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THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

VOL. 45, NO. 3

DECEMBER 2025

INTERVIEW

Lynn Lyons

Interviewed by Joan Neehall

Joan Neehall: Welcome Lynn! In case our readers don't know you, let me introduce you. You are a mother, wife, author, international speaker, gifted trainer, and talented psychotherapist. You are also a licensed social worker in practice for more than 35 years. You specialize in the treatment of anxiety disorders in children and adults, and you have been the featured expert in the documentary, *Anxious Nation*, about the anxiety epidemic in young people. Your fourth book, *The Anxiety Audit*, was released in 2022, and your podcast, *Flusterclux*, is about to complete its fifth year. Your interest in breaking the intergenerational cycle of worry in families has led you to coauthor two books with Reid Wilson: *Anxious Kids*, *Anxious Parents* (2013) and *Playing with Anxiety* (2014).

And now let's turn the lens on you, Lynn Lyons.

Have you noticed that anxiety is on the rise?

Lynn Lyons: I think it's been more like the New England Patriots in that it got to the top a few years ago and has stayed there.

JN: Why is that?

LL: Well, we live in an anxious world. I work with a lot of families, particularly with parents between 35 and 50, and one of the things that has shown up in the last three years that I have not seen in all my 35 years of doing this, is that parents are very worried about their kids' emotions and mental health. And that impacts the family's ability to make room for emotions and to know what is normal. Parents are restricting their kids in ways that are unprecedented.

JN: So, anxiety becomes a family issue?



Lynn Lyons

LL: Most things are family issues.

I just met with a couple earlier today who have an 8-year-old daughter and the mom is feeling guilty that she gave her daughter anxiety.

Look, parents give their kids things. There's just no way around it. That's the way it works. We're human beings; we're social creatures. Your children have your genes and you're raising them. Parents can't raise a child and think that the child will be separate from all the stuff that parents bring into the relationship.

When parents say to their kids, "Do your best," what does that mean? That is one of my least favorite phrases.

JN: It's interesting because a lot of parents use those very words.

LL: Oh, yes. And, for some kids, it doesn't really matter. For example, you may have a child who is easy-going and their school project is a mess, and you say, "Is that the best you can do?" The laid-back kid might respond without much affect,

"Yeah." But then you may have a child who tends to be rigid or perfectionistic, and they are worried about doing everything "right." When you say to that kid, "Is that your best?", the response may be: "No. I guess I could do more. But I don't know what my best is, and I don't know if I am really done with this project."

And it starts that cycle of the kid trying to keep going and going. It's important for kids to know when they can say, "Yeah, that's good enough."

JN: You mean like Goldilocks and the Three Bears?

LL: Yes, very much like Goldilocks and the Three Bears. "Just right" was an internal sensation, not an outside-imposed nebulous goal. So, what if you say, "Do your best" and you have a kid with OCD and everything needs to be just right? There are so many traps out there for parents to fall into, and it's hard to avoid them.

JN: That brings me to teens. Are we talking to them the right way about their mental health? What should we be doing in this area?

LL: Actually, teens embrace the idea of mental health. However, their definition of mental health is not always realistic. When they talk about mental health, it sounds as though they are saying that their mental health is being damaged every time they get upset, struggle or are stressed. Their idea of having good mental health is to never get upset or be emotionally uncomfortable. For example, they might say, "You're asking me to do this, but it is not good for my mental health." Or, "Writing this paper is not good for my mental health."

Having good mental health does not mean that you are going to feel

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EDITOR'S COMMENTS

One evening, in Dr. Erickson's kitchen, I mentioned to him the impact that Jay Haley's *Uncommon Therapy* had on me. I told Erickson that his intuitive ability that drove the interventions Haley described in the book seemed to come out of nowhere and it felt like magic to me.

He raised his head, stared at me, and said (to my clearest recollection), "Not magic, just a lot of hard work. And, you need to trust that your unconscious will tell you what you need to know. However, for that to happen, you must provide it with the right questions and continue feeding it different experiences. This works best with mistakes, as they are great teachers."

He went on to emphasize that besides finding the right questions to ask the unconscious mind, one must spend a lifetime feeding it meaningful experiences. That is the never-ending hard work of harnessing intuition, which can delightfully surprise.

I will never forget Erickson's words. And that wisdom is the core of this issue's theme.

We start with our *Featured Interview* of Lynn Lyons, a presenter at this December's Evolution of Psychotherapy Conference in Anaheim, California. Lyons, who was interviewed by Joan Neehall is a wonderful example of how families can be guided with the power of the right question. With humor that provides clarity, Lyons teaches how the wrong question can feed the unconscious with damaging assumptions, while the right question can provide true confidence when facing an anxious situation. Brilliant.

John Lentz's, *In the Spirit of Therapy* column, features an interview with Desirae Ysasi, director of training and certification at the Relational Life Institute. Ysasi will also be a presenter at the Evolution Conference. Ysasi's three domain model smoothly and organically integrates direct connection with the element of the unconscious mind, respectfully negotiating new information and evolving questions the unconscious had been previously working on. Ysasi's understanding and utilization of spiritual concepts feels natural and freeing.

Antonia Madrid presents "Bonding Therapy" for Eric Greenleaf's column, *Case Reports*. Madrid's interventions assume, as Greenleaf quotes, "Your unconscious mind knows more than you do." With this basic assumption, Madrid presents three fundamental steps that can heal early bonding issues between a mother and child. As Greenleaf points out, "Beautiful, direct, loving hypnotic work."

In our *Theoretical Frameworks* column, Rubin Battino adapts the Andreas' Fast Allergy Cure (FAC) to two very different clients with two very different presenting problems. Battino demonstrates his hypnotic gift for story telling in surprising and profound ways. Without giving the plot away, let me just say (for those old enough to remember the TV cartoon, Rocky and Bullwinkle),

that the "Wayback Machine" is alive and well and in Battino's capable hands.

Our two book reviews reflect our theme of creating the right questions and utilizing our intuition. Our first book review by Bette Freedson is of Rick Miller's, *Opening Up: A Communication Workbook for Male Couples*. Freedson points out how Miller "...knows how to inform, lead and inspire...with sensitivity, understanding, and practical tips for coping and communicating..." Miller's questions open up our unconscious assumptions that inform and re-inform the unconscious. The book is a multi-leveled toolbox. (Incidentally, Rick Miller will also be a presenter at the Evolution Conference.)

John Lentz reviews Bette Freedson's amazing book, *PassageWays: Everyday Adventures in the Paranormal*. It is a study in the faith of not needing to know how you know what you may have not known that you already knew. (Say that three times fast and try to stay out of trance.) It is the ultimate belief in Erickson's admonition to trust the unconscious, especially when you feed it the right questions.

Continuing to move Erickson's teachings forward, the faculty of the 2026 *Intensive Training in Ericksonian Approaches to Hypnosis and Psychotherapy* present which aspect of Erickson's legacy each will be teaching this season. Each faculty's description is a reflection of their personal connection to that legacy. An intimate way to learn more about the faculty.

And straight from Erickson, *Unearthed from the Erickson Archives* presents a personal connection with Milton Erickson that demonstrates his generosity and compassion.

Rick Landis, Orange, CA



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INTENSIVE TRAINING PROGRAM - NEW IN 2026

Faculty Reflections: Teaching the Legacy of Milton Erickson

As we prepare for the 2026 Intensive Training in Ericksonian Approaches to Hypnosis and Psychotherapy, we asked our faculty to reflect on a simple, meaningful question: What aspects of Milton Erickson's work do you emphasize most when teaching his techniques?

LILIAN BORGES, MA, LPC

"Being Ericksonian begins with who we are as people. I emphasize being hypnotic rather than simply using hypnosis as a technique. Hypnosis is a strategic form of communication, using tone, timing, and meaning to create change and rebuild healthier structures. I pay close attention to the relationship between therapist and client and to the implicit communication that occurs. Utilization happens when I deeply accept and join the person in their world, using attunement and emotional connection as instruments of change."

CONSUELO CASULA, Dipl Psych

"In my teaching, I emphasize the pragmatic, systemic, and strategic aspects of Erickson's work...his ability to see each person's uniqueness while understanding the family and social systems that shape them. I also highlight his naturalistic view of change, inspired by nature's cycles of transformation and individuality. Erickson's trust in the unconscious as a source of hidden resources and his refined use of language, tone, and metaphor remain guiding principles in my practice and teaching."

SHAWN CRISWELL, PhD, LPC

"The greatest gift that Milton Erickson brought to the field was his combina-

tion of deeply informed pragmatism and creative utilization. Clinicians who understand, in detail, as Erickson did, what is necessary for a client to achieve their goal, are in a better position to help. Clients are more likely to respond to help when the clinician provides memorable, compelling learning experiences that utilize client motivations, preferences, and resources. In my teaching I emphasize building clinical skills in these areas."

ROXANNA ERICKSON-KLEIN, RN, PhD, LPC, LCDC

"I emphasize studying Erickson's primary works while developing one's own authentic style and voice. My approach is strength-based and forward-looking, grounded in self-appreciation and experiential learning. I encourage openness to uncertainty and the continual evolution that comes with practice. Recognizing the many expressions of hypnotic trance, I help students find a style that is both comfortable and expanding. I value collaboration, respectful dialogue, and the shared joy of learning from one another."

BETTE FREEDSON, LCSW, LICSW, CGP

"In my teaching, I highlight Milton Erickson's concept and technique of utilization. I emphasize that utilization sets a frame for other core aspects of Dr. Erickson's work, such as tailoring, wording precision, being strategic, and utilizing experiential approaches for the elicitation of dormant and latent realizations."

