THE MILTON H. ERICKSON FOUNDATION
NEWSLETTER

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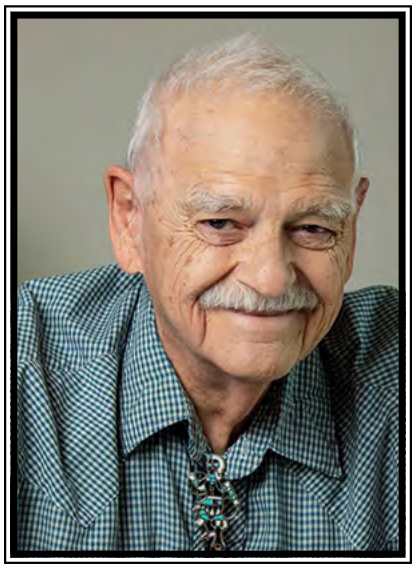
INTERVIEW

A Conversation with Rubin Battino

By John Lentz

While Rubin Battino, Ph.D., is known as a distinguished professor emeritus in the Wright State University Department of Chemistry, he is best known to the Ericksonian community as an international trainer, prolific author and clinical innovator. He is a licensed counselor, specializing in brief therapy, hypnosis and guided imagery.



Rubin Battino, Ph.D.

John Lentz: In 2005, Deborah Beckman interviewed you for this very same column. In that interview you discussed how you began your career in chemistry and how your early interest in psychology eventually drew you to Erickson's work. This led to you and Harriet Hollander developing the *Guidelines for Training in Ericksonian Hypnosis and Psychotherapy*. I encourage our readers to read that interview to see how you explored Erickson's work through the eye of a scientist. [Featured Interview: Vol 25, No 1, Pg 1.]

That was over 20 years ago. Where have your current interests led you?

Rubin Battino: For the last eight years or so, I've been concentrating on ways of eliciting solutions from my clients in single session therapy using hypnosis. So how can I do a single session? One of the most important parts of that is the idea of expectation, which I wrote a book about quite a while back [*Expectation: The Very Brief Therapy Book*, Crown House Publishing, 2006]. My clients know before they come to see me that my expectation is that I will be able to help them in one session. Since I work for myself, I never look at the clock, and so, my sessions are always open-ended. If it is my expectation that we will be able to do this in one session, that becomes their expectation too. I spend very little time going into history or getting details of background. My intake page is one sheet and basically says "What are your concerns?" and "How can I help you today?" By the way, I never use the word 'problem'. My clients have concerns, troubles or things that bother them. Problems are just too damn difficult to work with. This is one of the things I've learned by studying Milton Erickson's work, is the importance of language and the careful choice of language. I heard it said of Erickson that he was a master of the precise use of vague language. I think if you're trained in hypnosis, it makes us poets in a way because poets communicate by vague language imagery.

JL: It's really your fundamental belief in people that mirrors what Erickson did. Part of Erickson's genius was his absolute belief that somebody could overcome this difficulty, this bump in the road.

RB: Yes, and the other really important belief that he had was that, in some way, our clients already have the abilities and know what they need to do to get better. One of the major studies was following people who did or didn't follow up after making an appointment to see a therapist. They found that at least 50% of those who did not follow up were able to make changes on their own, which was the same percentage of those who did follow up and said that therapy worked.

JL: You have also mentioned that an inherent aspect that drives those changes is your belief in the person. Erickson sums up a source of difficulties that people have is their self-limiting beliefs. Your spoken and unspoken belief that the problem is that while people already have the resources, they're looking in the wrong place or they are not even looking at all.

RB: That's why I frequently describe that our main role as therapists is to serve as guides. And as such, we guide them down paths, and ideas, and suggestions, and images, and whatever to find their own solutions. My style is to do that directly.

JL: You are like a park ranger pointing out solutions to folks.

RB: Yes. Let's go back to the idea of expectation. Steve de Shazer and the Brief Therapy Family Center of Milwaukee did a beautiful piece of research where a client would come in and fill out a form that included identifying what difficulties they had. The receptionist would look at it and say to the new client, "From what you've written down here, it takes our staff about 10 sessions to help people." The next person came in, the receptionist would say, "From what you've written down here, it takes our staff about five sessions to help people." The staff didn't know what each client was told. Over a year later they went and looked at all their records and their staff's practice. Irrespective of what approach the therapist took with each client, they found that the clients who were told 10 sessions started doing significant work around the ninth session. The clients who were told five

INTERVIEW continued on page 6

Editor's Comments

In the 1970s, when clinicians asked to attend one of Dr. Erickson's seminars, he would request a written letter describing what they wanted to learn from their meeting with him. A frequent request was for him to teach what to do to fix someone who had some particular symptom. Instead, the stories he told during his seminars demonstrated that people present these symptoms not because they are broken and need to be fixed, but that they are just stuck and need help to be unstuck, AND that they have all of the internal resources that they need to move forward once unstuck. It is to these basic Ericksonian assumptions that we are dedicating this issue.

In our *Featured Interview*, we are celebrating the 95th birthday of Rubin Battino. He continues to be one of our most prolific contributors to the Newsletter and to the profession and a master of getting people unstuck. His books and articles have always been focused, practical and often provide surprising innovations and word-smithery that would make Dr. Erickson smile.

Our *Featured Interview* with Rubin Battino is an update on his original interview back in 2006 and covers his innovations and interests that evolved in the past 20 years. His interview is filled with his unique lens on healing and covers interesting ideas such as single-session therapy and even the clinical use of exorcisms. Much of the interview is a tease because each of his many topics could cover a separate column. Therefore, we have included links to his original articles that give more practical details on the *how* and *why* of each topic. Think of his interview as an annotated table of contents.

Battino's interest and publications dealing with single-session therapy have often been in collaboration with another major innovator and master unsticker, Michael F. Hoyt. As such, it seemed appropriate for John Lentz to also interview Hoyt for this issue's In *The Spirit of Therapy* column. Hoyt discusses how his highly human take on the nature of spirituality has been informed by his personal experiences way back when he was a predoctoral intern with Carl Whitaker. From then, his use and understanding of the place of spirituality in a therapeutic framework continued to evolve and become a natural part of his connections, and not just with clients. [For more on Michael Hoyt, please refer to *Contributor of Note* in V22, No.3, Pg 5]

As part of our *International Community* section in this issue, we are saying goodbye to an old friend of and central figure in the international Ericksonian community, Wilhelm Gerl, co-founder of the *Milton Erickson Society for Clinical Hypnosis*, *Germany* (M.E.G.). As Burkhard Peter describes Gerl, "Wilhelm was one of the earliest professionals to illuminate the uniqueness of Erickson's work. His initiation and ongoing involvement with the German M.E.G. was a substantial contribution to the legacy of Milton H. Erickson." Peter, a lifetime friend and colleague of Gerl, offers a very personal and poignant memorial. Please read it slowly.

Continuing the *International Community,* John Lentz interviews Marta Nowak-Kulpa. Her perspectives have a unique quality that is reflected in the way she provides therapeutic care to patients of The Oncologic and Reconstructive Surgery Clinic at the Institute of Oncology in Gliwice, Poland. [Please refer to her prior *Case Report* where she applied these perspectives in *The Two Dragons: Ericksonian Hypnotherapy in the World's First Life-Saving Face Transplant* in V43, No. 3, Pg 6]

Eric Greenleaf's *Case Report* column also features Marta Nowak-Kulpa, where she presents a wonderful multi-element, naturalistic utilization to help her own 11-year-old son when he cut his foot with an axe. Greenleaf's commentary of Nowak-Kulpa's intervention deftly unpacks how her experiences at The Oncologic and Reconstructive Surgery Clinic at the Institute of Oncology in Gliwice, Poland were applied to her own son.

