specialized techniques.

Chertok wrote this book in 1966 when therapists were interested in altered states of consciousness, but especially in France, there was skepticism about clinical hypnosis.

In the short foreword it is stated "...the hypnotist has no power beyond that which is unconsciously conferred upon him by the subject...if it were the case of being 'swallowed whole', like a frog hypnotized by a snake, then such complete absorption would be nothing short of monstrous."

After a historical survey that includes Mesmer, Charcot, Liébeault, and Janet, the author then launches into myriad definitions of hypnosis and theories inspired by experimental psychology and psychoanalysis. He says of hypnosis: "...None [definitions] is adequate. Each one reflects its author's idea of the nature of the phenomenon...the field of hypnosis is not clearly delimited and there are no objective criteria of the hypnotic state...Some writers have even expressed doubts about the very existence of hypnosis. But the fact that a phenomenon cannot be precisely defined does not mean that it has no exis-

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tence of its own.”

Chertok states that there are three theoretical trends to explain hypnosis: 1) the Pavlovian school, 2) inspired by experimental psychology, and 3) derived from psychoanalysis. The Pavlovian school thinks in terms of hypnotic phenomena in the suggestive phase of hypnosis.

The author briefly discusses the theories of Hull, White, Sarbin, Weitzenhoffer, and Orne. (But for an in-depth account, he refers the reader to the writings of each and to what is said by Frank Pattie in the book, *Hypnosis and Its Therapeutic Applications* by R. M Dorcus, 1956.)

Influenced by Bernheim, Hull applied himself to the study of suggestibility as a single dimension. Hull kept the “symbolic processes” of the subject in a state of passivity, to allow for “symbolic stimulation” conveyed by him to lead to action and change. White defined hypnosis as “meaningful, goal-directed striving, its most general goal being to behave like a hypnotized person, as this is continuously defined by the operator and understood by the subject.” Sarbin emphasized the importance of “role taking,” in that hypnosis is social-psychological behavior. Expanding on the ideas of White and Sarbin, Orne noted that the attitudes of hypnotic subjects are highly influenced by the current ideas about hypnosis. He went so far as to say that there are no naïve subjects who have not been influenced by the socio-cultural environment. Everyone has a preconceived idea of hypnosis and is therefore influenced in the induction.

The author then discusses the positions of Barber and Bernheim on hypnosis. Barber tried to show that hypnotic phenomena—physical changes in the hypnotized person—can be produced in subjects in the waking state. Bernheim denied the existence of the hypnotic state apart from suggestibility. In much of his writing, he was ambiguous about hypnosis, not entirely accepting it. But he was also fighting professional battles on two fronts: the attacks of the Salpêtrière school and the moral objections of the Swiss school, Dubois of Berne. He eventually denounced the existence of hypnosis but continued with the practice of suggestion.

Chertok then takes a deep dive into the psychoanalytic theories of Freud, Schilder, Jones, Brenman and Gill, and Kubie and Margolin. Freud insisted upon the erotic aspects of the hypnotic relationship; Schilder agreed that there are libidinal ties between the subject and operator and noted the physiological and somatic factors involved. Jones approached the problem from the point of view of narcissism and the elements of the ego ideal; Brenman and Gill emphasized the importance of ego-psychology to understand hypnosis. Kubie and Margolin found that transference was not an indispensable condition for the induction of hypnosis, which can be achieved by physical manipulation.

There is a very brief chapter on animal hypnosis. The author notes how certain animals are more hypnotizable than others. The earliest experiments recorded are from the mid-1600s in Rome. Animal hypnosis involves putting the animal in an unfamiliar situation or position, which has the effect of changing the normal pattern of the animal’s sensory-motor and emotional interaction with its environment. Animal hypnosis constitutes regressive behavior characterized by immobility and lethargy. The author points out that the same thing happens in humans deprived of interaction with their environment. But humans have advanced emotional capacity that plays a part in the induction of hypnosis. The author states that animal hypnosis is not as popular as it once was, and he believes that more experimentation could shed light on the human condition under hypnosis.

At the writing of this book (1966), in France, the author states: “The great difficulty we have is that we have no objective criteria by which to decide whether the subject is hypnotized, or how deeply.” But in the U.S., the Stanford Hypnotic Susceptibility Scales and Harvard Group Scale of Hypnotic Susceptibility were both established.

The long-established connection between suggestibility and hypnosis is discussed. For Bernheim, hypnosis was merely suggestibility. For Janet: “The phenomena of suggestion are independent of the hypnotic state; well-marked suggestibility.” Kubie maintained that suggestibility is not the cause but the consequence of the hypnotic state.

The importance of hypnosis in psychoanalysis begins with Freud’s prediction in 1918: “It is very probable too that the application of our therapy to numbers will compel us to allow the pure gold of analysis plentifully with the copper of direction suggestion; and even hypnotic influence might find a place in it again, as it has in the treatment of war-neuroses...”

In Part Two of the book, there the author details ways to do an induction, how to deepen the trance, and specialized techniques, in which Erickson is mentioned: “Erickson describes two other techniques. In one he begins by disorienting the subject in space and time in order to reorient him in a given period of his life. In the other he induces successive amnesias, removing the subject from the day, month, and year of his present existence before taking him back to an earlier period of his life.”

At the end of the book there are short chapters on autohypnosis, group hypnosis, and hypnodrama. The final chapter is *Techniques Derived from Hypnosis*.

Chertok presents hypnosis as a serious therapeutic tool with clinical respectability. Some critics might dismiss Chertok’s emphasis on suggestibility, but this book with a wide bibliography is a thoughtful counterpoint to the criticism leveled against hypnosis. Although it is no longer relevant as clinical manual, it is historically significant in helping to legitimize hypnosis in post-war France.