STEPHEN GILLIGAN, PhD

"I emphasize the core Erickson idea that trance is naturalistic, such that the *creative unconscious* is always active; the task of the Ericksonian therapist is not to "put the client into trance," but rather to respectfully join with their unconscious patterns and open a healing trance from the "inside out." I next emphasize how the relationship between the conscious mind and the creative unconscious determines whether the trance is constructive or destructive. And finally, I empha-

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Consuelo Casula



Robert Staffin



Roxanna Erickson



Michael Yapko



Dana Lebo



Lilian Borges

INTENSIVE TRAINING

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size the *therapist/client relationship* is the main vehicle for transforming *negative trances* (e.g., symptoms) into *positive trances* (solutions and resources)."

TOBI GOLDFUS, LCSW-C, BCD

"When I teach, I encourage participants to use intuition, warmth, and curiosity to connect deeply with their clients. Being exquisitely attuned allows the hypnotic relationship to develop with reciprocity, spontaneity, and flow. I emphasize tailoring and utilization to each client's worldview and personality, as Erickson did so naturally. Using indirect language, tone, movement, and metaphor help therapists become creative, improvisational, and authentic. When we are attuned, even humor can become a powerful tool for transformation."

DANA LEBO, PhD

"I emphasize conversational hypnosis, which reflects Erickson's natural, gentle, and permissive way of inviting the subconscious to participate. I also draw heavily on metaphor and storytelling, skills I've deepened through studying Erickson's work and attending Jeff Zeig's master classes. Through our Hypnotic Idea Exchange, I share a 'Metaphor of the Month' with participants worldwide. I also value utilization—embedding clients' passions, stories, and language into trancework so that their own experiences become metaphors for change."

RICK MILLER, LICSW

"When I teach Ericksonian work I emphasize utilization and how to use intuition as part of this process. I also emphasize using covert communication in trance."

DAN SHORT, PhD

"When teaching Erickson's methods, I emphasize strategic understanding over technique. Erickson's genius lay in recognizing and utilizing patterns of implicit

thought and unconscious behavior to foster autonomy, hope, and self-discovery. At the heart of his work there was a deep respect for individuality. Every suggestion or metaphor was designed to awaken personal agency and restore responsibility to the client. Teaching his approach means cultivating creative adaptation and the flexibility to engage uncertainty with humility and confidence."

ROBERT STAFFLIN, PsyD, ABPH

"It has been my experience, first as a student interested in learning hypnosis and subsequently as a clinician who teaches hypnosis, that people want to learn how to induce or elicit a trance. Erickson, Rossi, and Rossi's (1976) description of the "microdynamics of trance induction" have been the mainstay of how I understand and teach hypnotic elicitations. As a quick preview, the microdynamics are:

- Fixate attention
- Depotentiate conscious sets
- Cultivate an unconscious search
- Facilitate unconscious associations
- Manifestation of hypnotic responsiveness"

MICHAEL YAPKO, PhD

"Erickson's legendary creativity in applying a tailored approach to hypnosis, highlighting the malleability of subjective experience, is an exceptional contribution. His approach emphasizes a positive view of people as having more innate capabilities than they may realize, and he took on the responsibility of structuring sessions to help connect people to their resources, empowering them in the process. These are points I amplify in teaching Ericksonian approaches."

Our 2026 Intensives aim is to keep Erickson's work in motion. Through practice, dialogue, and direct experience, his ideas stay relevant, renewed, and shaped by those who continue to explore them.



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Shawn Criswell



Dan Short



Tobi Goldfus



Rick Miller



Bette Freedson



Stephen Gilligan

IN THE SPIRIT OF THERAPY

Interview with Desirae Ysasi

Interview by Dr. John D. Lentz, Shepherdsville, KY

Desirae Ysasi, LPC-S is a licensed professional counselor and board-approved supervisor based in San Antonio, TX, with nearly two decades of clinical experience. She is the founder and director of a thriving group practice, and she specializes in relationship counseling, offering services both virtually and in person. Ysasi's clinical work is devoted exclusively to supporting people in relationships, whether through ongoing weekly sessions, two-day Couples Intensives, or immersive week-end workshops. A certified relational life therapist since 2018, she now serves as the director of training & certification at the Relational Life Institute. At the institute she oversees the global certification program, trains clinicians, and coaches worldwide in Terry Real's Relational Life Therapy (RLT) model. In addition, she provides private training, supervision, and consultation for professionals, deepening their practice in RLT. Ysasi's leadership and teaching are marked by clarity, compassion, and a commitment to bringing relational healing to individuals, couples, and communities.

John Lentz: One of the things that jumps out at me is that you have different approaches to working with couples. You work with concepts such as redemption, connection, joyfulness, authenticity, and empowerment. For me, those all speak to a spiritual connection. Is that also your perspective?

Desirae Ysasi: Absolutely. In practicing Relational Life Therapy, one of the core things we teach to clinicians is to have a detachment from the outcome. What that means from the clinician's perspective is we're not trying to force an agenda on anyone. I'm not trying to make you into a certain type of husband or a certain type of wife. I offer what I can, I share what I know, I keep your goals in mind, and then I let go of the rest. To truly have a detachment from outcome is spiritual practice; it's surrendering to something bigger than myself, which is often the couple in front of me and their free will. It can be a surrendering to a benevolent presence that is larger than us, that is also a big part of what goes into the work of relationality. Detachment from outcome invites that spiritual piece into the room. We teach that to our clinicians in their work with the clients and when I work with clients, I teach that to them as well.

When you are doing this work, truly trying to be a more relational partner, it's not about controlling an outcome. It's not about making your partner see something or do something or get something. And so, they need to practice that surrendering as well. Spirituality is connected to that surrendering in an important, fundamental way.

JL: You're the first person I've interviewed who has talked about it in that way.

DY: Oh, really? What is that like for you to hear that?

JL: When I first heard you say it, my mind went blank for a moment and then I became aware that I 100 percent related with what you said. It was then that I realized, considering all the long list of people that I've interviewed, that no one has talked about it in quite those terms. It was an interesting experience.

As I understand what you said, you're doing several things at once: You're detached, and at the same time you're keeping in mind the client's individual goals and their common goals. You simply want them to have a meaningful experience.

DY: Yes.

JL: Sidney Rosen, an Ericksonian who wrote the book *My Voice Will Go with You*, talks about how doing three things at once can generate trance. And so, by you having the couples' goal in mind, conscious of maintaining the detachment and focusing on giving them an experience, you're in a positive trance with them.

DY: Interesting.

JL: From everything I know, that type of experience can be deeply spiritual.

DY: Yes. If I'm attached to anything, it is effort, it's work. And I do everything in my power, to show up in this relationship in a way that is respectful and thoughtful. But I keep in mind that it might not affect the outcome in the way that I had hoped. I think the moment we, as clinicians, get attached to an outcome, our clients will pick up on that. And no one likes to be controlled, even people who are seeking help. It's a dance of being connected but not transactional.

Through modeling and teaching, I am offering something else that I think has a spiritual component: I'm not pushing. I'm letting you be on your journey, on your own timeline. My implicit and explicit message is that it might not be today that you can do the thing you want. Because some days you're going to do all the relational things. You're going to make beautiful requests and you're going to speak from the eye, and you're going to have boundaries, and be very loving. And your partner is still going to blow up or ignore you or do what they want to do. So, if we're not practicing detachment from outcome, then the other person's inability to show up in the same way that you do can become something that you may try to force or chase.

This lack of detachment can become a justification for you to respond with, "Well then, forget it. I don't need to do this either. If you're not going to do it, then I'm not going to do it." And then the whole thing goes off the rails.

JL: Exactly. We can't attract squirrels by chasing them. We must be willing to be patient and not have an agenda.

Now after you deal with the nature of the presenting problem, how do you lead the couple into having a transformational experience?

DY: That is an excellent question because that is the core of RLT, which has three phases. The first phase we often call waking up the client. Through a thoughtful and intentional data gathering process, we try to nail down the dysfunctional pattern between the couple. And we are explicit about it. We're very much about making the implicit explicit; that's a big part of transformational change. So, we are honest, and caring, and compassionate, and we may say something like, "You know, this is what you're doing, partner A, to blow up your relationship. And then this is what you're doing, partner B, to blow up

the relationship right alongside your partner. This is what's happening and it's bad. And if you continue down this road, it's going to take a toll on the relationship." We try to wake couples up so that they can explicitly see their patterns.

The second phase is designed to help the couple understand that they came by old behavioral patterns and attitudes honestly; their thoughts and body feelings that drive them to behave and react today are actually natural adaptations to something they learned in their family system growing up. While it may have been helpful to them at one point in time, it is now outdated and has not been updated. No matter how good you are at using a buggy whip, it will not help you steer your car safely. Therefore, old adaptations will not work in today's system because they were designed for old systems that are now in the past.

Therefore, in the second phase, we help couples see that their patterns are no longer useful adaptations. Then we focus on getting them back into a collaborative relationship with their inner selves. To accomplish the collaborative relationship, we have a Parts Work component within RLT. The Parts Work process is where we teach clients to have an inner dialogue with the motivating, psychological, and emotional elements within each (Parts) that had the function of getting them to survive within their old family system (adapted), usually when they were a child. These Parts keep trying to get clients to use the old strategies in the current system. Unfortunately, the old solutions that the Parts impose within the client, forces the client to replay the dysfunctional patterns of the past. In the current system, the old solutions that the Parts are imposing are feeding the current problems.