Next, we are presenting reviews of three books that we feel belong on a clinician's "refer to often" bookshelf. Roxanna Erickson Klein does a deep and comprehensive review of Helen Adrienne's *When One and One Don't Make Three: A therapist's insight into the struggle with infertility*. Erickson Klein's observation that… "Paradoxically, though the writing style of irreverent humor appears lighthearted and lightweight, it is dense with practical advice. A deep dive into the pages brings forth the seriousness with which Adrienne has drawn together a multitude of resources that tell a tale of duress transformed into inner growth…" was enough for me to order the book.

Our second book, *The STOP Program for Women Who Abuse: Group Leader's Manual, Second Edition* by David B. Wexler was reviewed by Jenni Page. While it is designed for group leaders, Page describes the style and content of the manual in such a way that I could see how it could provide important pegs to hang its themes on also in individual therapy. In my *Editor's Comments* column, I have often talked about the importance of better questions. Page's review of Wexler's book provides just that with an Erickson undercurrent.

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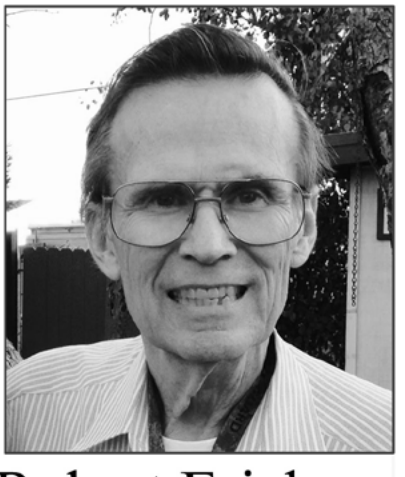


Most tours led by Erickson's youngest son: Robert Erickson

In The Spirit Of Therapy

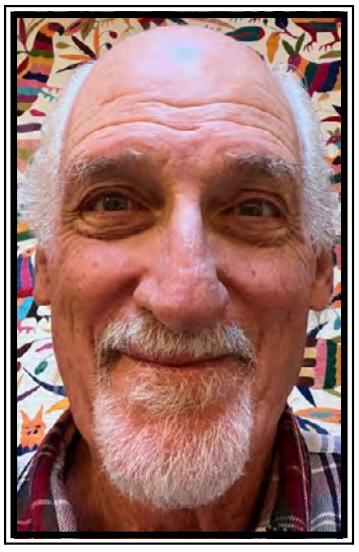
Interview with Michael F. Hoyt, PhD

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

Michael F. Hoyt, Ph.D. (Yale '76) is a psychologist based in Mill Valley, California. He was one of the originators of the Single Session Therapy approach and is the author/editor of numerous publications including Brief Therapy and Beyond, Brief Therapy Conversations, and Single Session Therapy: A Clinical Introduction to Principles and Practices. He has been named a Distinguished Continuing Education Speaker by both the APA and the International Association of Marriage and Family Counselors, a Contributor of Note by the Milton H. Erickson Foundation, and was awarded the APA Cummings Psyche Prize for lifetime contributions to the role of psychologists in organized healthcare.

John Lentz: I believe that your single-session therapy was and is deeply spiritual as it is intended to offer a change to people who are hurting. Your perspective to view their single-session attendance as a good thing is an act of kindness, therapeutic brilliance and using what you have available.

Michael Hoyt: I think that gets right at the question: What does *in the spirit* mean? So, I Googled *spirit* and got to *inspire,* having to do with breathing, what supports us, and invisible connections. Then I recalled that a few years ago, I read an interview with Jay Haley in which Jay was asked by the interviewer, "If you could teach students only one thing, what would you teach them?" I thought Jay would say something about family hierarchies or strategic techniques or something like that. And Jay said, "Love. I would teach them to love their clients. Once you love your client, everything else falls into place." When he said love, he did not mean romantic or erotic love. He meant the big love: kindness, hope, seeing the best in the person. In some countries they say *Namaste*: I salute the divine in you. I usually don't think religiously, but I like the idea of *in the spirit*, because when we use the vocabulary of *spirit* we're talking about hope, compassion, connection, love, the person's truth, growth—as opposed to the negative *DSM* vocabulary of pathology, diagnosis, using techniques on you because there's something wrong.



Michael F. Hoyt, PhD

JL: Yes!

MH: Back in 2013 I edited a book, *Therapist Stories of Inspiration, Passion, and Renewal: What's Love Got to Do with It?* in which the chapter authors each described how spirit —call it caring, compassion, or love — influences their work. Thinking more about it, I also recall that I did an interview with Michael White and Gene Combs, the narrative therapists. We got into talking about *spiritualities of the surface* and Michael noted that when you think about spirit, it's usually either ascendant, it's coming from God; or it's something coming from deep inside of you. We often overlook what's right there, present in front of us.

JL: Oh, wonderful. How does this connect to Single Session Therapy (SST)?

MH: My colleagues Moshe Talmon, Bob Rosenbaum, and I became interested in the possibility of SST in the late 1980s (which resulted in Moshe's 1990 groundbreaking book, *Single Session Therapy*). Many clients, if offered a choice, really want to come for one session, and get benefit. One underlying affirmative SST principle is that the time to hesitate is through; NOW (not the past, not the future) is the time to make a change. Focusing on what you can do right now, in the moment, is energizing and hopeful. Another principle is recognizing that the real power is in the client more than the therapist. I think that also has a spiritual basis, if you will, seeing the good in people, what can be brought forward rather than what needs to be gotten rid of or cured or fixed. There now have been dozens of SST studies, numerous books, and we're about to have our sixth international SST conference September 2027 in Exeter, England. To me, looking for what's good and appreciating the moment is what is spiritual.

JL: I love that. Of course, we can really only encounter the divine in the moment. As you know, our friend Rubin [Battino] has just written a book, *What Are You Willing to Change Today*?

MH: Yes. It's a good book. He got that title from Mary Goulding, with whom I was a student.

JL: I, too, was in a workshop with Mary Goulding when she said that line. The thing is, I didn't hear it in a way that was life-changing. You and Rubin did.

MH: Well, every word in the title is significant. It's a summary of single-session therapy, brief therapy and maybe "in the spirit" therapy:

What = specificity, target, focus
are = active verb, present tense
you = self as agent, personal functioning
willing = choice, responsibility, initiative
to change = alter or be different, not just "work on" or "explore"
today = now, in the moment
? = inquiry, open field, therapist inviting but not insistent.

When people need more than one session, and many people do, it doesn't mean it's a one-session failure or you weren't good enough. No, it just means it took more than one session. At the same time, I think a lot of long-term therapy may be just making the same mistakes over and over for months and years, rather than emphasizing *What do you want to change today?* What's the goal here? What's your role, what's under your power, what can you do now?

JL: It's also a difference between therapy and support.

MH: How so?

JL: Because some of what I do with people on a longer-term basis, I'm really being supportive to them. They're walking through difficult things and I'm just being supportive, but that's not therapy. That's being a support person. It's a whole different role. In terms of change, having the belief in the person that they can change today, that's an affirmation of that person and their ability.

MH: Yes, I think it is. Particularly with people who have been through a lot of bad stuff, abuse and violence and grief and miserable medical problems and all the kinds of things that can befall us, it's important to be reminded that they still have a choice right now of what to do–rather than just they're stuck with it.

JL: It occurs to me that when you're working with folks that have had really rough backgrounds and a lot of traumas, by offering them the option of making a change today, you're implying to them they are okay. It's an affirmation of that person and their ability. When we offer, "We can work with you over a long period of time" we're implying that they are really broken and that they have to have ongoing therapy for a long time. It's a whole different message.