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INTERNATIONAL COMMUNITY

Interview with Woltemade Hartman, PhD

By John D. Lentz, D.Min.

Woltemade Hartman is a clinical and educational psychologist from Pretoria, South Africa. He has worked extensively with survivors of trauma, torture, war, and human rights violations in various countries. He has also served as an advisor to politicians and political parties across the globe. He received his training as an Ericksonian psychotherapist with Dr. Jeffrey Zeig and others at the Ericksonian Foundation in Phoenix, Arizona. Dr. Hartman also trained as an ego state therapist with Prof. J. G. Watkins and Mrs. H. Watkins in Missoula, Montana. He is the author of Ego State Therapy with Sexually Traumatized Children and Einführung in die Ego-State Therapie (An Introduction to Ego State Therapy), as well as author of various scientific articles on the topics of trauma, hypnosis, and psychotherapy.

Dr. Hartman is founding director of the Milton H. Erickson Institutes of South Africa (MEISA). He is founder and past president of Ego State Therapy International and currently serves as secretary and treasurer of Ego State Therapy International (ESTI). He has also served as executive board member of the International Society of Hypnosis (ISH) from 2013 to 2024 and chairperson of the Council of Representatives on this board.

Dr. Hartman was a senior research fellow for the department of psychology at the University of Johannesburg. He is the recipient of the 2009 Jay Haley Early Career Award for Innovative Contributions to Hypnosis from the International Society of Hypnosis (ISH), the 2022 John and Helen Watkins Award for Clinical Excellence in Ego State Therapy from Ego State International (ESTI), and the 2024 John and Helen Watkins Award for excellence as a teacher and mentor of clinical hypnosis, promoting the clinical use of ego state therapy and influencing therapists around the world.

John Lentz: I don't know anyone who travels and speaks more in different countries teaching hypnosis than you. In how many countries have you taught?

Woltemade Hartman: Well, let me think. For more than 20 years I have taught in the German speaking countries. That includes Germany, Switzerland, and Austria. I have taught in China for almost 18 years and Japan for eight years as well as Hong Kong, Singapore, France, Denmark, Turkey, South Korea, Iran, Canada, and the UK. I haven't taught in the U.S. for a while now.

JL: I told you once that your approach to dealing with grief was one of the best that I've ever seen.

WH: I would say that over the years grief and bereavement have been favorite topics. And yes, I have had a different approach to grief. In the last 25 years, there have been a lot of change in the models of grief. More systemic approaches were developed and what they call the "dual process model" of grief. We have moved away from saying a final good-bye to someone who has passed, to the idea of an enduring relationship with the deceased.

And this is something that they have in Africa. It is an African tradition that when you pass away, you become part of your ancestors. And this becomes like an ego state that stays with you for the rest of your life and the living can consult with ancestors. So, the deceased become part of the ancestors who are wise and internal. I would call them "internal representations."

I took that idea and I combined it with a technique from the body psychotherapy of Peter Levine's Somatic Experiencing. I adapted his pendulation technique in which you swing back and forth between different body states. In my approach to working with internal representations of the deceased, you can oscillate between a resource of the relationship you had with a person when the

person was still alive, and then you can pendulate to the death experience. And if you pendulate three to five times. In simple terms, it resets your autonomic nervous system response. This is important because when someone dies, it activates the nervous system. The moment the person dies, you go into shock. So, it is a shock to the nervous system. It is freezing, along with pain.

JL: I am impressed with how you have incorporated concepts from cultures from all over the world to find the right perspective that fits the client. With all your world travels, do you still have time for private practice?

WH: I'm not practicing much anymore. With all the traveling, it's become too much. I see an occasional client here and there, but not on a serious level. I've become more of a therapist for psychotherapists.

JL: You offer approaches that are quite accessible because you provide elegant, detailed steps. It's no wonder why you're successful. What sparked your deep interest in Ericksonian perspectives?

WH: I'm thinking back on training I had with Ernest Rossi when I was a young psychologist, and I must tell you this story.

In 1992, I was in Israel at workshop with Rossi in Jerusalem. It was in July 1992 at the 12th International Congress of Hypnosis. It was cosponsored by the Israeli Society of Hypnosis (IsSH), the International Society of Hypnosis (ISH), and the Milton Erickson Society for Clinical Hypnosis, Germany (M.E.G.).

And I attended one of Jeff Zeig's workshops and Rossi's workshop. And during the workshop Rossi said, "I have five complete sets of the works of Milton Erickson that I brought with me. And I would like to give them to someone. So, if you're interested, come to my room after the workshop." And of course, I made sure that I went to his room afterwards.

So, I was standing right at the entrance of his room, and I waited for about an hour and a half. He eventually came back to the room, and he looked at me. I was the only one who had taken him up on his offer. And he disappeared into his room. And I waited another 15 minutes. And then he opened the door, and he said I could come in. And on the bed were five sets of the complete works of Milton Erickson. And he said, "Choose the books you want." So, of course, I chose a whole set and there were a few other books I wanted so I asked if I could have them as well. I also asked how much I should pay. And he said, "No, they're free of charge. The only condition is that I ask that you read them." And I did.

JL: Wow.

WH: He had a big influence on me. And then at the 1992 ISH Congress, he did a demonstration and with Albina Tamalonis from New York. I'm sure you know Albina.

JL: Yes.

WH: And he was explaining the ultradian rhythms and why a body approach to hypnosis is important. However, it was very complicated, and at the time I didn't really understand what he was saying. Many years later, in 2010, when I started doing my training in body psychotherapy with Stephen Porges and Peter Levine, this memory of Rossi came back to me.

The ultradian rhythms are autonomic nervous system responses. This is why the inclusion of body focus in hypnosis is so important. [For an example of Hartman's use of body focus, please see his *Neuroception Hypnotic Induction* article in this issue.]