We teach clients how to release the Part's old function and evolve into one that supports current perspectives rather than the child's old adaption that had to deal with survival needs and fears. In that way, clients are now able to put away the old

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Desirae Ysasi

SPIRIT OF THERAPY

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adaptations that do not work in the present.

The experience is as though the current self is now saying to the child who drove the old adaption, "I'm going to take care of you now. You can get behind me. And from this grounded, wise adult place, I'm going to show up and deal with whatever's going on in my relationship."

And finally, the third phase is where we teach our clients who are now in that integrated brain state of being their wise adult self, specific skills that will be more effective in the relationship. We don't teach skills until the third phase because we believe that just teaching skills is not enough. Because those old adaptations, those old patterns, when feeling threatened, are going to show up.

JL: Right.

DY: We also don't believe it's enough to release and heal old trauma, because couples still don't know what to replace the old adaptations with in their present situation. We don't believe they will just magically know what to do once they've gotten back into a right relationship.

The integration of the three phases is what makes it so transformative. In phase one, we're telling you explicitly: Here's what I see and here's what it's costing you. This must change. Then phase two, Parts Work, comes in. If you want to achieve the goals that you're telling me you want to achieve, then we must first deal with the relational wounding of the past that keeps showing up and wreaking havoc in the present through the old adaptations. And then in phase three: Now that your old reflexive adaptation no longer own you, we will teach you effective skills so that you can do it differently; so that you can do it in a truly healthy, authentic, vulnerable, and relational way.

JL: And you're doing this in a way that doesn't shame clients. Rather it invites them to use that experience to grow. That is brilliant because you're moving from

the defective approach and you're leading them to ways that can be healing without the shame.

DY: Absolutely. I love this model. In fact, what we tell our clients is to thank that part of them. In RLT, we call it the adaptive child. "Thank you adaptive child, brilliant little boy or little girl who figured out what needed to be done in that system when you were growing up in order to get through what you had to get through." And it's something to be compassionate toward and grateful. And yet if I continue to let that child predominate, with the limited options the child had back then, I'm going to have trouble today. And that trouble is not necessary since I have more options and have learned from my mistakes. I now have wisdom the child did not have back then. So, with compassion and with gratitude, we set firm, loving limits. "Thank you for doing that. Now I'm going to take it from here, and you get behind me and let me run the show."

John, you're right. With this process, there's no shame, there's no harshness. But there is an energy and an attitude of loving firmness that we want to have toward that part of ourselves.

JL: You're shifting from a trance that's in the past, to a trance that can be forward seeking and forward thinking, and one that is from a more positive perspective. I really like that.

DY: Absolutely.

JL: Desirae, I'm enthralled with your approach. Thank you for taking time out of your busy schedule to be here with me. I look forward to attending your presentations at the Evolution of Psychotherapy Conference in Anaheim, California this December.

DY: It was my pleasure.



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CASE REPORT

Bonding Therapy

By Antonio Madrid, PhD

Difficulties between a mother and her child can result from a bonding disruption that occurred at birth. Klaus and Kennell (1976) describe such disruptions when a baby is taken away from the mother right after birth, or when the mother is emotionally unavailable to her child because she is suffering from a tragic event in her own life, like the death of a parent, or because of serious marriage problems.

When a bonding disruption occurs, and the mother does not fall in love with her baby or “bond,” the effect on the child can take many forms: nervousness, inability to be soothed, anger with the mother, asthma, and other problems that cannot be resolved. Mothers have often reported that they do not have feelings for the child as expected or have the same feeling they have with their other children.

Bonding therapy can make a difference, and it is an easy three-step process.

- (1) Identify the Non-Bonding Event (NBE), which is usually easy to detect: a physical separation at birth or the mother’s emotional separation. There is often more than one NBE. You can find a list of NBEs at <https://mib-sonoma.weebly.com/mibs.html>.
- (2) Heal the NBE with hypnosis, by simply saying to the mother in hypnosis, “Now go inside and heal the discord that you were feeling at that time.”
- (3) In trance, invite the mother to create a new birth, without the interference of the NBE. Start with her discovery that she is pregnant and walk her through each trimester, then the birth. And then, the child stays with her as long as she wishes.

When she is done with these three steps, she will feel bonded with her child and the separation and troubles they have between them will be in the past.

Case 1

A 35-year-old mother whose aunt was in my USF hypnosis class told me, “The trouble I have with my 4-year-old son is a bonding problem.”

Her NBE was evident: Her husband left the family during her second trimester. She cried through the remainder of her pregnancy and never felt close to her son.

She was lightly hypnotized, ideomotor signals were set up, and she was asked to clear out all the grief from her husband’s departure. “Is there anything else?” I asked. “Yes, my mother’s displeasure with me for losing my husband.” She was able to clear out that grief with the simple suggestion, “Okay, then clear that. Is there anything else?” There wasn’t. I then guided her through a new pregnancy and birth, joyfully this time. It is important to note that even though she was no longer grieving, she still needed to be guided in hypnosis through a new birth.

The woman phoned four days later and said that she did not need another appointment. On her way home, she missed her son; and that was the first time she had ever missed him. When she arrived home, her son jumped off the couch where he was sitting with the babysitter, ran and jumped into her arms, repeatedly saying, “I love you, Mommy.” He had never done that before. And since then, he has been affectionate and she has felt enormous love for him.

Case 2

The mother of a 7-year-old asthmatic boy reported that her first son died of crib death a year before she conceived the second son. She was still grieving the death of her first child when she gave birth to her second son.

She was hypnotized, with ideomotor signals set up, and I asked: “Is there any grief left from your first son’s death?” The answer was that there wasn’t.

Then I asked her to experience a new birth, perfectly this time—just how she wanted. I brought her back to the time when she found out that she was pregnant, so that she could experience joy without grief or fear. At this point, she cried. I then brought her through each trimester, and she was able to be joyful. In trance, she went through an easy birth and took her son home when she was ready.

The client phoned three weeks later and said that right after that session, her son’s asthma disappeared. His doctor took him off all medications, and he was able to play without wheezing. In addition, the woman reported that she felt more love for her son than she had ever felt.

Conclusion

Trouble between a mother and her child can often be traced to bonding disruptions, which are caused by specific incidents: physical or maternal emotional separation during pregnancy or birth. When the cause of the disruption is healed in trance and a new birth is experienced, the connection between the mother and child can easily be repaired.

Commentary

By Eric Greenleaf, PhD

You ought to be able to recognize a psychological transfer from a hallucinatory thing to an experiential thing for the subject. — Milton H. Erickson, MD, seminar 1962

Dr. Madrid utilizes the dissociation inherent in symptoms to invite trance where clients can have emotions, such as the bonding and love experienced in normal birth. Ideomotor signals enhance that dissociative experience.

By saying to a mother in trance, “Now go inside and heal the discord that you were feeling at that time,” Madrid assumes that the mother, without further instruction, can accomplish this imaginary task. “Your unconscious mind knows more than you do.” Beautiful, direct, loving, hypnotic work.

References:

Klaus, M., & Kennell, J. (1976). *Maternal-infant Bonding*. St. Louis, M. V. Mosby

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INTERVIEW

continued from page 1

good all the time and that everything goes smoothly. Good mental health allows you to manage all the ups and downs of life, all the unexpected events, and the difficulties. Life is full of challenges. Schools often use words like *well-being* in the same way that teens use *mental health*. They might infer that everything at school always goes smoothly and the teen is supposed to feel emotionally safe all the time. And it is just not possible to pull that off.

And so, when we give kids the idea that having good mental health means that everything always goes smoothly and this is how things are *supposed* to be, we are setting them up because they will not be emotionally equipped to handle it when things don't go smoothly. And things not going smoothly is a regular occurrence on this planet.

JN: How do you communicate that to families?

LL: I work with a lot of anxious families. Parents are trying to come up with a plan for their child in school. The parent might say, "Our goal is to make sure that when our child goes to school, she feels safe and comfortable and supported, and we don't want her to feel any distress." I will often respond with something like, "If that's your goal, then here is what I advise: Let's put something in the plan that says your child can stop off at the nurse's office and have a bong hit before she goes to math class." And everyone laughs, but it's true, because the point that I'm trying to bring home is if you're trying to get an anxious child into school, the goal is not that they feel comfortable and safe and secure every moment, because that's not going to happen. Creating an environment for a child so that they feel comfortable all the time ultimately leads to a lot more problems. However, since the parents' emotional investment is in protecting their child, I cannot just say, "That's a bad idea. I have a better one." I need to disrupt their strangle hold on their solution with a pattern disruption and a reconnection to humor.

JN: I like that because it is not going to work to just say to the parents, "Let's just bubble wrap your kid."

LL: The message I want to offer is: "Can you embrace uncertainty, which is the lifeblood of anxiety, and can you tolerate it?"

One of the ways that we've gone wrong with kids is that we're teaching them that the goal is to get rid of all bad feelings. And so, when we put things in place, such as distraction techniques, that are designed to get rid of the bad feelings, what they are hearing from us is: "I have to get rid of this anxiety to be okay."

One of the things I tell teachers is: I don't want you to have a calming corner because you don't want the message to a child to be that they need to go to the calming corner by themselves to become calm. No, you want the child to be able to stay with you and feel uncomfortable and feel nervous and feel supported. They need to understand that they can stay with you and tolerate what is going on inside them. And they don't need to shy away from those feelings. You will not push them away. You are going to be right there with them. You are going to be a role model for them in tolerating not knowing something rather than saying they need to go to the calming corner to be calm.

I am known to be an anxiety specialist, but I don't talk about creating calm. I talk about tolerating not knowing; about being uncomfortable and managing it.