MH: Yes. In SST and brief therapy, we are implying that they have the capacity, the ability, whether it's one session or more. But for many people, particularly those that have been very burdened for a long time, the idea that something could be different and it could start right now is a kind of miracle.

JL: It's more than a miracle question. It's a miracle offered in your belief in the moment.

MH: We're on time in brief therapy, we're right there, spot on, in the moment. The word *HEAL*, the word *WHOLE*, the word *HEALTH*, the word

In The Spirit Of Therapy

HALE, and the word *HOLY* all come from the same Old- or Middle-English words, *hole* and *hale*, which mean vigorous or healthy. When things heal and you're feeling hearty, it's a holy moment. It's more than just fixing a problem. It's becoming spiritually whole again.

JL: I think that was one of the more powerful things that Ernest Rossi did. When he was doing a session with you and you were right in front of him, you felt really seen by him. He would notice that twitch in your eye, and as the coloring changed in your face and your eyes [were] getting wide, he would notice all of it. It felt very affirming just to have someone notice and be with you that way, so that's really what you're saying.

MH: Yeah. Like Erickson used to advise: observe, observe, observe. The word *respect* is interesting. *Re* means "to do again," like to repeat. And *spect* means "to look," like spectacles and inspecting. So, when we really are showing respect, we're looking deeper, we're looking twice, taking time to really see the person rather than just the surface story or the problem or the complaint or even the symptom. It empowers the person. It helps them say, "Yeah, I've got this situation, but it doesn't completely have me. I'm going to make some decisions on how to handle it, and how to deal with it." In an effort to be scientific, however, I think we sometimes move so far away from the spirit part of it that we lose some of its heart, some of its soul. That's why it stayed with me so much when I heard Jay Haley say if he was going to teach students one thing, it would be to love their client.

JL: One of my friends used to go see Carl Whitaker and get supervision from him and he presented a case to Carl and said, "How come this person got better?" Carl said, "because you love them."

MH: Carl Whitaker actually was one of my main teachers, along with the Gouldings.

JL: Oh, no kidding!

MH: A long time ago I was a predoctoral intern with Whitaker for a year in Wisconsin. We sat in a room together and I did intakes and we did co-therapy. We stayed in touch for a number of years. There are many things, of course, that Carl said that have stayed with me. One was, we were talking about career choices and he said, "Therapy is rich living–it's human." Another thing that Carl said that has always struck me as wonderful was "Love is the anesthesia that allows the surgery to go forward." Caring about the person, them knowing that you're really on their side, that you're with them is what allows the therapy process to happen. My buddy Michele Ritterman has a phrase. She says, "Therapy cannot go faster than the speed of love."

JL: Oh, I like that.

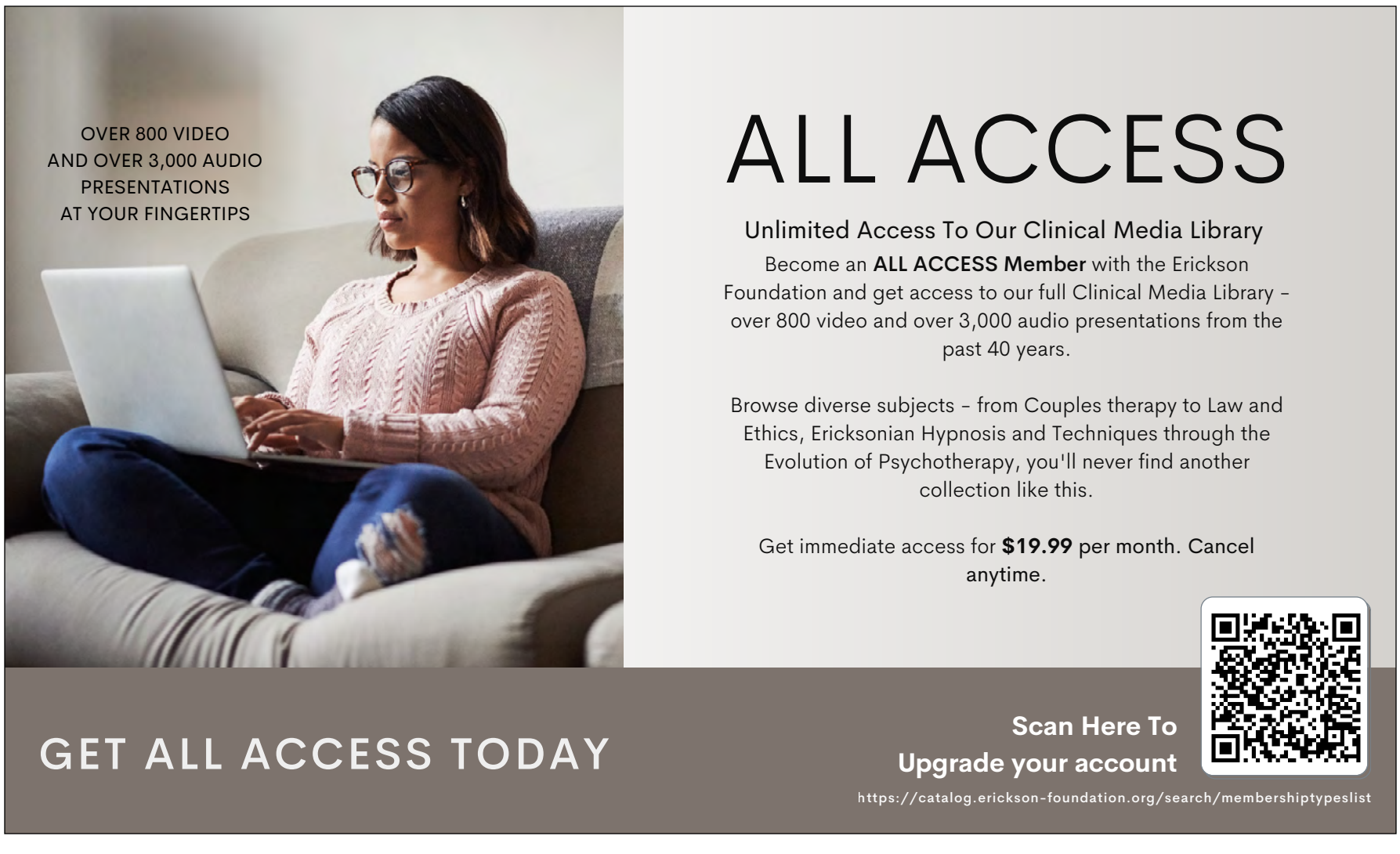
MH: Yeah. You know, if I try to go too fast, suddenly I'm doing it to you rather than with you. It's a technique rather than a shared experience.

JL: Michael, I'm aware that even in this short period of time you have offered lots of pithy things and deep thoughts that are resonating with me. I hope they resonate with all the readers because you've just said an amazing array of things. I'm just so delighted to have been in this time with you.

MH: Thank you, John. The feeling is mutual. We've known each other for many years, and when we talk, I always learn things. Doors open. I get new angles into understanding.

JL: Michael, you take care. Thank you very much.

MH: You're very welcome. Be well, my friend.



INTERVIEW

continued from page 1

sessions were doing significant work around the fourth session. Being a scientist, while I extrapolated that all the way down to zero, for practical reasons, I had to end up with one session. So that's how I got into the one session thing. By the way, single session therapy is a worldwide phenomenon. In most of the countries of the world there are places you can walk into and get single session therapy. Michael Hoyt, amongst other people, has written a great deal about that.