That motivated me a lot. It's such an interesting combination. What I have learned over the years is that we've neglected the body in hypnosis. I would like to see a new focus on clinical hypnosis and the body, because nowadays we also have more modern definitions of the "mind-body connection," and



Woltemade Hartman, PhD

INTERNATIONAL COMMUNITY

there is more scientific proof that it does exist. And I am passionate about this topic.

JL: You are also internationally known for your work in ego state therapy. How did that come about?

WH: I never planned to become known for my work in ego state therapy, because I still regard myself primarily as an Ericksonian, and people are surprised when I say that. But I think it's also having a historical root.

When I attended the ISH Congress in Jerusalem in 1992 as a student, that was just after Nelson Mandela was released. So, it was a big change in our country. And because my family was in the resistance movement against the apartheid government at that time, I was incarcerated. After my incarceration, and because of my political affiliation with the African National Congress at that time, my parents thought it would be a good thing if I left the country. They said, "Why don't you go to this congress in Jerusalem, and we will pay for you." So, that's how I ended up there.

And when I was there, I got a strange feeling from the animosity between the two camps: the Ericksonians versus the traditionalists. That was their first joint conference, and for me as a student, it was very confusing. However, I was deeply impressed with Jeff Zeig's demonstrations, Gilligan's demonstrations, and especially Rossi's demonstration. I attended all their workshops, and that convinced me I should go to the United States to do the Ericksonian training. That's where you and I got to know each other. After that, I went back to South Africa and started implementing my Ericksonian ideas.

And then I got the invitation to do my PhD in Missoula, Montana with the Watkins on ego state therapy. They were not impressed with Erickson at that time because he was from the opposing group, from the American Society of Clinical and Experimental Hypnosis. At that time, there was a major competition between the American Society of Clinical and Experimental Hypnosis and the American Society of Hypnosis. Despite that, they invited me.

When I got there, Professor Watkins asked me, "So what do you want to study with me? You're an Ericksonian." And I said, "So what. I find ego state therapy very interesting." And I completed the training and for years afterward he would say, "Wally is the only crazy one who combines Ericksonian and ego state work."

JL: Now lots of people do.

WH: I always stayed loyal to my Ericksonian identity, but for some reason I became more known for my ego state work.

JL: Yeah, well, you became known for it in part because you offered seminars and held conferences for ego state therapists.

Listening to you now, I was wondering, have you read Malcolm Gladwell's book, *Miracle and Wonder: Conversations with Paul Simon*?

WH: No.

JL: I asked because you remind me of the image that Malcom Gladwell gives of Paul Simon.

At 83 Paul Simon is still cranking out songs. Over the years he has picked up this and he combines it with that and then he puts his own spin on it. When he went to South Africa and did his album, *Graceland*, he had combed South African music and Louisiana music and other styles for inspiration. In his book, Gladwell captures Paul Simon's spirit—on a journey and looking for the next sounds and the next set of techniques to incorporate into making new music.

That's who you remind me of because that is what you do. You have all these different dimensions that you are exploring with hypnosis and the ego states and body work and Ericksonian approaches. Just like what Paul Simon has done with music, you've been doing it all along. I think you will recognize a fellow traveler if you read the book.

WH: Yes, I will look at it. Paul Simon is one of my absolute favorite mu-

sicians. That album, *Graceland* was so popular in our country, and it's still my favorite.

JL: Most people aren't aware that Graceland has a double meaning.

WH: I didn't consider that.

JL: Well, there are at least two meanings, maybe three, because Paul Simon was talking about going to Graceland in Tennessee where Elvis Presley lived. Except he was also speaking about Graceland being a metaphorical place of grace and certainly about South Africa, itself. I think that you'll enjoy the stories, even the difficulties. Many people were upset with him for going to South Africa and making this music. And then other people were upset with him for just the opposite. No matter what he did, it was going to be wrong.

WH: Absolutely. At that time, the government in South Africa discredited him for everything.

JL: Wally, thank you very much for reconnecting with me today.

WH: Absolutely. We have both been on fascinating journeys since we first met during our early Ericksonian training. It was great reconnecting again.

A little goes a long way...

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UNEARTHED FROM THE ERICKSON ARCHIVES

Calgary Conference Transcript with Mrs. Erickson

The following is an excerpt from a transcript of a conference held June 17th and 18th 1962 in Calgary, Alberta, Canada. It was sponsored by the Calgary Medical and Dental Hypnosis Society.

John B. Corley, MD, appears to have arranged the event. Afterwards, he and his wife drove Dr. and Mrs. Erickson from Calgary to their next lecture stop in Glacier Park, Montana, and along the way they stopped at the Corley's cabin in Banff.

The doctors attending the seminar had requested that Erickson devote at least half a day to induction techniques. Additionally, they requested that he provide instruction on the handling of specific medical psychosomatic issues. Some were also interested in learning regressive techniques used to identify specific problems.

Mrs. Erickson: People often ask what I use hypnosis for, except of course, demonstrations. What is the point of it? There are three different uses [of hypnosis] and the best is that it is fine relaxation. If a person is tense or keyed up or has too much to preoccupy them and if you can get five minutes or even two minutes and just drop into an autohypnotic state, it calms you down beautifully.

I hate not being able to remember something and if there is something I am trying to call to mind and I just can't, it makes me exceedingly frustrated. If I can go into an autohypnotic state and mull it over a little and then wake up, I find that what I was trying to remember will almost invariably pop into my head. Of course, that frequently happens anyway but I think hypnosis facilitates it. Also, I have the type of personality in which I find it exceedingly difficult to make a decision.

Whenever I have to decide on something, if there is a good reason on one side, I can think of an equally good reason to counterbalance it. But I find that you can go into the state of hypnosis and instead of trying to make a decision, you can instead let all the points—pros and cons—and the various aspects enter into your mind, and when wake up you often find that everything settles into place very nicely and sometimes the answer is quite obvious. At least it is easier to weigh the possibilities.