It's a very different message when we think about what we want our kids to hear. I love the idea of embracing a big problem versus running away from it. We need to dive right in. We need to bring it on. Let's go! I have a training slide that says, "Here's the new question: 'How do we make worry show up so that we can practice managing it?'"

The goal is to practice stepping into worry and anxiety so that we can normalize it. This is because anxiety's goal is to take things to an emergency level. And the more we step into worry and anxiety and normalize it, the less it is of an emergency. We want to get to the point where we can say to kids, "It's okay that you feel this way. It's okay that you're sad. It's okay that you're nervous. It's okay that you freaked

out."

We need to pay attention to the elimination language that is so pervasive today. I hear it all the time, and it just creates more problems, because perfectionistic traits will trigger more anxiety.

JN: What you're saying is that it's important to welcome and embrace anxiety.

LL: Yeah. When you start talking to kids about embracing discomfort, they get that. They learn by pushing themselves out of their comfort zone and taking reasonable risks.

One of the things we know about kids who are raised by anxious parents is that they perceive the world as a dangerous place, so they're always scanning for danger.

Overprotective parents have a hard time tolerating their child's distress or tolerating any risk. What happens when kids don't have an opportunity to step into uncertain situations, is that they don't learn to assess reasonable risk. We want young children to climb a tree and to get to a place where they can say, "Oh, this is too high." Or we want kids to be riding their bike and stop and recognize that the road is too busy to cross. If we never give kids opportunities to assess risk, if we never let them experiment, then they don't learn those skills, and their world becomes smaller and smaller.

It's hard because kids fall off their bikes and kids fall out of trees. Kids are going to learn that there's a balancing act and if you fall, you pick yourself up. It's not the end.

My son was riding his bike to school when he was very young. Rumor had it that he was eating a bagel at the same time. So, he had one hand on the bagel and the other on his handlebars. He hit a branch or something in the road and he crashed and scraped himself up. He was a mile from home with his buddies. One of his buddies said, "Oh well, we know Mrs. Whitaker lives over there. Let's go knock on her door. I bet she can help us because she's a mom." And so, the little gang of 10-year-olds took care of my son. They got him a Band-Aid, and he went on to school. No one called me. Of

course, I would have come had they called, but no one felt they needed me to rescue him. The idea that these kids had was to figure out how to manage this problem, and that it was something that they had to deal with—that's how they learn and grow.

And the more that parents step in to prevent experiences like this from happening, the more we're seeing kids unable to manage these kinds of problems and not taking opportunities to learn how to solve problems.

JN: That happened in my own life. My son did the same thing, but he was doing drops. He did fine until he broke his scapula, and then I was called.

LL: Right. When we become overprotective parents, it has a ripple effect on the child, because children want to please. There's a lot of research coming out right now looking at why kids are so worried and depressed. I think a lot of it has to do with if they've been given the message that they are capable of going out into the world and been given the opportunity. And the more that kids don't have that opportunity, the more time we spend tracking them on our phones, having to know where they are every minute, always in supervised activities. But this does not afford them the opportunity to figure things out on their own. And that's how kids learn. That's how the brain works. When we take away those experiences and opportunities, it's not good for kids.

JN: Okay Lynn, I have a question that just popped into my head. You have often been quoted as saying, "Don't do the disorder." So, we have these fearful, overprotective parents. They want to bubble wrap their kids, they want guarantees, and they don't want their kids to be shot at school. How do we take these parents and teach them to have fun, to introduce play at home with their children?

LL: I love that you asked that question. Yes, we want to do the opposite of the disorder. And playfulness is something we should be talking about with our families and with our parents. The goal with anx-

INTERVIEW continued on page 18



Photo of Squaw Peak, by: Alec Sills-Trausch, used with permission

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UNEARTHED FROM THE ERICKSON ARCHIVES

Milton Erickson's paper, "An Introduction to the Study and Application of Hypnosis for Pain Control," was first published in French in 1965 in *Cahiers D'Anesthesiologie*. It was later published in English in April 1967 in *College of General Practice of Canada Journal*.

Erickson presented the paper during the 1965 International Congress for Hypnosis and Psychosomatic Medicine, held in Paris, France, April 28-30. It was a landmark event organized under the patronage of the World Federation for Mental Health and hosted by French physician, Jean Lassner. The congress brought together international experts to discuss the role of hypnosis in psychosomatic medicine, focusing on its applications in psychotherapy, neurology, and behavioral science. The proceedings, later published by Springer, documented clinical research and theoretical debates on hypnosis as an altered state of consciousness versus a cognitive-behavioral phenomenon. The event played a crucial role in the professionalization of hypnosis, contributing to the formation of international networks such as the International Society of Hypnosis (ISH).

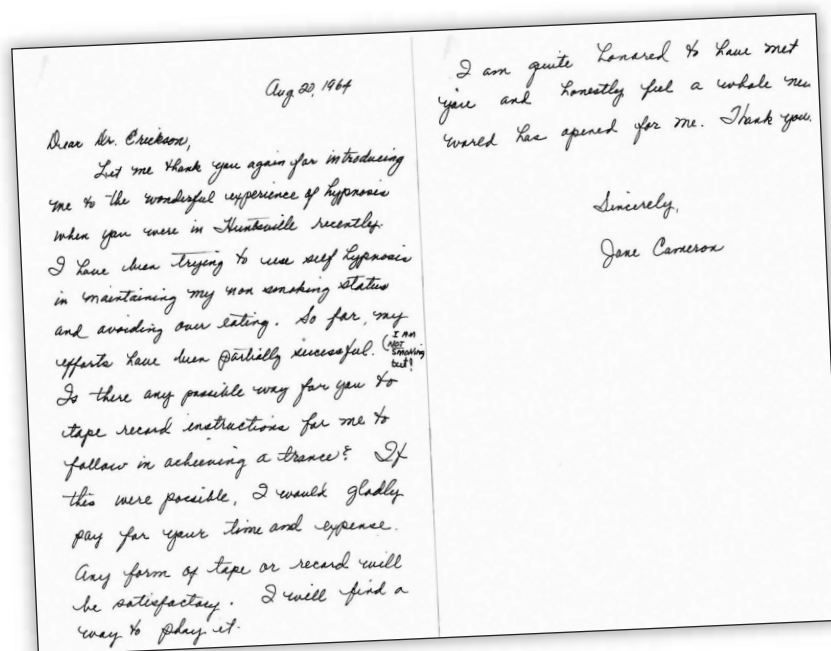
The following is the introduction for the paper. The rest of this lengthy paper can be read online at: <https://www.erickson-foundation.org/blog/erickson-pain-control>

INTRODUCTION

Hypnosis is essentially a communication of ideas and understandings to a patient in such a fashion that he will be most receptive to the presented ideas and thereby motivated to explore his own body potentials for the control of his psychological and physiological responses and behavior. The average person is unaware of the extent of his capacities of accomplishment which have been learned through the experiential conditionings of this body behavior through his life experiences. To the average person in his thinking, pain is an immediate subjective experience, all-encompassing of his attention, distressing, and to the best of his belief and understanding, an experience uncontrollable by the person himself. Yet as a result of experiential events of his past life, there has been built up within his body, although all unrecognized, certain psychological, physiological, and neurological learnings, associations, and conditionings that render it possible for pain to be controlled and even abolished. One need only to think of extremely crucial situations of tension and anxiety to realize that the severest pain vanishes when the focusing of the sufferer's awareness is compelled by other stimuli of a more immediate, intense, or life-threatening nature. From common experience, one can think of a mother suffering extremely severe pain and all-absorbed in her pain experience. Yet she forgets it without effort or intention when she sees her infant dangerously threatened or seriously hurt. One can think of men in combat seriously wounded, but who do not discover their injury until later. There are numerous such comparable examples common in medical experience. Such abolition of pain occurs in daily life in situations where pain is taken out of awareness by more compelling stimuli of another character. The simplest example of all is the toothache forgotten on the

way to the dentist's office, or the headache lost in the suspenseful drama portrayed at the cinema. By such experiences as these in the course of a lifetime, be they major or minor, the body learns a wealth of unconscious psychological, emotional, neurological and physiological associations and conditionings. These unconscious learnings repeatedly reinforced by additional life experiences constitute the source of the potentials that can be employed through hypnosis to control pain intentionally without resorting to drugs.

On July 24, 1964, Milton Erickson was in Huntsville, Alabama where he spoke at the Huntsville Journal Club's annual dinner and meeting. He also presented the next evening at the Mental Health Association of Madison County. It is unclear as to which event Dr. Erickson met Jane Cameron, but as she says in her letter to him, "[I] honestly feel a whole new world has opened for me."