JL: Yes, in fact, I interviewed him in this issue for my *In The Spirit of Therapy* column in addition to reviewing some of his publications on single session therapy in previous issues.

You have not mentioned your use of hypnosis. Can you speak on your hypnotic approach?

RB: Well, one of the things that people who use hypnosis have faith in is that when someone is in a trance state, they're more open to suggestions. We throw out a lot of suggestions, a lot of ideas. When I do hypnotic work, I put in a lot of pauses in what I'm doing because I know that my client will latch onto one of those suggestions and go off and follow it within his or her own mind. A master of this was Ernie Rossi. I saw him at one session where he gave a general, non-specific suggestion. Then for the next four minutes, I actually clock this, he just waited and let her do her own internal work. Then he started to continue working with her and using more and more pauses with gentle, non-directive affirmations. I go into more detail about pauses in my *Facets and Reflections* article on "The Importance of Pauses" [Vol 41, No 1, Pg 10].

JL: The phrase I remember from Rossi so often was. "That's right."

RB: Oh, yes.

JL: In setting up those pauses, it sounds like the concept that Siegel talks about that when we are in a trance together, when we're communicating, that our minds are out here connecting so that you and I both will think of things that we wouldn't think about unless we were to actually be together like we are.

RB: Yeah, yeah, yeah. Our minds and our clients' minds are working all the time. Certainly, if you read Dan Short's work, there's an awful lot of unconscious stuff going on back there all the time.

JL: That stuff going on in the unconscious is especially spurred on by interactions when we are together. In some respects, that's where I think some of your absolute belief in the other person comes through. When you believe in that other person, they then start believing in themselves a little more and suddenly they're making connections that they could have made easily, but they didn't until they had a little nudge from their therapist, Rubin.

RB: Well, it's more than a little nudge. As an example, let me describe very briefly when I'm doing this in what I call Guided Imagery Therapy. The first thing I do after I have the client in a state of relaxed attention is I provide them with a sense of protection and comfort by saying something like, "And now within your mind just drift off to some safe place and secure place that is real or imaginary and is yours only." I have them at that point being in a place where they really feel okay and safe about themselves. Next, I ask, "Do you have any idea what force, power, entity, person can help you through your difficulties now?" They tell me who that is. It could be a religious figure: Jesus, Moses. It could be a grandmother, a father, a friend. It could be the Universal Healing spirit or UHS. I always use abbreviations because I found that it somehow reifies. Now, they're in trance and I don't worry about how deep it is. They're in their safe haven and their healer, their person who can change them, approaches them and makes contact with them and their imagination. It guides them, goes inside them, and brings about whatever changes are necessary to their physiology, neurology, mind, body, and the like. When all of that has occurred, the healer leaves. So, they are doing all the work and they've told me exactly what is going to help them and I just feed it back to them. What I've been adding recently is when the healer has left, I say something like, "Now just take a minute or two to think about what has gone on and how you feel now." I discovered that this is important to add, like a review of the session for themselves and a quiet time at the end of the process. Then, they open their eyes and we go on from there. I thank them, and for most of my clients, I bring out my jar of smooth polished stones and things. I have them pick one as a gift that they can take away to remember what has gone on. In NLP terms, that's a kinesthetic anchor. It is a real thing that they can take away. It's also surprising how many therapists give their clients a gift at the end of a session. [For more detail, please refer to *Facets and Reflections - Secret Therapy and Guided Imagery Therapy (GIT):* 42, No.3, Pg 10].

JL: On occasion I have given people a rock of kryptonite.

RB: Oh.

JL: So that they no longer have to be a superman or superwoman.

RB: That's wonderful. Where do you get the kryptonite?

JL: I paint the rocks.

You do single session therapy and there's certainly a place for that. There's also a place for seeing people on a regular basis for other things, for other reasons. One of the times we were talking, you recognized that as well.

RB: Yes, of course. For example, I've been working with a schizophrenic for two years and I've seen him 45 times, which is a completely different kind of thing. All my clients know that they can come see me again and some of them do, with other issues or whatever goes on.

However, multiple problems do not necessarily mean multiple sessions. That is one reason that I ask my clients to write down all the things they want help with. For example, I had a client who wrote down four things. She was allergic to molds, she had binged on a certain food, she had trouble with her supervisor, and she was still concerned about a child who died 30 years ago when the child was three years old. Well, I used four different approaches with that client in an hour and a half session. I dealt with each of them individually and I've written that up in more detail. [*Case Report - Marilyn and Her Four Issues:* Vol 44, No.3, Pg 6].

JL: If I have four issues and you take me through the same procedure four times with the four different themes, I'm not as likely to get as much out of it as if you take me on four different particular experiences using four different techniques.

RB: That is often true. If I'm doing guided imagery therapy, to work around the repetition issue, I will frequently say to a client, "Your helper-healer can actually help you resolve satisfactorily all of the things that you've told me about and that you'd like to work on today." This is based on Steve de Shazer's miracle question. I would say to a client, "Just imagine tonight while you're asleep that a miracle occurs and all of the things that have been bothering you are resolved realistically to your satisfaction." I've just changed a few words in there. Rather than just working on their anxiety or panic or depression or whatever, why not have them work on all of them at the same time?

JL: Yes, and that's different from doing four things the same one after the other. Just roll it all up into one and let their universal healer help them with it.

RB: I have an advantage if you will. As I mentioned, I see very few people and I never look at the clock. All of my sessions are open-ended. Most of them run 60 to 90 minutes and are determined by where it is a natural place to stop. I must admit that I marvel at my fellow therapy colleagues who actually see five or eight or more people in a day and in timed sessions. I think they're miracle workers.

JL: It's wonderful that you see the work of therapists working in our blocks as miracle workers because in some respects they are. And in some respects, is Rubin a little bit of a miracle worker?

RB: I think we've probably all shared in my type of experience where occasionally at the end of a session I just don't know exactly what I did during the session and yet I know that everything I did worked in some special way. It's like some external power force entered me and, for those sessions I have very little memory afterwards exactly what I did. It was like something took me over and I did everything just right, got the right words, the tone. It is as though I sort of wake up after the end of the session.

JL: Jeffrey Kottler in his book *Their Finest Hour*, interviewed a lot

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Case Report

An Easter Story

By Marta Nowak-Kulpa, Dipl. Psych.

My younger son cut his foot with an axe. When you're 11, it seems like you can do everything your older brother does, even chop wood for the campfire. It was the evening of Holy Saturday. We spend this time in the mountains with family and friends, far from the hospital. When he ran up to me with a bloody foot, I remembered what Eric Greenleaf said about trauma: Even after a tragic event, you won't experience trauma if you're protected by a loving and secure relationship. My son trusts me. I told him everything would be okay, just as I always do when we're together. I cleaned the wound and bandaged it. My son's friend helped me. She had witnessed the accident and was very upset. She started saying she had warned him... But I cut her off: "That won't help us now. You can do something else. Go get the first-aid kit." The girl quickly stepped into her role and efficiently handed me the towels and bandages I needed. She went from being scared to being proactive. She stopped wondering what she could have done earlier. Now she was doing what needed to be done, and she was great at it. Thanks to that, I was able to calm Dawid down. We jumped into the car to drive 50 km to the pediatric surgery ward.

In the car, big tears streamed down his face. He was breathing slowly, as he always did when he was fighting pain and fear. He learned this a long time ago. He is a spirited child. He had already paid the price for his active life. That was when I told him the story of how Bernhard Trenkle cut his leg and stopped the bleeding with a hypnotic suggestion. "I'll tell you about something that once happened to Kris Klajs's teacher, whom you know..." (He also sees Kris as an authority, so he listened with interest.) I described it in detail and told him he could do the same: "Put your foot in the snow you'd been walking on that morning and hold it there for a moment." "I can't, Mom. It's too cold!" he said. That's when I knew it worked. So, he imagined pulling his foot out of the snow and began gathering platelets to build a wall in the wound. He loves to build and still plays with Legos. Building comes easily to him, so he got to work during our trip to the hospital.