Then the other thing that people are always asking me is, "How do you know when it is time to wake up?" Well, there again, I have three different possibilities. If you have some definite purpose in mind you go into this state and do it and then you wake up. Or another possibility is, you may have a certain length of time, which is more frequent with relaxation. You may have 10 minutes, and you know you won't be interrupted so you say: "Well, in 10 minutes I will wake up," and you seem to be able to keep track of time nicely. The other thing is, no matter how deep a hypnotic state I go into there are certain things I am going to wake up for. If the building caught fire, I haven't the slightest doubt that I would wake up. I wouldn't just sit here while everybody left. And since Milton's office is in our home, if Milton has me demonstrating hypnosis, then I am completely at his service and won't wake up until he is through. But if I know there is no one in the house then I will wake up if the telephone or the doorbell rings or one of the children comes in. But any other noises—traffic or the dog barking and so on—are no bother at all.

Now I don't have the only method there is. My daughter [Betty Alice] does exceedingly well when being hypnotized and she does it rapidly—faster than I, but I like to keep my eyes open. Her method is to close her eyes and have her hand start moving up, and when it reaches her face, she is in a marvelous trance. I like to pick a fixation point, something that light can be reflected off of, something irregular in shape. I usually like to focus on a piece of jewelry and see the reflected light.

I have a friend who also uses a fixation point and the way she does it is that she looks at an object and watches it grow in size, and the surroundings close in until finally there is just one large object. I don't see any size changes whatsoever. I like to observe the changes that take place in the different senses—in sort of a circular way. You just sit passively and allow it to occupy the center of your attention

and then observe what is going on. The first thing I usually observe is that things on the periphery of vision become a little blurry and somewhat meaningless. They are present in my field of vision all the time, but I don't put them together and recognize what they are unless I turn my attention to them. Now if I turn my attention to something like the leg of a table, I could think, "Yes, that is the leg of the table." But unless I do that, it doesn't have any meaning.

Then I usually turn my attention to the field of hearing and the same thing is taking place there. I realize the sounds have become muffled and sometimes there is a clock ticking or an air-conditioning humming; sometimes there are traffic noises. But again, unless I stop and think of what I am hearing, it doesn't have any meaning. It's just background noise.

The next thing I like to check up on are the sensations in my body. The more distant parts—the hands and feet—are blurrier and again meaningless unless I turn my attention to them. I may think: "How do I have my feet placed? Are my ankles crossed? Then I go back to the field of vision and with time it has closed in considerably. It is a much smaller field of vision and a great deal blurrier around the edges. But my hands and ring are still perfectly clear. The same thing is true of sounds. I can still hear the air-conditioner, but that's about all. At this point my arms and legs seem sort of detached; disconnected. I also invariably notice an interesting change in the light. I could stay in this state indefinitely and just observe this because it is fascinating. The light is different somehow, and there is an edge surrounding everything—it is a light bluish red. I think it is a physical thing; I don't think it is a psychological thing. It has something to do with the fact that the lens of the eye is completely relaxed and yet I am not fully focused on my hand, but I am giving my complete attention to my hand. I have the convergence of the eyes just as if I had focused on the hand, but the lens is not contracted. I don't think I could do that in a waking state.

In our next newsletter issue, we will publish the rest of this transcript with Erickson asking Mrs. Erickson questions.

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HYPNOTIC APPROACHES

Woltemade Hartman explains his Neuroception Hypnotic Induction to John Lentz.

Woltemade Hartman: Because of my extensive work with survivors of trauma, torture, war, and human rights violations, I have been concerned with how inductions are often indiscriminately done. I have become very critical about this because I believe the safety aspect is very important, especially when we are working with grief and trauma survivors.

We usually expect clients to almost immediately close their eyes. But many clients cannot or will not immediately close their eyes. For whatever reason, they do not feel safe doing so. Therefore, in the service of stabilizing the autonomic nervous system, I commonly divide the hypnotic induction experience into three neuroception processing steps: 1) proprioception, 2) exteroception and 3) interoception.

Steven Porges' Polyvagal Theory, maintains that neuroception is an unconscious process that acts like your internal bodyguard looking for clues of safety and danger. That internal filter is analyzing what comes from outside toward the body, and what comes from inside.

The instantaneous analysis dictates how your autonomic nervous system will react.

People who have experienced trauma or grief have hypervigilant neuroceptive responses. It is often hard for them to distinguish between what is safe and what is not safe. Closing their eyes may not feel safe.

So, if we want a client to go into hypnosis, we must start with *proprioception*. Proprioception is the sensory process that lets us know where the body is in space. It anchors the body so that the client can sense gravity. If the client sits on a chair and senses the back rest with their feet flat on the floor, they can experience a safe space. Proprioception is all about the space around you, a space of safety for the

body. And once the client senses gravity and safety—we can then refocus the client's *exteroception*.

Exteroception is the perception from our external sensors. We invite the client to look around the room and look up and down. And they will ask themselves: "Am I safe? Do I see things around me that make me feel comfortable?" And if you have this external orientation of the eyes, then you invite the client to experience a process with you, to watch you. And then you take a breath. And when you then invite clients to close their eyes, you can also momentarily close your own eyes. And the moment the eyes close, invite the client to take your voice with them. You may remember, Erickson's idea of, "My voice will go with you."