August 27, 1964

Mrs. Jane Cameron

Dear Jane:

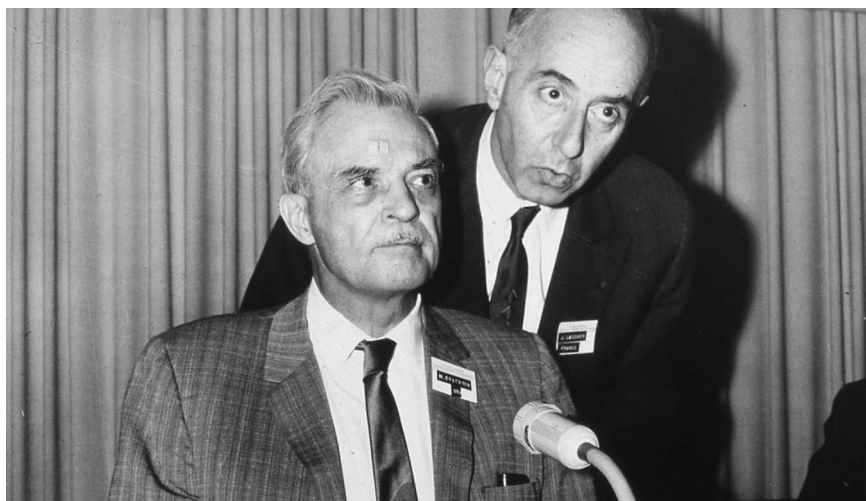
Many, many thanks for your letter. In regard to your request, I would like to meet it in a way that is much more effective and much more simple. It is a way I have used many times for others. It is this:

You have written me a letter, a letter containing a request. When you wrote it there were many thoughts and wishes and hopes in your mind. As you read these words those same thoughts may flood back into your mind, and along with them a tremendous number of the thoughts and feelings you had that night. You do not really know this, but perhaps you can sense a feeling of hypnosis coming gently over you as you read this sentence, a feeling that you can enjoy, a delightful refreshing of your resolves and a firmness of intention that is so comfortable and pleasing. And having experienced this you can arouse from the trance and again read this letter and know that each time you read it or even think about it when wanting hypnotic reinforcement, you can again develop a trance for just those few moments or minutes that you can comfortably spare.

Now that you have read this letter and are fully awake, read it again and enjoy another trance state, and thus achieve your desires.

Sincerely yours,

MILTON H. ERICKSON, M.D.



Milton Erickson and Jean Lassner

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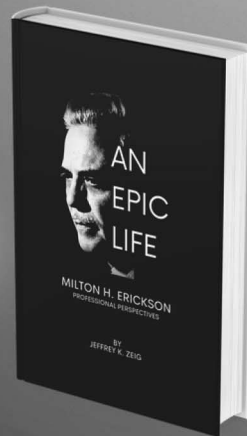
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Jeffrey Zeig



Advancing Psychotherapy

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

Jeffrey Zeig

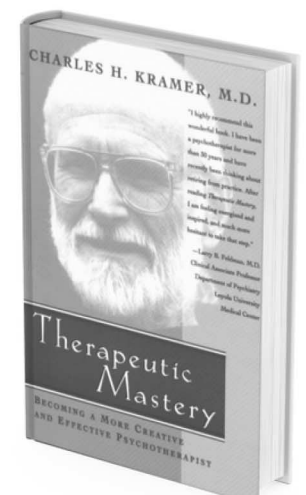
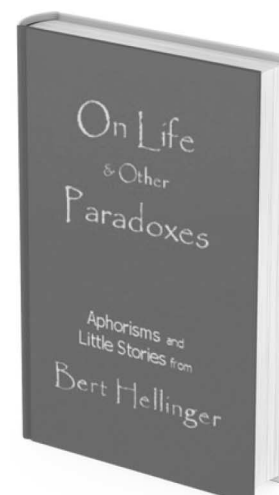
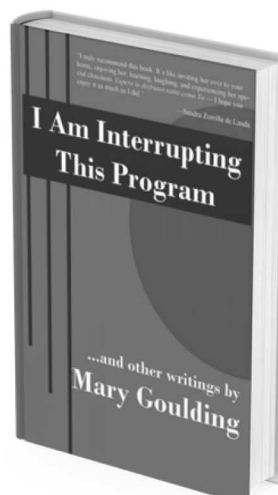
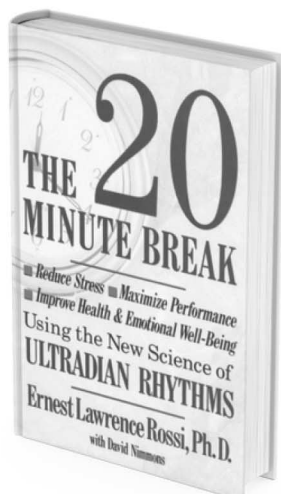
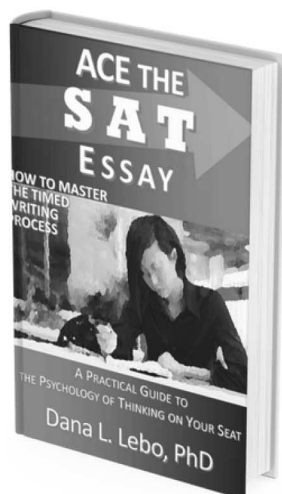
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FROM THE ERICKSON LIBRARY COLLECTION

Evolution of Hypnosis

By Marnie McGann

There are several books in the Erickson library collection that have interesting but outdated uses for hypnosis due to change in cultural and societal norms. Books published before 1900 understandably have more outdated concepts than those written in the 1950s. These books can serve as historical frameworks demonstrating how much hypnosis has evolved, rather than as models for clinical practice. The books reveal that legitimate medical and scientific efforts can unfortunately become intertwined with societal norms, leading to moral judgement and stigma rather than helping individuals accept themselves.

In the U.S., in the mid-20th century, it seems that hypnosis was suddenly everywhere—in books (some sensationalist), journals, and articles, and hypnosis was applied to cure everything from asthma, baldness, warts, and acne to “sexual disorders.”

In *Secrets of Hypnotism* by Dr. S. J. van Pelt (1958), Pelt writes that baldness in men is likely caused by males bottling up their emotions more than women in dealing with stressful jobs. He also says that “men use their brains more than women” and “no doubt increased brain activity drains blood from the scalp and starves the hair.” So, hypnosis was used to help men decompress and relax so that hair loss would diminish or cease altogether.

He goes on to say that because the frontal lobes of the brain are concerned with deeper psychological processes, men tend to bald there first. “The real go-getter type,” he writes, “seldom takes long to go bald all over.” He then muses that as more women are seeking careers, baldness may become common in women. “Will women eventually sacrifice curls for careers?” he writes.

There is no mention in this text about the genetic factors involved in male pattern baldness. Yet on the Mayo Clinic website there is no indication that stress or anxiety causes hair loss, although an extremely stressful emotional event can cause temporary hair loss. Mayo Clinic reports that hair loss “can be the result of heredity, hormonal changes, medical conditions or [as] a normal part of aging. Anyone can lose hair on their head, but it’s more common in men.”

The first sentence in Chapter Eighteen of this book is: “Hypnotherapy can cure homosexuals. It is probably the most effective treatment available to stem the rising tide of a vice...more prevalent than it was twenty years ago. Homosexuals are made, not born.” Pelt goes on to say that it is dangerous to suggest that there is no cure for homosexuality or there is no harm in its practice. The author maintains that homosexuality is neurosis, and he writes: “Broadly speaking, a homosexual is nothing more or less than a man with a foolish idea in his head—that he likes men instead of women. Hypnotherapy can change ideas” even in “hard-bitten old sinners” ... and that “hypnotherapy can save any young man who wishes from a life of shame.”

In the book, *Sex and Hypnosis* (1961) by L. T. Woodward, MD, hypnosis is used to cure a woman from frigidity, another from “compulsive promiscuity,” and a young man from homosexuality. In trance, Woodward takes his subjects back in memory to formative times in their life and the events that influenced them and shaped their “neurotic” desires and behaviors.

The frigid woman remembers a series of events that brought her to “an unshakeable conviction that men were evil, disgusting, loathsome creatures”. In trance, the compulsively promiscuous woman discovers the events that drive her behavior. Her deepest desires are incestuous. She desires to please her father and have him love her. And in trance the homosexual man who wants desperately to change his orientation discovers he is repulsed by women because he believes they are essentially castrated men, and he deeply fears castration when having sex with a woman.

Going back more than half a century, *The Use of Hypnosis in Psychopathia Sexualis* (1895), written by A. von Schrenck-Notzing, MD, translated from German, appears to be an extremely academic, scientific book, but many of the ideas the author puts forth would be considered absurd in modern psychology. Even its title suggests that what is now deemed normal behavior and sexual orientation was considered then to be *psychopathic*.

Albert von Schrenck-Notzing was a German physician deeply involved with sexology and hypnotism in the late 19th and early 20th century. His work marks a shift from sexual “deviance” being seen as a moral failure or criminal activity to being viewed as a medical or psychological problem. The author offers statistics that “onanism,” or simply masturbation can lead to insanity and being institutionalized. It “injures the character of someone,” he writes and “undermines physiological relations with the opposite sex”. With excessive masturbation, one can be vulnerable to spinal injuries and genital diseases and can lead to early impotence. Therefore, he used hypnosis or “therapeutic suggestion” to treat this “sexual disorder.”

There are numerous, detailed, vivid, and sometimes dramatic case reports in this text. There are many case studies of impotence offered and how “suggestive treatment” was used for “functional sexual weakness.”

In the case studies, various sexual abnormalities are presented along with the patient’s background, psychological state, and life history and how hypnosis was applied in treatment. For historians of psychiatry, sexology, and hypnosis, this book is rich in history and practices of that era. Even the legalities of sexual behavior are addressed; is the patient’s behavior criminal and can they be held accountable? And more importantly, are there legal responsibilities if the patient commits sexual acts while in trance?

The author gives examples of patients who improved, suppressing certain sexual desires, behaviors, and impulses. In these cases, the patient is most often highly hypnotizable. However, this book lacks the rigor of modern standards. There are no diagnostic tools used, no control groups, no double-blind experiments or statistical comparisons.

Schrenck-Notzing pushes beyond moral judgement and classification trying to treat the individual with cutting-edge psychological tools, primarily hypnosis. In that era, hypnosis was controversial, but the author rigorously applies it, and he also categorizes hypnotic states, which is forward movement in the history of therapeutic treatment.