We waited over an hour before the doctor saw him. Almost three hours had passed since the accident before the doctor removed the bandage. The wound, which was over 3 cm long and nearly half a centimeter deep, wasn't bleeding. The bandage was almost clean and the wound was dry. The doctor asked several times if what was in the records had actually happened. He said that, based on the description, he had expected something worse. I winked at my son and told him he'd done a great job. They gave him a few stitches, and we went back to celebrate the rest of Easter.

This is a story about making use of everything at my disposal—stories and tips, recent experiences that came easily to mind, and the things my son is good at and enjoys doing. I asked him later what he had learned that day. He said, "I learned how to calm down, how to heal myself, and to wear shoes when chopping wood." I think that's a good lesson.

Commentary

by Eric Greenleaf PhD

It's the mark of a senior clinician that he or she is the same person in their living room as they are in their office. – Harry Stack Sullivan

Dawid wanted to do what the big boys do, so he grabbed the axe. Marta, his mom, utilized that wish, rather than criticizing the bloody outcome of the impulse. She reminded him what the grown men – her teachers – taught her to do – imagine the situation that heals injury and stalls pain- imagine it so thoroughly that your brain and body realize healing. And, Dawid did, astonishing the ER doctor with a clean wound without bleeding, only a few hours after serious injury to his body.

Dawid said, "I learned how to calm down, how to heal myself, and to wear shoes when chopping wood." "I think that's a good lesson," said Marta. Marta works in the oncological and reconstructive surgery hospital in Gliwice, Poland, as a psychologist. Her patients have terrible wounds, injuries, illnesses. They are fearful, pained, uncertain. With them, she relates as she did with her son – utilizing their competencies so that they participate in effective healing of body and emotion, in the thoughtful care of an attentive relationship.

As Bessel Van der Kolk wrote, "The antidote to trauma is competence. … And you set up enough of a trance experience…that people actually very deeply feel what the healing experience with another would have been like. It's absolutely transformative."

INTERVIEW

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of masters of psychotherapy and spoke with them about what they did in their finest hour. Often they reported experiencing something similar to what you just described.

RB: Yes. It makes me feel good about what's going on.

JL: One of the things that I've always liked about being around you has been the balance between your deep commitment to science, and your spiritual state of believing in people. From my perspective, you do it all in a way that is uniquely Rubin.

RB: Thank you. Going back to what's been my passion recently, I've written a new book that is to be published this year. It's called, *What Are You Willing to Change Today? Eliciting Solutions*. It is all about the ways that I've developed, borrowed, or stolen to elicit solutions from clients. I think you're aware of one of the strangest things I do with clients: exorcisms.

I originally covered "Exorcism and the Placebo Effect in Psychotherapy" in a 2022 article I co-wrote with Michael Hoyt [*Theoretically Speaking* - Vol 42, No 2 Pg 11]. I followed that up with an article that was published in last Fall's edition of the MHE Foundation Newsletter that included my use of exorcisms. The article covered my adaptations of the NLP Fast Allergy Cure expanded to include all forms of situations where clients come to us because they are stuck [*Theoretical Frameworks - Reconnecting with Past Resources / Variations of the NLP Fast Allergy Cure:* Vol 45, No 3 Pg 14]. Since I wrote about it in detail in the article, I just want to say that I've done that from way back when I learned about NLP and I've now adapted it to a lot of other things. The thing that continually surprises me is that the exorcism approach actually works.

JL: I can understand that surprise because your clients are dealing with a trauma they have been carrying for a long time and most of us are not used to watching them release it in such a short time.

RB: It's using their own imagination and their own internal memories and resources, and I'm just facilitating them, guiding them, if you will, into that which is possible. One of the really important hidden aspects of all of this, and I think in all of the work that we do as therapists, is that in the interaction, I and you and others are giving our clients permission to change.

JL: Yes.

RB: Through all of what we do, the expectation effect is there.

JL: Rubin, like always, whenever I've talked with you, I come away feeling inspired. So, it's been wonderful getting a chance to talk with you and to be able to share this with others.

RB: Well, thank you for making this possible.

JL: Rubin, thank you very much, and I look forward to the next time we can get together.

RB: Me too. Take care, good friend.

International Community

Interview with Marta Nowak-Kulpa

Interviewed by John Lentz

Marta Nowak-Kulpa is a psychologist and a certified Ericksonian psychotherapist. She is a member of the International Society of Hypnosis and owns a therapeutic and training practice. She worked in the Department of Surgery at the National Cancer Institute in Gliwice for several years and previously worked in a mental health clinic. As a member of the Milton H. Erickson Institute of the Bay Area in California, she also cooperates with the Polish Ericksonian Institute. She promotes the use of Ericksonian psychotherapy in medicine as an important component of multidisciplinary treatment. She trains medical professionals in this field at home and abroad and bases her teaching on practical experience. She leads a year-long course for medical professionals where she teaches physicians of various specialties, as well as nurses and psychologists employed in the healthcare sector. She is an invited lecturer at international conferences where she delivers authentic messages rich in clinical case descriptions. She is also the author of therapeutic stories. Her book "Opowieści z innej bajki, czyli niepamiętnik psychoterapeutki", which includes a record of therapeutic processes, has been published in Polish, English, and German.

John Lentz: Eric Greenleaf told me that you are doing some interesting things with patients and Hypnosis.

Marta Nowak-Kulpa: You know, for me this is ordinary. I mean, this is my everyday work. So, I can tell you about how it works. I don't find it to be anything special because I have worked for several years in a surgery clinic. But yes, this place is somehow unusual because I work in a clinic where my colleagues are making not only oncological operations, but also reconstructive operations. So being a part of this team, it's unusual because psychotherapists work hand by hand with the surgeons, that's not really often done, even in Poland, but I guess in the whole world. So yeah, this is somehow special.

Marta Nowak-Kulpa

JL: So how does it work?

MNK: So, when possible, I contact patients before their operations to start this recovering process in my hospital. I want to prepare them to heal even better after the surgery and to help them cope with each of their unique problems. Of course, they are afraid of death first of all. After being sick for a long time, they are also afraid of pain. Also, it is not unusual for them to have episodes of depression. In addition to these concerns, patients who I prepare for reconstructive operations often need to cope with how their body will change after the operations.

MNK: You can imagine that if someone is preparing, for example, for a nose removal because of cancer, after the operation, they will look completely different. They will see the person in the mirror as a completely different person. They find themselves as a completely different person. They feel separate from the person they used to be, including all of the identification with where they fit on their current timeline; a historical lifeline identity. So, I use some Ericksonian hypnosis to help them stay, connect with themselves too, you know. Because as we know, the trauma is just cutting the lifeline. So, I do my best to help my patients save the lifeline as much as possible to lead them from this time before surgery and after surgery. Not like, you know, falling down to the big hole, but building some bridges too. To connect this, this is all lifelines.

JL: So, you're using words to bridge between the old self and the new self.

MNK: Yes. We try to not make the difference between separating the *old* me from the *new* me. We want them to stay connected with the *same* me. I want them to be able to say, "I look different. I am somehow a richer person because I survived. I have had a lot of experience during this treatment. And this is me; this is exactly me. The same, but I look different."

JL: Marta, that is wonderful. I love how you have thought this out and you're not doing *before* and *after*. You're helping them make that transition. And it's still them. I love how you're doing that.