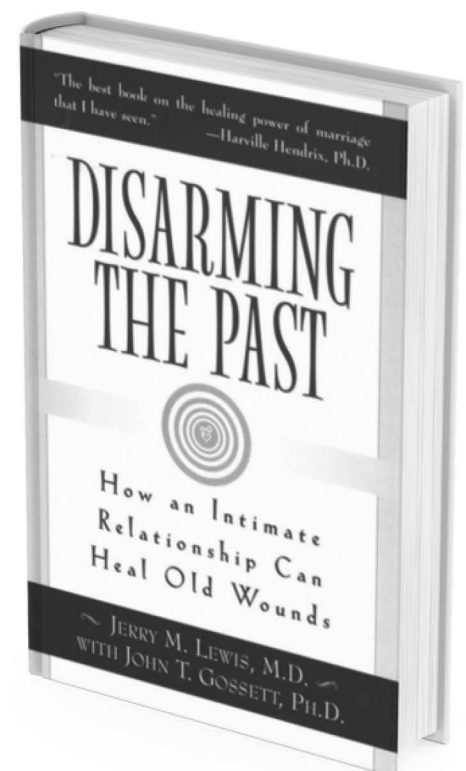
At that point I usually say, "You may take my voice with you on an inner journey." And in that inner journey, we immediately focus on the body. We don't focus so much on an external safe place. I immediately create a safe place in the body by saying, "Okay, now that we have closed our eyes, let's make a body scan. You can scan your body for a safe place, a special place or a place of well-being. Where could that be in the body for you?" And if the client says, "in my chest," or "on my stomach," then I will say, "Okay, put your hand there and sense this safe place in your body while you're listening to my voice." And then I use a technique I call "tracking". So, track that sensation. We don't talk about feeling, because a feeling is an emotion. I take it to the body level, and say, "What do you sense in your chest?" If they say comfort or relaxation, those are not sensations; they are descriptions. I am looking for a sensation. I would ask, "Is it warm? It is cold? Is it tingling or pulsating?" Then the whole trance experience is brought to the body level, and that creates a sense of internal safety.

And when you do that kind of induction, it's almost like the client completely opens to whatever you want to do. And you don't experience the resistance you usually do when you expect the client to immediately close their eyes. It's an approach that combines clinical hypnosis with body psychotherapy techniques.

Book Store Spotlight

What if a strong, committed relationship could offer the same life-enhancing benefits as a miracle drug—improved mental and physical health, deeper meaning, greater daily satisfaction, and even increased emotional well-being for your children? While no such drug exists, the authors reveal that the closest thing we have is a healthy, intimate partnership.

Drawing on years of research and clinical experience, they show how relationships can become powerful vehicles for healing—helping us let go of painful pasts, shift destructive patterns, and grow in both independence and connection. Compassionate, insightful, and grounded in real-world practice, this guide offers valuable tools and deep understanding for both therapists and individuals ready to explore the transformative potential of love and commitment.



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BOOK REVIEWS

Transforming Lives with Hypnosystemic Therapy: A Practical Guide

By Stefan Hammel

Translated from German by Joanne Reynolds

Routledge, London & New York

Copyright Stefan Hammel 2025

ISBN: 9781032544632

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

When I first read the title of this book, I thought, “Just what we need, another style of psychotherapy that claims it’s all encompassing.” I was wrong. It is just what we need, and it is not just another all-encompassing approach. Rather, it is a quantum leap beyond, healing the mind, body, and spirit. Hammel invites us to take that quantum leap by accepting that making physical changes are possible. Yet part of what is so intriguing about his work is that he is not offering new perspectives, but instead a mind shift because Hammel suggests that we can heal the body, mind, and spirit by using hypnotic approaches. This is a part of what he refers to as *systemic*, so he calls it *hypnosystemic*.

From Hammel’s perspective, *systemic* is relational whether it is between two people or in a group. He suggests that we engage clients in ways that he believed Erickson engaged clients. By using the word *systemic*, he implies that we utilize whatever clients bring to the session, including their beliefs, hopes, willingness to change, fears, and hurts, all of which can become assets.

This book incorporates Ericksonian hypnosis, systemic therapy, parts work, and constellation approaches. Instead of eliciting a deep trance, Hammel suggests telling stories, using metaphors, space, ritual, and fluid language to shift clients’ perspectives.

And he suggests that we engage the client like we might a colleague, so that we can create something together with the client. It is a very Ericksonian approach, and thus respectful and relational, even if the meaning of *systemic* is different in an Ericksonian approach.

Hammel quotes Gunter Schmidt, MD, along with many other notables who are widely known in Europe but not so much in the U.S. He also quotes prominent American psychotherapists, including Steve de Shazer, Virginia Satir, Jeffrey Zeig, and Philip Zimbardo.

In this 239-page book, Hammel includes a list of individual interventions that can be appreciated by those who intend to use his approach, or to teach it to others.

This book covers the arc of therapy from the first meeting to the closing session, and includes setting objectives, taking a history, and guiding interventions. There are more than 160 techniques discussed, which are categorized and indexed for easy reference. There are also practical case examples with a wide range of disorders, from eating disorders, phobias, anxiety and ADHD, to hypertension, insomnia, and substance abuse.

The book is well organized, pragmatic, integrative, and flexible, grounded by the myriad stories and case examples. It is not light reading, but the techniques and methods are widely applicable.

To say that I am impressed with *Transforming Lives with Hypnosystemic*

Therapy is putting it mildly. This book can assist us in making quantum leaps in our understanding of health and how to achieve it. For instance, Hammel includes a section on *Linking the Physiology of Solutions with Memories of Problems*. While linking strengths and problems is not new (Rob McNeilly is renowned for this), linking the *physiology* of solutions with problems is a new concept.

I have been recommending this book to my students and colleagues as it is destined to become a valuable resource.

You Can Go Home Again: Reconnecting with Your Family 3rd Edition

By Monica McGoldrick and Tracy Laszloffy

W. W. Norton & Company

New York, NY

Copyright 2024 Monica McGoldrick and Tracy Laszloffy

ISBN 978-1-324-03014-0

Reviewed by: John D. Lentz D. Min

The authors of this book, Monica McGoldrick and Tracey Laszloffy, have a unique approach that acknowledges a mindset that makes it not only possible to go home but advantageous, no matter your family of origin. It isn’t about our family, it is about learning more about who we are and our part in the family that continues to shape us, whether we like it or not.