The author does acknowledge that not all outcomes are permanent; there are relapses...that suggestion has its limits, and this lends credibility to the book. He is realistic about his patients, realizing that deeply rooted personality or biological factors may limit or prevent change.

In Chapter VII, the author describes in scientific detail the forms of sexual perversion. Of course, this includes homosexuality, and he also addresses sadism and masochism, and nymphomania.

The attitudes of that time toward gender, sexuality, and morality deeply entrenched in German and European culture cannot help but reveal themselves. The author maintains he is treating someone with a medical/psychological problem, but the “ailment” implies stigma and the power imbalance implicit in hypnotic suggestions, especially when helping someone to alter their sexual behavior, would be today wrought with trouble. There is the risk of abuse, coercion and trauma inflicted by the therapist.

These books are like timestamps in the history and evolution of hypnosis. They can be read with appreciation and awareness that our culture has significantly changed its attitudes toward sexual orientation and gender stereotypes. We can see these books as a reminder of how far we’ve come and that the practice of hypnosis is ever evolving.

Book Store Spotlight

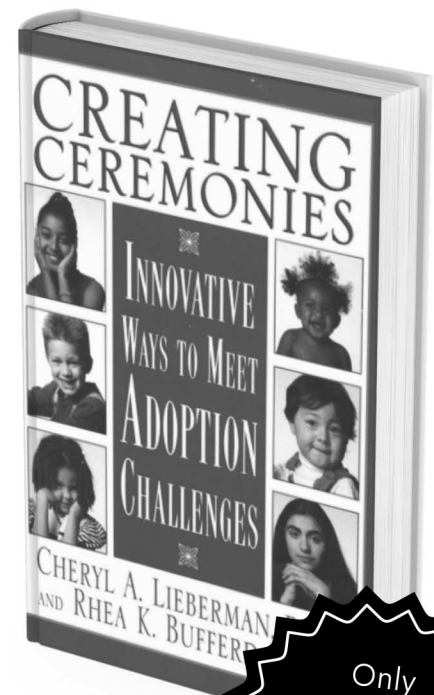
Adoptive families often face unique challenges without the shared traditions that guide other households. This book offers creative rituals designed to bring connection, healing, and belonging. Written by a single mother of two adopted children and a social worker specializing in adoption, it blends personal experience with professional expertise to provide families with meaningful tools.

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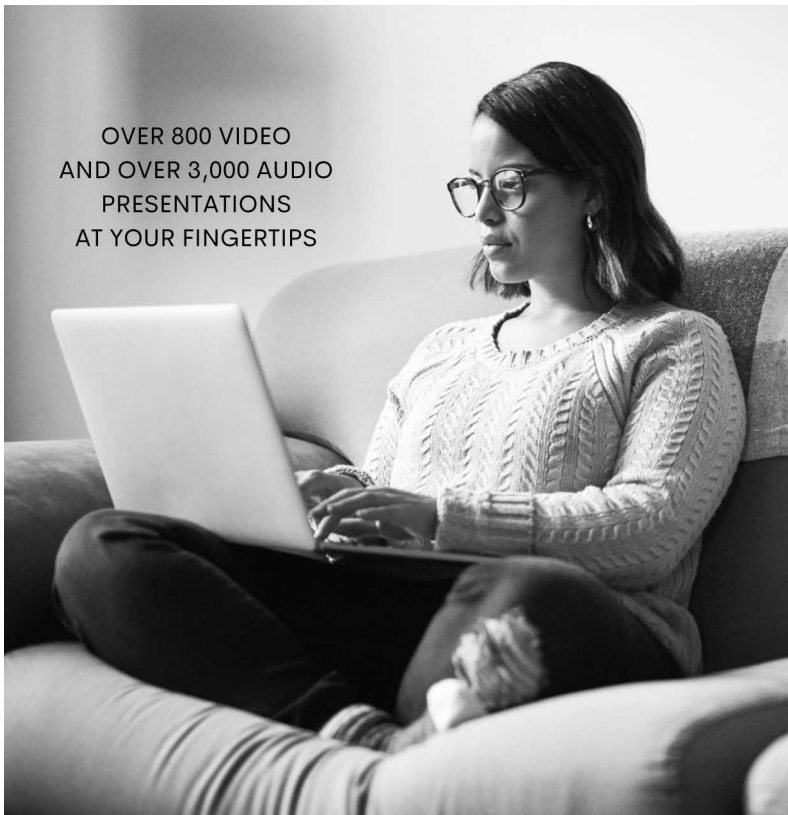
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THEORETICAL FRAMEWORKS

Reconnecting with Past Resources: Variations of the NLP Fast Allergy Cure

By Rubin Battino, MS

Introduction

For many years I have successfully used the Neurolinguistic Programming (NLP) approach called the “Fast Allergy Cure” (FAC) (Andreas & Andreas, 1989). Briefly, FAC involves having the client imagine a younger version of themselves, someone who does not have allergies. And that younger self can transfer their functioning immune system to their current self, thus replacing the dysfunctional immune system and negating any allergic responses.

In recent years I have used this approach for clients without allergies whose presenting complaints also had a prior identifiable starting point. In this article I will present two different cases with commentary.

Roger and Multiple Issues

Roger was referred to me by a colleague because Roger was interested in hypnosis. He was 32 years old and had a job as a technician. He wrote telling me that he wanted help with concerns he has had since he was 17 or 18: identifying if he has complex PTSD; his major depression diagnosis and possible help in finding a psychiatrist; family rejection (he has four siblings); and nicotine dependency.

Roger’s overly intellectual thinking and analyzation made it hard to converse with him. He reminded me of previous clients whose anxiety, sense of urgency and fears had them continually switching topics and ideas. (I later found out that the colleague who had referred Roger to me had stopped seeing him after five sessions.)

I decided that I needed to do something different and unusual with Roger (see Hoyt & Battino, 2022). He was interested in hypnosis. I explained that my working definition of a hypnotic trance state is that it occurs any time someone is so focused on something that the world around them disappears. I gave him examples of this and then asked him to get into a comfortable position. And that if he was okay doing so, to close his eyes. He did. The following is a constructed transcript of using the FAC format since he said that his difficulties did not start until he was 17 or 18.

Let’s start with you just paying attention to your breathing. Just notice each breath as it comes in and goes out. Just one breath at a time. One heartbeat. Occasionally a stray thought may wander through your mind. Notice it, thank it for being there, and just go back to this breath and the next one. Simply, easily, automatically. And, with each breath, your belly and chest will softly rise. Then, with each exhale, all those muscles relax...

Now, just imagine that somewhere in front of you there is a transparent barrier that goes floor to ceiling and wall to wall. On the other side of that barrier, perhaps somewhere near me, is Younger You, about 15 years old. I don’t know what he is doing now, yet you can see him perhaps reading or playing or listening to music or just being there. Younger You looks up from what he is doing and sees you on the other side of the transparent barrier. You look at each other. Then, interestingly, Younger You moves toward the transparent barrier which just disappears. He comes closer to you and reaches out and makes contact, perhaps holding your hands. And Younger You, younger Roger, does not have any of the difficulties that you now have in your life. He is just okay, is he not? Nothing to trouble him or bother him. And then, somehow, in some fascinating and interesting way, Younger You—
young Roger—easily transmits into you and you are simply freed from

the things that concern you today. It is like through this contact with you he is adjusting and changing and modifying every cell, organ, bone, and nerve in your body. Young Roger’s gift to you this afternoon is just being okay with yourself and who you are today. You may even be feeling little movements and changes within your mind and body. And then, to complete his gift and your transformations, he somehow transfuses into your body—slowly, then quickly, simply, and naturally. What a gift from Younger You!

This breath and the next one. This heartbeat and the next. And you know, Roger, that both your mind and your body will remember what has happened here this afternoon. You may wish to recall and re-experience this transformation and gift sometime in the future. Just find a quiet place, pay attention to your breathing and you will be able to recall all of this. And, within your mind now, you can thank younger Roger for this gift.

This breath and the next one. Just take a few minutes now for yourself and process what has happened here today. When you are ready, just blink your eyes, take a deep breath, stretch a bit, and come back to this room here and now.

Roger: “Thank You.”

Commentary: Please note several things in this approach. Perhaps the first is that for Roger, this approach is new and unexpected and very different from what he has experienced with other therapists. Note that I had only minimal knowledge of his history and difficulties as mentioned on his intake form or at the beginning of the session. For this approach, such historical information is rarely needed. The therapist saying “*somehow*,” in some fascinating and in-

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THEORETICAL FRAMEWORKS

teresting way” allows Roger to fill in the specifics (Battino & Hoyt, 2021). In a way, a hidden aspect of all of this is that I gave him *permission* to change.

How relaxed he was at the end, and him thanking me were positive indications that this unusual approach was exactly what he needed at that time. (Note: The session took about 70 minutes.)

Mary Alice and Her Back Problem

Mary Alice, a 67-year-old woman had a history of painful back instability due to a horse accident that occurred about 15 years prior. Scans showed no injury to her back. She and her doctors believed it might be a neural reflex, but hoped that if the reflex were quieted, that her back might stop “going out.” It seemed to me that the NLP Fast Allergy Cure model could be adapted to her condition. For this experience, Mary Alice chose paying attention to her breathing as her way to relax, and being at the beach as her “safe haven.” The following is a constructed transcript of a 65-minute session.