MNK: Yes. Because this is in the patient's head, the patient's mind. This difference is not before and after. I try to help them to not make these differences.

But this is only one example of how I treat the patient, because I also work with them after the surgery to cope with the problems that they already have. It is not easy to predict what kind of problems the patients have after the surgery.

Of course, pain is a big problem too. I use Ericksonian hypnosis to help them cope with the pain and to find relief. Unlike standard office treatment of pain using hypnosis, I usually do not have the luxury of time that office practices have. This is a surgery clinic. Time for my interventions is given on the list. The majority of the time is first given to the doctors, the nurses, all physiotherapists, and the like. What time is left is given to psychotherapy, as long as we do not get in the way of the others with higher time priorities. So, only once in a while I will have 40 minutes, 50 minutes, even one hour for a session. This is, wow, a great situation. But sometimes I have only several minutes, and I need to find a way to build connections, and how to make a relationship with the patient. This is not about technique, it's about meeting someone who is helping during this treatment process.

So, I need to find the ways within this limited time and distractions to connect with this patient, and to help them find these solutions.

JL: So, you go to the part of the person that is hurting.

MNK: Not really. It is to go to that part that knows how to heal.

JL: Okay. You go to the part that knows how to heal.

MNK: Yeah, because I focus on the resources. For me as an Ericksonian psychotherapist, I'm really interested in resources, about the future, about possibilities. So, I need to go exactly to this strong part of the patient, to this braver part, or sometimes it's really about going directly to the adult part of the patient. During hospitalization, patients are really often in a regressive process. The adult patients, like the chief of the bank, the doctor, the lawyer, now start to be someone in pajamas. People all around tell them what to do, like little kids. So, I want to find the adult part who is responsible for this state, and knows how to cope with problems. Because if they are adults, they have had to cope with many problems and had a lot of challenges in their life. So, if I'm able to find this part and cooperate with them and build the connection, it's easier to support my patients.

JL: Obviously you have spent a lot of time thinking about this. You've taken so much material and condensed it and so you're going right after what's really important. The adult part of them, the part that solves problems is the part that you're speaking to. That's wonderful.

MNK: Ironically, to take them from the regressed state to their adulthood, we first have to start with their regressed state since often they forget they are adults. To do this, I use healing stories and fairy tales. This is the position, like a mother, which is talking to the kid. So, I come as a mother with a fairy tale to tell them the healing story, but only for a minute to rebuild this state. We are partners. This is giving them a hand to raise and to finish this process as partners.

International Community

JL: Wow, that. That is really extraordinary, Marta. No wonder Eric Greenleaf was praising you, he was so right.

MNK: I see how it works. When I see my patients years after the surgeries, I get to see how it has worked, how it has supported them; it helps.

JL: I met a surgeon in Turkey who was trained in the United States to do surgery. He used hypnosis for two minutes before and two minutes after the surgery. He would come in and he would touch them across the chest. With each touch, he would give them a positive suggestion of how quickly they could heal, how quickly they could recover and how comfortable they could be. Then after the surgery, he would do the same thing. He claimed that people lived 50% longer, they got better 50% quicker because of those four minutes.

MNK: Yes, I agree completely. I can see the differences because it works like that. Sometimes the doctor calls for me and asks for help. Sometimes the patients themselves ask for support. Sometimes the patient's family asks for support. The doctor says, "Marta, we see that these patients who cooperate with you use less painkillers and their hospitalization is shorter."

JL: Yes.

MNK: Also, I would hope to inspire the medical doctors to cooperate with psychotherapists because it's not really often when the team needs to invite the psychotherapist to cooperate. Only in that way will it work. Of course, I also support my colleagues because this is also part of my job. I think it's also important because this is really stressful work and burning out is so easy after a few years working with life and death. So, when I support the doctors, I know they are taking better care of the patients. They are more patient, they are calm as they are, you know, somehow more humanist. You can imagine this is a difficult job.

JL: So really your job is also to do a little bit of therapy with the doctors so that they're not burned out as quick and you're not in your head and helping them to be okay so that they can keep going.

MNK: Yeah, that was a joke. When I appeared in this hospital and the chief introduced me to the team, it said, "This is Marta Nowak-Kulpa. She will cooperate with us." The medical doctors were really surprised and asked, "As a psychotherapist here, will you treat us or the patient?" I said, "All the patients." And that was a joke. But, you know, I heard that joke and said, "Okay, this is really a good question." If the question appears in the air, it must be a reason for that. So, I saw that they needed to be tough and they needed to be fast if they wanted to be effective, and they needed to talk too much and do too much. But when I met them closer, they allowed me to see the softer, tender part of them so I could teach them how to take care of this part, which is a skill that they are lacking. They leave this tender part away from this operation room because they need to focus on cutting and removing.

JL: Do you have a favorite story or two about maybe something that you did that even surprised you how well it worked?

MNK: Recently, I had a very angry man who was very difficult to work with. The doctors and my colleagues tried to save his leg because he had a tumor. The wound was really, really big. After removing this tumor, they weren't sure if he could keep the leg. The patient was not even 50 years old, and he was afraid about losing his leg. He was in pain and he was furious. He was really, really angry about what had happened to him. The patients know that, as a psychotherapist, I work as part of the team, the family knows, the doctors know, everybody knows and also they know a priest who is on our team too. I work in Poland, we are a traditional country, a lot of people are still religious. So, if someone would like to have the priest's support during treatment, they can ask for the priest to visit. The priest came to my office and said, "There is a guy in room 24. Of course, I'm not able to tell you what we were talking about. That was a private conversation. But I think he's suffering. So maybe this is a good idea to take a look at him." This is easy for me because I'm often walking through the hall and go to the rooms one by one. So, I visit this man, and I introduce myself and say "Hi, my name is Marta Nowak-Kulpa. I am a psychotherapist." And he was really angry. He says, "Yes, of course you think that I'm mentally ill. I'm not a crazy person." I say, "That is not my idea to think you're mentally ill. I just walk here and I visit the patients. I just want to be sure that you are fine and ask you if you need anything." These are the questions I actually often ask my patients. This is the first and really important question. What do you need? So, I said, "I just came to see if you need something." And he says, "What do you mean what do I need? They probably will cut my leg and I'm in the hospital, so what do I need?" I said, "I have no idea because people need different things. Some of them need to suffer less. Some of them need to fall asleep easily. Some of them need to calm down. Some of them need to talk about what is stressful for them. I have no idea what you need to tell me?" He says, still angry, "I need a lot of things. But for sure, I don't need psychologists because my whole world, my whole life, is really stressful because I am a soldier. I work in a really stressful condition. I had a lot of missions, and I was always really independent and really strong." So, on, and on, and on, and on, and he starts to tell me his story, to explain to me that he doesn't need to talk to me. After this 10-minute conversation, when he explained to me that he doesn't need to talk to me, I asked him about his wound. He says yes, of course it's painful and he doesn't know what to do with that wound. When he starts to tell me something more about himself, he says "why did it happen to me, why the priest didn't know. And you probably also have no idea why it happened to me. I never ever hurt anybody who was good. I never ever hurt anybody who was good. So, I didn't deserve that, you know."