This classic books guides readers through their family diagram, mapping emotional relationships, secrets, losses, trauma, and roles. The authors brilliantly use symbols and narratives to reveal family patterns and how they impact us.

The process of genogram building is presented in a straightforward way that helps bring even more understanding to who we are and where we come from, as well as where we are going. Each chapter of this book wraps up with reflective questions and guided tasks for the reader to actively engage in their own family stories. Classic Bowenian thought helps readers to heal family issues by better understanding their history. A major implication in the book is that we are going to go home in the sense of repeating old patterns, whether we want to or not. Knowing more can free us from people cutting us off or canceling us, and the Groundhog Day of repeating past actions. Instead, we can connect ourselves with positive futures.

On page 31 the authors write: “The main work of going home again involves looking at your relationships in context and then thinking and planning how you want to change your ways of relating to family members.” This gives us the opportunity to make personal changes even though our family may not make the meaningful changes we desire.

Powerful family stories of historical figures such as George Washington, Sigmund Freud, Johnny Cash, Marilyn Monroe, Maya Angelou, the Brontë sisters, the presidential Adams family, and many others demonstrate the power of family connections to push us toward success and the power to limit our options and evoke family cutoffs. Curiously, the family connection power sometimes makes success impossible. By telling stories, the authors emphasize how the unconscious seems to play a part in how our family impacts us, like when someone has a heart attack on the same date a relative had a heart attack, even though that person did not know the relative had health issues.

BOOK REVIEWS

I was particularly impressed with the stories of Sigmund Freud and the cutoff in his family and how it impacted his thinking about people. Similarly, the authors give the example of the Brontë sisters and how their family wanted to keep them close to home which ignited their imagination and creativity. Throughout the book the primary thesis is: You *can* go home again.

The stories of lesser-known people are also significant, showing how we can change by tracing our birth roots, family cutoffs, and trauma...and even going to the source of our trauma.

For most of us who have been in the field for a while, the genogram is nothing new, but how the authors of this book use it to illustrate truths may well be new. This book isn't just something that therapists can use with clients, it is something that all of us can use to better understand ourselves, our history, and our future. And we can do this whether our family is no longer around or living next door. We can go home again, and we can even make the homecoming a powerful and positive event.

I recommend this book not only because of the ideas, but because it is written so well that you may find yourself not wanting to put it down. I admit that I was reluctant to read the book, because of the images of genograms from the '80s, but I am glad I did, and you will be as well.

How to Talk with Anyone about Anything: The Practice of Safe Conversations

By Harville Hendrix and Helen LaKelly Hunt

W Publishing, an imprint of Thomas Nelson, Nashville, Tennessee

Copyright 2024

274 pages

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Reviewed by Rick Landis

How to Talk with Anyone about Anything is the most recent offering from Harville Hendrix and his wife, Helen LaKelly Hunt, both *New York Times* bestselling authors. What captivated me was the deceptive simplicity of their approach, in the service of their *Imago Relationships International*, a non-profit organization.

The authors write: "The generation of curiosity and connection in a field of safety can change the world...Our ambition is to transform the world with our peace-seeking structured dialogue skills...Our goal, then, is to launch a global social movement to introduce 2.5 billion people (the tipping point—25 percent—of the world's projected population in 2050) to our three-step process that helps people change *how* they have conversations, not *what* they talk about so they can talk with anyone about anything without becoming contentious and polarized."

This process of connecting is what the authors refer to as *Safe Conversations* and it involves three steps: 1) *Mirroring* or intensely listening to someone and reflecting back what they tell you 2) *Validating* or acknowledging what the other person says even if you disagree and 3) *Empathizing* or connecting with the other person's emotional state and experiences.

In the Jewish tradition there is a mandate called *tikkun olam*, which translates to: "heal the world." The assumption is that we are not absolved from

doing our part even though it is not possible for any one person to accomplish that task. However, these authors are a couple, and two are better than one in healing the world. And so far, *Imago Relationships International* has trained more than 2,000 educators and therapists in 51 countries.

The book is written in a conversational style that is easy to read. It has relatable examples, real life dialogues and clear steps to promote Safe Conversations. The authors openly and warmly present a self-acceptance of their own humanity making their evolution in the process relatable. They are one of us and the universality of their message is for everyone: couples, families, and coworkers as Safe Conversations can bridge cultural and political divides.

The structure of this book organically flows, and the elements are familiar and easy to understand. Old friends. However, the unique combination and subtle differences are genius. (It's the differences that truly make a difference.)

There are four parts to this book, each with the following chapters. [My titles are bracketed.]:

1) [*The need*] The Problem; The Solution. 2) [*The scaffolding*] A Structured Dialog (moving the theoretical into the concrete); Empathy with Everyone; Practicing Zero Negativity; The Practice of Affirmations. 3) [*Applications*] The Space Between; Safe Conversations Work in Every Aspect of Life; The Power of Safe Conversations in Groups; Safe Conversations at Work. 4) [*Benefits for the person, their relationships, and the world*] Healthy Brains; Healthy Relationships; Conclusion.

I highly recommend this book for therapists who work with couples or who work with individuals who are or want to become members of a couple. I also recommend it to anyone who has to interact with other humans. (Have I left anyone out?) This book is especially helpful in our polarized society. It is a roadmap to deeper, more meaningful conversations, human connection, and societal healing. And thus, it could change our world.