Let’s just start with you getting comfortable in that recliner and closing your eyes if you are comfortable doing so. [She did.] Just imagine now that you are in a comfortable beach chair at your favorite beach. There might be a light ocean breeze, and the sound of waves and birds. Enjoy being there while you pay attention to your breathing. Just one breath at a time. Slowly, easily, naturally. This breath and the next one, this heartbeat and the next one.

And now, you can see within your mind in front of you a kind of transparent shell or balloon and the Younger You, who is 50 years old, is there. Fifty-year-old-Younger You has no back problems at all. Her back is fine. Younger You looks up from what she is doing and sees you on the other side of the transparent barrier. She starts moving toward you and the transparent barrier simply disappears. Younger Mary Alice is now close enough to you and reaches out to hold your hands in hers. Then, something interesting happens: Through that contact, she is naturally transmitting into your mind and body her neurology and physiology, which work perfectly well. What you have there now is somehow replaced with your younger and healthier self’s neurology. There may be breaking of neuron connections and the forming of other ones from the gift of her healthy mind and body. You may even sense and feel these wonderful little changes in your mind and body. And then, something special happens: Somehow, Younger You just fuses into your brain and body, slowly and comfortably. Her healthy way of being is now an integral part of who you are.

Continuing to breathe easily and normally, just one breath at a time. Some remarkable changes have occurred within you. And, within your mind now, you thank Younger You for this gift. And at this time, take a few quiet minutes to go over what has happened here this afternoon, and to be at ease with yourself. When you are ready, please take a deep breath or two, blink your eyes, stretch and come back to this room here and now. [I waited until she did that and said, “Thank you.”]

Commentary: The session took about 65 minutes, and at the end Mary Alice was smiling and looking comfortable. She also thanked me. Apparently, this approach worked for her, and she commented that the back discomfort had disappeared. Before she left, she picked a smooth stone from my jar of stones to take with her to remember what occurred at this session. (Giving a gift of a small, smooth stone at the end of a session is standard for me. Roger also got one.)

This transcript is an example of a way of affecting a physiological response with a variation of FAC. On follow-up, Mary Alice confirmed, “It helped a lot, and I think I need to repeat it. My back stayed in for about four months, a big improvement in stability.”

As of this writing, Mary Alice and I have a “booster session” scheduled to maintain the stability while the nerve reflex continues to revert to its greater stability.

Closing Commentary

The NLP Fast Allergy Cure (FAC) approach can be used for many issues clients may present. The content of the original NLP approach had to do with allergies which are a mistake of the immune system. (The immune system mistakenly identifies a harmless substance as a dangerous invader.) This article suggests that the FAC approach may also be used for other physiological and psychological situations. Details are given in this article for two different types of cases.

The Roger case illustrates how this approach can be used simultaneously for multiple issues. The approach involves going back to before those issues arose. An important aspect of the FAC approach in Roger’s case was that its unexpected, unusual, and surprising quality caused pattern disruption in his circular interactions and thus facilitated the trance state.

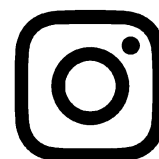
In Mary Alice’s case, we had a physical symptom related to an incident that happened 15 years prior and there were no objective clinical findings. Both the doctor and Mary Alice assumed it was a nerve reflex problem. The beauty of applying the FAC protocol to this presenting complaint of back instability is that it did not matter whether the cause was psychological or physiological or both. If it were psychological in origin, FAC has a good single-session track record. If it were due to nerve misfiring, which would take a while to raise the threshold on the reflex, we would expect a need for a follow-up or two after the initial session. And this is what occurred with Mary Alice.

To generalize, it is possible that any current trouble or issue that began at some point in the past can be rewritten by this approach. Current issues like depression, anxiety, panic, obsessive behavior, eating disorders, and habits like smoking and overeating have been successfully treated by the FAC protocol.

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BOOK REVIEWS

PassageWays: Everyday Adventures into the Paranormal

By Bette Freedson

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ISBN: 978-1-7360298-2-4

Reviewed by: Dr. John D. Lentz

Shepherdsville, KY

In *PassageWays*, author Bette Freedson maintains that we can develop insight and ability to understand and utilize the “paranormal.” And she does a wonderful job in blending her personal narrative with her professional exploration of how the “paranormal” works its way into everyday life. Her background as a therapist and educator for more than 30 years qualifies her as an authority, but her writing style is neither purely clinical nor fully “new age.” Instead, she bridges the two worlds where reason intersects with intuition. The result is a book that invites us to consider the interaction between psychology, spirituality, and mysticism.

Freedson normalizes terms like *clairvoyance* (clear seeing), *clairsentience* (clear feeling), and *clairaudience* (clear hearing) and treats these concepts like just parts of life. By demystifying these terms, readers may become more comfortable utilizing them, rather than seeing them as exotic powers. She maintains that we can develop even more “clairs,” including *clairgustance* (clear tasting), *claircognizance* (clear knowing), and *clairalience* (clear smelling).

From Freedson’s perspective, intuition is not an irrational impulse, but rather an essential human response, an integrative function of the mind and spirit. She believes that it is part of healing, and it reconnects us to the parts of life that in today’s world are dismissed or suppressed. Freedson does not reject empirical evidence or science, but she acknowledges their limitations. Dreams, sensations, images, and symbols, carry for her as much weight and wisdom as rational analysis and empirical evidence.

Freedson offers readers a glimpse into her journey by revealing things she knew, saw, sensed, and heard, that helped her to make decisions, and assist others, and helped her in relationships. By being open and honest about her experiences, her vulnerability offers us a perspective that is useful, understandable, and relatable. Her training as a clinician has only helped to further her psychic understanding. This is especially recognizable in her hypnosis training, where she has incorporated learnings from many different areas. Normalizing this type of awareness is one of the most powerful things that she offers. Not many authors can pull this off, but she does so beautifully by balancing her clinical insights with spiritual openness. And she encourages us to be curious, to explore, and to keep an open mind about what can heal and strengthen.

The book title itself, *PassageWays*, suggests forward movement, transformations, and crossing the lines between the seen and the unseen. Each chapter becomes a passageway to wholeness and the reflective exercises at the end of each, prompts readers to develop their own intuitive powers.

In this 130-page book, there are stories that illustrate and provide metaphoric meaning to the understanding of intuition guiding us to become more aware. Exercises are also included designed to assist us in becoming more intuitive. Freedson has done a good job with these exercises making this book more than just a memoir but also a practical workbook.

I enjoyed this book, and the experience of having the paranormal feel familiar. Freedson has created a delightful read that entertains, teaches, and evokes new thoughts, and insight. You may find yourself referring to it because it will likely alter thinking and offer new insight.

I have already recommended *PassageWays* to several colleagues.

Opening Up: A Communication Workbook for Male Couples

By Rick Miller, LICSW

Reviewed by Bette Freedson

In *Opening Up: A Communication Workbook for Male Couples*, Rick Miller embodies many voices—not just as a writer, but as a man, a gay man, and a husband to his husband, Oren, to whom the book is dedicated. His depth and breadth of guidance arise from his personal experience, education, and professional expertise. Whether in the therapy room or on the page, Miller knows how to inform, lead, and inspire. In his own words, he describes it best: “*Opening Up* is a practical and insightful workbook designed specifically for male couples who want to strengthen their bond through honest, effective communication.”

Miller’s voice in *Opening Up* is authentic and multidimensional. With easily understandable explanations of what gay men face—personally, socially, culturally, and from their individual upbringing—Miller offers the voice of a knowing brother and wise mentor. His assurance that men can become adept at facing intimacy issues, shame issues, and the range of problems arising from societal prejudice offers deep understanding and reassurance. With a knowing smile and a warm, friendly voice it’s as if Miller seems to say, “I know this not just from a therapy perspective, but also from the inside.”

And there is a lot more to be said about his most recent book. For example, as he tells his readers in the introduction: “Male couplehood comes without a training manual, and most of us grew up in heteronormative households.... The healthiest thing you can do for yourselves—both as individuals and as a couple—is to acknowledge and articulate these common challenges, as well as those unique to your relationship, and figure out how you want to deal with them.”

And this is exactly what the author intended in writing *Opening Up*. The focus is on helping male couples navigate relationships. With sensitivity, understanding, and practical tips for coping and communicating, Miller reassures his readers:

“Being a male couple can be tricky. There are so many issues that have to be talked about, understood, decided, and revisited—around acceptance by the community and family, life choices and styles, work-related pressures, and much more.”

Rick Miller is an extraordinary individual eminently qualified to be the author of a communication toolkit for gay couples. He is the right man for a time when *opening up* versus *closing down* is an essential challenge for the community for whom he writes. Intuitive and intelligent, Miller explores virtually all the dimensions of life and living that affect gay couples.

Opening Up is a book where readers can find wisdom on any page. Altogether, the tips, discussion points, and questions to share become a holistic guide for living well as an individual in a male couple relationship.

Miller’s presence and voice infuse every aspect of this book. By includ-

BOOK REVIEWS

ing QR codes for guided meditations in his own voice, his presence is fully dimensional. With these beautiful trance experiences, expert information, and articulate tips, he addresses topics such as individuality, resources, intimacy, sex, “friends and chosen family,” and much more.

In this way, Miller becomes the fellow traveler who has walked the path—providing guidance that is clear, accessible, and applicable to any pertinent situation. His insightful style prompts discussion points. For example: “What lessons am I grateful for learning—whether they be from joy or through pain?”

In essence, it is Rick Miller’s talent for showing up with authentic pres-

ence wherever he is, including in *Opening Up*, that serves as the inspirational energy beneath the information and guidance. With his special blend of wisdom and clarity, he gently and artfully moves readers toward deeper personal awareness and understanding, helping them to recognize both the inhibiting factors in gay relationships as well as the bonding possibilities inherent in expressing real emotions.