So I thought it was meaningful, right? In my mind, it must somehow be connected with the guilt he feels. But he didn't want to talk to me; he didn't need my explanation, and he didn't ask for that, so I didn't give it. I was listening to him, and then he told me some stories about how he's tough and how he's strong and how he is independent. During that story, he started to cry, "I was so angry!" He starts to scream at himself, "I hate it. What? Look what you did. You make me cry. This. I. I'm like a little boy." I said, "Of course you should be like a killing machine, right? You are a soldier. You shouldn't have any emotions. You should be like a killing machine, right?" He asked, "What do you mean?" I replied, "You said that you have emotions and you are angry about having emotions. So, do you mean you don't want to have any emotions?" He says, "No, I have a lot of emotions. I have my kids and I like them and I love them. I love my wife and of course I have emotions." I said, "Okay, so you need to decide whether you want to have emotions or you don't want to have emotions. If you want to have emotions, feel love and care and be soft to look at how your kids are growing. These emotions are also connected with sometimes being sad, angry, disappointed, whatever this is in one pact. Of course, you can be like a stone and feel nothing. You can decide." He then says, "I will never ever be like my father. You know, he was like a stone, and he wants me to be like a stone. He beat us as a kid, and he was a violent guy. So of course, I don't want to be like a stone like my father." He paused before saying, "Okay, so crying. This is really a good process to not being like a stone, right?"

He connected with me again as he was preparing to leave the hospital. The doctor told him that the healing process needs time. And so, he can try to feel better at home. But I don't know how to take care of the wound. He says, "If I clean the wound, I need to touch it. If I touch the wound, it will not be better, right? It will not recover. I don't want to touch any wounds. I don't want to touch anything that is painful, right? But I want to recover. I own a life because I have kids and a lovely wife. And I want to cope with all that is going on inside me." So, I will say what I heard the nurses say. "The nurses told you that you should use foam. If you allow me to touch you, I will show you how to do it." So, I did the hypnosis technique and touched him under his wound. And I say, "You need to very gently touch yourself here and feel and heal." He did so. "And you need to create a foam, which is gently going down and covering your wound without your touching it. So, use the form, don't touch the wound. You are a really smart person, and you know exactly what you need and you know exactly what you

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want because you are an expert in your healing process. You know yourself better, and nobody knows you as good as you know yourself. So do what you feel. Don't touch the wound, please. So, create this foam and let it go gently." He was crying again, but he now accepts his tears. His tears were falling down his cheeks. So the hypnotic suggestion itself only took three minutes. But it was the result of taking the time before that of building the connections and corporations and the relationship. So, it was possible to do this technique because he started to trust me. He was open to me, and he was curious about what was going on. He stopped somehow judging himself, not completely, but he made a really good step in a good way. So, he says, "This is a good idea. I will do it. I will do it like that. Can we talk tomorrow, before I go back home?" So, he came to my office in the hospital the next day, sat on the chair, and said that it was really good. "I didn't touch my wound, but I did try to gently take care of what was going on with me. So, I feel relief. The pain is less. The night was calmer, and I feel somehow different now. So, I want to say thank you for this conversation." That was a really good conversation. I met him one month later. He was on ambulatory visitations. The wound is okay; his legs are fine, and he was walking in the hall with his wife. When he saw me he waved. He started to call his wife, "This is the psychotherapist. This is her." So, when he called me a psychotherapist, that told me that he accepts the understanding that he is somehow in this therapeutic process with me. I look forward to our meeting again one day. However, regardless of whether we meet again or not, I am sure that he will find a way to heal the other wounds in his life.

JL: The way I heard that was that you joined him, yet you were a very wise woman in how you addressed him. You allowed him to be strong and to not need your services, even though you knew he needed your services. You were very kind to him and worked with him in a way that made it palatable for him so that he could feel good about himself. You did that because you're very, very sensitive and you're very, very knowledgeable.

Video Store Spotlight

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DEDICATION

A Moment for the Memory Makers

by Taylor Watson

The Milton H. Erickson Foundation is honored to announce the donation of a remarkable bronze sculpture by artist Christie Peterson given by Pete Swan, a musician. This meaningful contribution represents far more than the addition of a beautiful work of art to our community, the sculpture embodies the spirit of creativity, connection, and transformation that has long been at the heart of Ericksonian work.

Art has a unique ability to communicate what words alone cannot-much like that of the unconscious mind. It invites perspective, reflection, inspires curiosity, and creates space for personal meaning making. These qualities mirror the legacy of Dr. Milton H. Erickson, whose work encouraged and taught individuals to discover new perspectives within themselves.

Reflecting on what sculptors' hands must do in order to take a block of clay, a blank slate, and turn it into the face of a mentor, there are many similarities with the creative work of Erickson. A remarkable element of this sculpture is the story from the artists.

Donovan Peterson, an art instructor at Portland Community College and frequent guest lecturer at Portland University, was asked to create a likeness of Milton Erickson. The individual who made the request was Dennis Milholm, MA, a therapist inspired by Erickson. In 1994, before the internet was the resource it now is, there were only a few photos available for guidance. Donovan, awaiting inspiration, positioned the block of clay on their dining table. Donovan's wife, also a lifelong artist, was drawn to the clay, and began to work with it. Christie, a Registered Nurse who has since retired, had her own appreciation for the unity of art of healing. Through her own creative spirit, the likeness took shape through her hands. As she worked with the clay, the spirit of Erickson came to life in this compelling likeness.

Created as a limited series of seven, Milholm owns the first, and this second is now in the Historic Residence of Milton Erickson in Phoenix. There are five additional uncast copies of this edition that are available for purchase through the artist, Christie Peterson, who can be reached at toadwoman@gmail.com.

We extend our deepest appreciation to donor Pete Swan for his gift, entrusting the Erickson Foundation with this meaningful art. His generosity ensures that future generations of visitors, clinicians, educators, students, and members of the Ericksonian community will have the opportunity to experience and reflect upon this remarkable piece. Swan's own artistic background is also creatively diverse. A jazz musician, Peter divides his time between Tucson, Arizona, and Germany, where he teaches and shares his passion for artistic expression with students and audiences alike. Throughout his life, Pete has explored the intersection of creativity, imagination, and human experience. His artistic vision reflects a deep appreciation for the ways in which music, art and emotional responses transcend language (http://peteswan.com).

The Foundation is profoundly grateful for the generosity and thoughtfulness behind this donation. Gifts such as these remind us that community extends far beyond the boundaries of professional practice. The Ericksonian Foundation is a community built upon shared values of creativity, curiosity, compassion, and the belief that meaningful change is always possible. It is fitting that this extraordinary sculpture now finds a home within the Foundation dedicated to preserving and advancing this legacy.

As we celebrate this gift, we are reminded that art, like hypnosis, has the power to open doors to new possibilities. It invites us to pause, reflect, and see the familiar through fresh eyes. May this work continue to inspire reflection, creativity, and connection for many years to come. Thank you Pete Swan, and Christie Peterson, for this wonderful image.

Taylor Watson, Licensed Professional Counselor Associate, is Supervised by Malton Cook LPC-S and wrote this article under the support and supervision of Roxanna Erickson-Klein Phd. LPC.