Hope and Resiliency: Understanding the Psychotherapeutic Strategies of Milton H. Erickson, MD

By Dan Short, PhD

Betty Alice Erickson, MS, LPC

Roxanna Erickson Klein, RN, PhD

Crown House Publishing UK

2005 & 2016

Copyright Dan Short, Betty Alice Erickson, Roxanna Erickson-Klein

ISBN 978-190442493-2

Reviewed by Dr. John D. Lentz

Shepherdsville, KY

Hope and Resiliency takes a deep dive into Erickson's unique approach to psychotherapy. He focused not on pathology, but rather on a person's strengths and unconscious resources, positive thinking, and flexibility. The first time I read this book, first published 20 years ago, I was impressed with how human and understandable it made Erickson's work. It is both a practical guide and a philosophical journey into what seems like magic. But Erickson was not a magician. He was a kind, thoughtful, skilled healer who saw potential in every patient and he worked hard using heuristics to better serve his patients.

HOPE AND RESILIENCY continued on page 16

BOOK REVIEWS

continued from page 15

The book is divided into four well-organized sections: 1) *Foundations of Ericksonian Therapy* highlights basic concepts such as utilization, indirect suggestion, therapeutic confusion, and naturalistic hypnosis; 2) *Core Strategies and Techniques* includes Erickson case studies, demonstrating how Erickson used tailoring and reframing, how he worked with resistance, and had expectations for his patients; 3) *Hope and Resilience in Action* focuses on how Erickson worked with patients who were facing extreme difficulties, and how he instilled hope and resiliency in his patients; and finally, 4) *Reflections and Commentary* includes comments by the coauthors, especially Betty Alice Erickson and Roxanna Erickson-Klein. This final section offers a personal touch to Erickson's legacy as both daughters were close to their father and both became psychotherapists.

The main themes of the book are using hope as a clinical tool, utilizing clients' strengths instead of focusing on weaknesses, being flexible and tailoring the therapy, and utilizing the power of language and suggestion.

Dan Short is a master at making Erickson's often abstract and intuitive work approachable, relatable, and understandable. The writing is more narrative than empirical and offers down-to-earth case examples that transform theory into action. In rereading the book, I gained new insight and inspiration and now have even more respect for Erickson, for those who teach his work, and especially the authors of this book.

Each chapter illuminates another facet of how Erickson worked. Chapters 5 and 12 illuminate Erickson's philosophical perspective. In Chapter 5: "He believed that the philosophy of change must come from the patient and not from the textbook," (p28) and in Chapter 12: "Because small amounts of fail-

ure are a part of any endeavor the prediction of a small failure becomes a double bind when it is linked to evidence of progress." This is something that can be used in many ways, so that any prediction of failure that is linked to evidence of progress means it is likely to have a profound impact on the person's ability to overcome their obstacles. What is so helpful is that double binds are exposed as the bedrock of healing and not viewed as proof of trauma.

In Chapter 7, a man who fears riding in elevators is helped by Erickson telling him: "'I will probably scare the pants off you, in another direction.' The man responded that nothing could be worse than his fear of an elevator. Turns out there was." (p 41) This demonstrates that someone's fear can be overshadowed by another fear.

Erickson paid close attention to what patients said, and their circumstances as well as their strengths and weaknesses. He was willing to use everything he learned in support of the patient's goals.

In this 254-page book that includes an index it is refreshing to read the human-interest stories, metaphors, insights, and techniques sprinkled throughout and presented in a straightforward fashion. In rereading this book, I felt affirmed, inspired, and encouraged.

Hope and Resiliency is not only a great tool, but it is a tribute to a great man and his enduring legacy. In a medicalized society, this book is a reminder that healing does not come from rigidity and bureaucratization. It comes for a deep and hopeful connection and therapy that is individualized and not standardized. I have been recommending this book for its timeless truths, ageless insights, and warm, intuitive perspectives. It is not only a general resource, but it can guide therapists in helping patients.

INTERVIEW

continued from page 7

So, a care provider's first step in working with someone is to make the choice conceivable at an unconscious level. And that's where utilization comes in. That's because if they have self-efficacy, then you can empower them with their own autobiographical narrative, for example, offering a woman ways to walk away from a bad situation. Then it becomes conceivable that she can leave this guy who is treating her abusively because you've made it conceivable. But now, a higher order needs to be met. In addition to being *conceivable*, it must be *preferable*. This is where the unconscious engages in associational reasoning. It begs the question: "What types of things do I prefer?"

Outside of conscious awareness, we automatically lean toward choices that we have learned to feel good about. That's why we sit on the couch and eat Doritos rather than going to the gym. It's just the preferable choice. It's not only conceivable that I could just sit here watching TV eating Doritos, frankly, it's preferable. And so, to get

the intelligence of my unconscious mind to choose the option of going to the gym, I have to make the gym preferable, which is possible with the proper tactics.

There's this wonderful choice architecture tactic that's been thoroughly researched and I find it to be robust. It's called *temptation bundling*. I need to create a temptation that I bundle with going to the gym. For example, say that I love mystery novels and a mystery novel is in my locker at the gym. And I only get to read that mystery novel when I'm on the treadmill at the gym. Suddenly, the unconscious begins exercising new choices and I'm trotting off to the gym instead of sitting in front of the TV. All along my conscious intention was to go to the gym. Nothing has changed there. It's at an unconscious level. A new choice is being made because it's preferable.

The next level up is that the choice needs to be meaningful or significant. It needs to appeal to us emotionally. As an example, imagine someone studying to become a nurse because their fa-

ther died of cancer. And that person will feel personally fulfilled by working to help save people from cancer. It has this huge depth of meaning for them. So even though it's a tough choice and they are going to suffer a lot doing it [doesn't seem preferable] they will make that choice because it's emotionally meaningful and significant.

It's only after those three conditions have been met that I believe you get to the point where it's logical to take the element of time into account. This is the domain of conscious reasoning, which might sound like, "Okay, will this choice create the outcomes that I'm looking for in the long-term? Does this all fit with reason?"