His articulate way of elucidating ideas with meaningful, realistic, and accessible information is what makes this one-of-a-kind workbook a must-read for gay men in couples, men considering relationships with other men, and maybe even for men in general.

ERICKSON HISTORIC RESIDENCE

Update on the Erickson Historic Residence

By Marnie McGann

Next time you are planning to be in Phoenix, be sure to book a tour of the Erickson Historic Residence where Milton Erickson lived and worked for the last 10 years of his life.

The tours are typically led by Robert Erickson, Milton Erickson’s youngest son. Robert is a retired history and English teacher, and his individualized tours are fascinating and memorable. The length of a typical tour is one hour, but Robert is so engaging that some visitors stay for three, even four hours. Robert accommodates visitors by working with their time schedule. There is no cost for a tour, but many visitors have made donations that we greatly appreciate since the historic home is now close to 75 years old and the upkeep to restore and revive this inspirational place is a challenge.

Several years ago, with the generosity of donors, we were able to transform the grassy lawns outside back to the original, natural desert landscape. Recently, a new roof was put on the guesthouse and a towering Ponderosa pine tree that stood for decades in the front yard was removed.

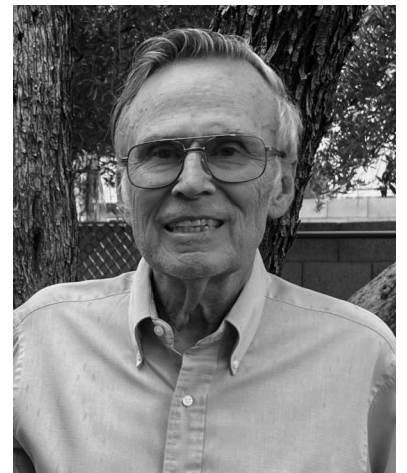
In 2010, the Erickson Foundation purchased Erickson’s Hayward Avenue home with the express purpose of preserving his legacy and offering visitors a unique experience. The main house and the guest house, where Erickson’s office is located, are “frozen in time,” mid-century time capsules. Display cases showcase precious items and memorabilia that Jeff Zeig and Erickson family members have loaned and donated. Myriad ironwood sculptures that

Erickson amassed in his personal collection can be seen throughout the museum, as well as family items, including serving dishes, the family China set, and much of the Erickson book collection.

In the mid-1970s, Erickson became known for his teaching seminars, held primarily in the guesthouse or “Little House.” Special students, including Jeff Zeig, often stayed there during their visit. Erickson’s simple, diminutive office in particular draws in visitors as it reflects his modest lifestyle and his interaction with patients. The office features Erickson’s desk, the much-talked-about green hypnosis chair, two bookcases built by Erickson’s son, Allan, filled with Erickson’s professional book collection, and items of interest including gifts from students or patients. Erickson’s scheduling book, booked up months in advance of when he died in 1980, remains open on his desk.

Visitors to the Erickson Historic Residence have described the tour as a lifelong dream come true. It is indeed a unique experience.

To book a tour to the Erickson Historic Residence, please visit: (<https://www.ericksonmuseum.org/>) or call the Erickson Foundation (602) 956-6196.



Robert Erickson

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INTERVIEW

continued from page 8

xiety is to promote a state of an emergency; with anxiety we take everything seriously. Parents are over-worried about their kids learning and being successful. However, research ironically shows that unstructured play helps executive functioning.

When a parent isn't naturally playful, when they're more serious, when they don't know how to relate to their kid, they may need help. The thing that intimidates parents is that they think they need to make a grand gesture. That they need to play with their kid for two hours or build a gingerbread house. But small moments of playfulness add up. And it's more an attitude than anything else. It's about putting music on and dancing; it's about novelty; it's about surprising your kids by saying, "Hey, you know what...usually on Thursday night we have pork chops and green beans for dinner but tonight we're having ice cream sundaes!"

Those little things that seem to come out of nowhere but occur on a

regular basis show your child that life can be interesting, life can be playful.

Today, this playfulness needs to be built in. In the old days when we were on a trip and no one had a phone, we would play music in the car and sing together or play a game where we would try to get truck drivers to honk at us.

When we are disconnected, when we are internally absorbed in looking at our screens and phones, absorbed in our thoughts and worries, we forget to connect and be playful. How do we help parents connect to their kids in a way that is playful and fun and silly? One of the things I ask parents to do is to make a list of 10 things that they did with their parents or grandparents when they were children—things that were fun. Parents sometimes need coaching and permission to not overthink this assignment.

JN: That is so important. We're missing a lot of that now. Woven throughout everything that you have

been saying are the concepts of connection and opportunity.

LL: Yes. When I'm in front of a group of parents or educators, I ask them to put up their hands if as kids they played with other kids in their neighborhood outside of their parent's supervision. Virtually everyone raises their hand. And I ask if they can remember a game from 20 years ago, 50 years ago, that they made up with their friends or siblings or the neighborhood kids. And almost everyone raises their hand.

It is so important for kids to have that freedom and creativity to help work out social behavior too. Then I'll ask how many can remember the name of the kid who was a pain in the neck, who wouldn't follow the rules, who called everyone a cheater, and used to quit when they didn't get their own way. Everyone remembers that kid too. These are all things that we learn from unstructured interactive play.

And the more anxious parents are, the more they restrict their chil-

dren from having those opportunities. If they would listen for a nanosecond, then we wouldn't be focusing on anxiety as being a good predictor of future depression, but we would realize that learning to play is a good predictor for kids' futures. Anxiety predicts depression because anxiety does not care if your child goes to birthday parties, if your child goes to swimming lessons, if your child gets a driver's license or a part-time job, if they go to school, or fall in love. Anxiety does not care. And so, the more that anxiety in its restrictive way shrinks your child's world and their connections, the more isolated they are going to become. And we know that isolation and loneliness are strong predictors of young people becoming depressed. So, we need to create a balance between embracing anxiety and promoting unstructured play.

JN: Lynn, thank you so much for your time and for your wisdom.

LL: You are so welcome Joan.

JN: It's been a pleasure.

Video Store Spotlight

In this moving demonstration from the 2008 Brief Therapy Conference, Stephen Gilligan guides a volunteer who longs to "feel at home" within herself but often feels scattered and disconnected. Through mindful awareness, intention, and gentle body movement, Gilligan creates a space where fear and fragmentation give way to calm presence and integration.

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UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2025		
12/15-18	Evolution of Psychotherapy Conference, 40th Anniversary Celebration: The Legends of Psychotherapy / Anaheim, CA and Virtual / Invited Faculty	1.
2026		
1/9-2/27	Intensive Training Program – Module 1: Hypnosis Basics / Virtual / Invited Faculty	2.
3/20-22	American Society of Clinical Hypnosis Annual Scientific Meeting and Workshops / Virtual / Invited Faculty	3.
3/6-4/24	Intensive Training Program – Module 2: Ericksonian Hypnosis / Virtual / Invited Faculty	2.
4/16-18	American Association of Marriage and Family Therapy (AAMFT) Leadership Symposium / Atlanta, GA / Invited Faculty	4.
5/1-2	California Association of Marriage and Family Therapy (CAMFT) Annual Conference / San Diego, CA / Invited Faculty	5.
5/1-6/26	Intensive Training Program – Module 3: Clinical Applications / Virtual / Invited Faculty	2.
7/10-8/28	Intensive Training Program – Module 4: Mastering Clinical Challenges / Virtual / Invited Faculty	2.
8/26-30	XVII European Society of Hypnosis Congress / Glasgow, SCOTLAND / Invited Faculty	6.

Contact Information:

- 1) For information: www.EvolutionofPsychotherapy.com
- 2) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org; Web, www.erickson-foundation.org
Intensive Training – See page 3 & 4 of this issue or visit: <https://www.erickson-foundation.org/intensive-training>
- 3) For information: ASCH www.asch.net
- 4) For information: AAMFT <https://networks.aamft.org/leadershipsymposium/home>
- 5) For information: CAMFT <https://www.camft.org/Education/Events/Annual-Conference-2026>
- 6) For information: ESH <https://esh-hypnosis.eu/xv-esh-congress/>
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. A \$25 fee per Upcoming Training listing is required. Deadline for the April 2026 issue (early April distribution) is February 20, 2026. 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 Evolution of Psychotherapy Conference 40th Anniversary Celebration, The Legends of Psychotherapy, will be held December 15-18, 2025 in Anaheim, Calif. 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. For the most updated information and to register visit www.EvolutionofPsychotherapy.com

2026 — The 49th Annual Psychotherapy Networker Symposium will be held March 19-22, 2026, at the Omni Shoreham Hotel in Washington, D.C., and also will be available online. The symposium includes over 80 faculty covering the latest advances in the field. Pre-registration is now open. For complete information visit <https://www.psychnetworker.org/> or email questions to symposium@psychnetworker.org

The American Counseling Association (ACA) Conference and Expo is scheduled for April 9-11, 2026 at the Greater Columbus Convention Center in Columbus, Ohio. The conference includes educational sessions, Learning Institutes, networking opportunities, and exhibits. Online registration is available along with complete conference information at www.counseling.org or email the ACA at professionaleducation@counseling.org

The American Psychological Association (APA) Convention will be held August 6-8, 2026 in Washington, D.C. and virtually. A Call for Proposals is currently open. More convention information will be available in coming weeks on the convention website. For information on submitting a proposal for the convention visit <https://convention.apa.org/>

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

Note: Please contact each organization directly for the most updated information.



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