And so, we get it backwards. We think that people are going to make reasonable choices, and that's going to be the first thing we need to satisfy. We feel the need to explain to them why a given option is reasonable, but we need to start at the bottom, where the unconscious resides.

Erickson seemed to know this in-

stinctively. As you said at the beginning of our chat, Roxanna Erickson-Klein, Betty Alice Erickson, and I wrote *Hope and Resiliency* to make Erickson's legacy more accessible. According to the feedback over the last quarter of a century, we seemed to have been able to achieve that. Now, with the concept and framework of *Ericksonian Choice Architecture*, I hope to bring that accessibility to another level.

JL: I have no doubt that you have already achieved that.

DS: You are very kind. I do want to acknowledge Roxanna's encouragement and contributions. I'm trying to understand Erickson in a way that is straightforward and does not get lost in overly complex concepts and that is something that Roxanna has always encouraged me to do.

JL: She's a wonderful person and it's a joy to know her. It's been good to be with you, Dan. And I look forward to the next time that we're together.

DS: It's always a pleasure. Look forward to seeing you again soon.

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2025		
8/23-31	Master Class in Ericksonian Psychotherapy / Mexico City, MEXICO / Jeffrey Zeig, Ph.D.	1.
9/13-16	Master Class in Ericksonian Psychotherapy / Virtual (TAIWAN) / Zeig	2.
9/27-28	Anxiety and Depression Conference: Advancing Treatment / Virtual /Invited Faculty	3.
10/27, 11/14, 12/5	Intensive Training with Lilian Borges: Solving Clinical Cases with Ericksonian Hypnosis – Monthly Case Consultation / Virtual	3.
11/13-16	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	4.
12/15-18	Evolution of Psychotherapy Conference, 40th Anniversary Celebration: The Legends of Psychotherapy / Anaheim, CA and Virtual / Invited Faculty	5.

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2025 Anxiety and Depression Conference: <https://www.erickson-foundation.org/anxiety-depression-conference>
Intensive Training with Lilian Borges: <http://bit.ly/3Hnxnvv>
- 4) For Information contact: Julie Zeig drjulietanne@gmail.com; For information on virtual programs with Jeffrey Zeig including virtual courses with Spanish translation visit: www.jeffzeig.com
- 5) For information: www.EvolutionofPsychotherapy.com

Note: Due to continued global health situations some of the dates, venues and format for the following conferences may change. Please contact each organization directly 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

erickson-foundation.org. A \$25 fee per Upcoming Training listing is required. Deadline for the December 2025 issue (early December distribution) is October 17, 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 *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

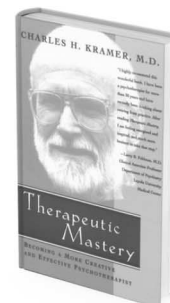
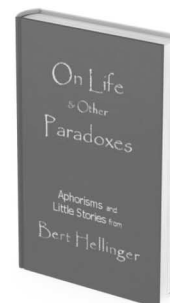
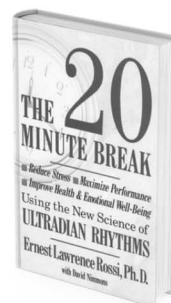
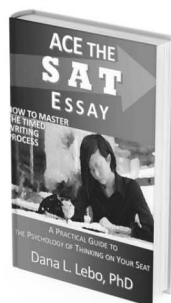
The Society for Clinical and Experimental Hypnosis (SCEH) is holding the 76th Annual Workshops and Scientific Program, *The Future of Healing: Hypnosis in Multidisciplinary Care*, October 8-12, 2025. The conference includes Introductory, Intermediate, and Advanced Workshops in clinical hypnosis. The Scientific Program will highlight the integration of hypnosis into collaborative healthcare settings. It will be held live online and will include introductory, intermediate, and advanced workshops. The Scientific Program includes keynotes, research presentations, symposia, and a poster session. For complete information visit: <https://www.sceh.us/2025-annual-conference-info>

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 Loredio, 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.



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COMMENTS*continued from page 2*

been impacted by going home again.

Complementing my winter 2024 issue interview with Harville Hendrix and Helen LaKelly Hunt, in this issue I review their most recent and timely book, *How to Talk with Anyone about Anything: The Practice of Safe Conversations*. In the book, these authors present a format of listening that is more than just active listening. It is active engagement that can open relationships without the need to agree or disagree with the content of the conversation.

I am delighted that in this issue we are introducing the first of a two-part series for *From the Erickson Archives*. Many years ago, the newsletter had a column written by Marilia Baker called *The Power of Two*. Marilia featured couples who worked together to produce powerful outcomes. In this issue, we are presenting two people who have been the pivotal impetus for so many of us: Milton and Elizabeth Erickson. For many years, Dr. Erickson used his wife Elizabeth as his demonstration subject for both professional teaching and as a facilitator for inducing trance in patients. The early films of them together are pure artistry. In this issue, Elizabeth describes her style and experience in developing and using trance. I can almost hear her voice. It is a treat. (In our fall 2025 issue, we will publish the rest of the Calgary transcript which will include Dr. Erickson.)

The beauty of curiosity is that it often leads us to pivotal opportunities in the form of people or situations that direct us from the path we were traveling on and leading us to new directions. My experience of the *Evolution of Psychotherapy* conferences has been one of those opportunities. I have yet to leave any one of the Evolution conferences with the same trajectory that I had when I arrived. Sometimes it is caused by a new perspective or a single phrase that changes an old meaning into a different world. Nothing can replace being there in person, feeling the connection. Please say "hi" to me at the December Evolution Conference. I will be the one in the frog hat. (It is a long story. Ask me about it.)

Rick Landis, Orange, CA

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