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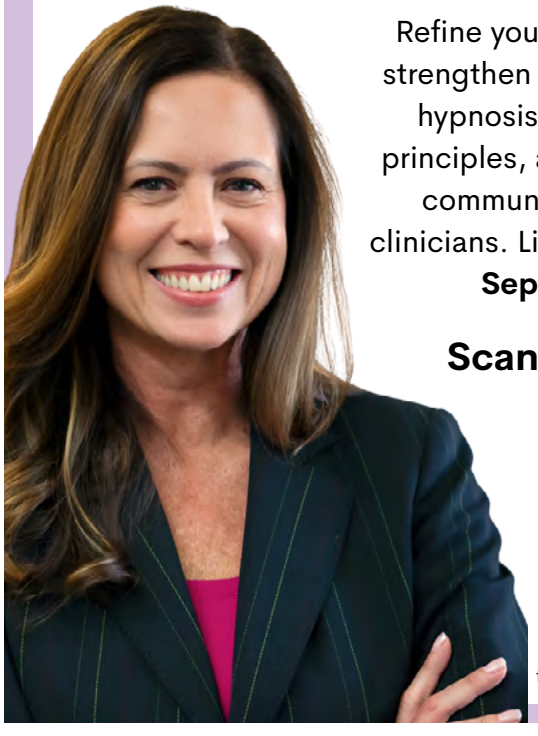

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International Community

In Memoriam: Wilhelm Gerl

by Burkhard Peter

Wilhelm Gerl, co-founder of the *Milton Erickson Society for Clinical Hypnosis, Germany* (M.E.G.), passed away on April 7, 2026. He is survived by his wife Claudia, their two daughters, Julia and Sophie, and three grandchildren, as well as many friends and colleagues who mourn his loss. Wilhelm was one of the earliest professionals to illuminate the uniqueness of Erickson's work. His initiation and ongoing involvement with the German M.E.G. is a substantial contribution to the legacy of Milton H. Erickson.

Wilhelm Gerl

Wilhelm was described by his patients as effective, by training participants as highly competent and "special," and by colleagues as visionary and highly regarded. To continue telling Wilhelm's story now means also discussing the origins of M.E.G.

We had known each other since our student days in the early 1970s and worked together on the "closed" ward of the Haar District Psychiatric Hospital near Munich. Wilhelm was busy with his thesis, evaluating a so-called "token economy" program from the "Stone Age of behavioral therapy" on the approximately 30 schizophrenic and bipolar female patients, some of whom had been hospitalized for decades. I was doing my first internship at the time and subsequently worked for a year as a "psychiatric nursing assistant." While we were working at the Health Park–Wilhelm already a qualified psychologist and I initially back as an intern–the plan to found an *Institute for Integrated Therapy* (IIT) took shape with the goal being to integrate the various methods of humanistic therapy and behavioral therapy within a client-centered framework.

In addition to the offerings for training in client-centered psychotherapy, we had invited many well-known trainers of the time to our IIT for seminars, such as Victor Meyer from Maudsley Hospital in London, Irmela Florin, who was still in Tübingen at the time, and Linda Olsen and Eugene Gendlin from the USA.

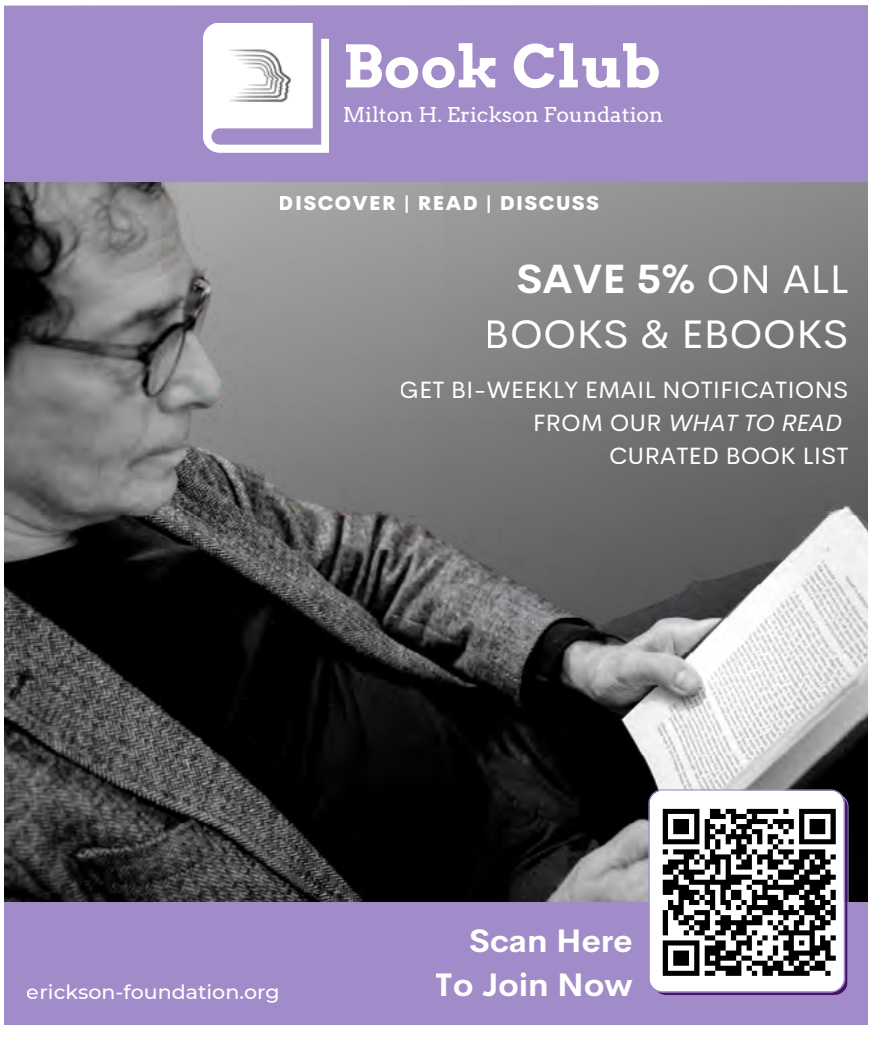
Wilhelm, familiar with the book *Patterns of the Hypnotic Techniques of Milton H. Erickson*, invited John Grinder and Judith DeLozier to lead a seminar. The seminar focused primarily on Milton Erickson's communication strategies, which seemed completely new and unfamiliar to us at the time. A significant seed was evidently sown in this seminar by Grinder and DeLozier, for Wilhelm was determined to invite Grinder back immediately. However, Grinder did not come back, but instead sent Paul Carter and Stephen Gilligan for another Erickson seminar, with whom we then began a formal training in clinical hypnosis/hypnotherapy according to Milton Erickson, in which we ourselves participated as students. At the urging of Paul and Steve, we attended one of Milton Erickson's legendary teaching seminars in Phoenix, Arizona. The crucial conversation with Erickson on September 7, 1978, was essentially conducted by Wilhelm—I was far too shy and, besides, busy taking photographs. Erickson responded surprisingly easily and kindly to our request, which Wilhelm presented: "You can use my name in any way you find to be appropriate." From there, the M.E.G. in Phoenix was founded. Wilhelm was clearly the more active of the two of us during this phase, and to this day I do not know why he left the presidency to me at the time of the founding and contented himself with the position of vice president. Wilhelm did not merely co-found the M.E.G., he initiated it.

After the continuing education seminars in hypnotherapy, based on Milton Erickson's methods, had been so well received by colleagues in Munich, Wilhelm established contacts in Berlin, Frankfurt, and Zurich, offering the first seminars there in 1983. I did so in Kiel and Saarbrücken, and later, in the 1980s, we both also taught in Vienna. Peter Hain from Zurich, who had previously attended seminars at the IIT in Munich, later co-founded the GHypS in Switzerland, and the BÖP seminars in Vienna eventually gave rise to MEGA.

Following our *First German-Language Congress on Hypnosis and Hypnotherapy According to Milton H. Erickson* at LMU Munich, I stepped down and focused on the journal *Hypnosis and Cognition* (HyKog). Wilhelm, however, remained on the M.E.G. board for many years until 2000 and contributed to its stability and professionalism. It was he who introduced a new curriculum early on–"Conversation Techniques According to Milton Erickson"—now prefixed with "hypnosystemic"—in which those not primarily engaged in psychotherapy could also find their place. And it was he who, in the late 1990s, began to worry about poor smokers, a group to which I also belonged at the time and who certainly annoyed Wilhelm during our time sharing offices at the IIT (he demonstratively screwed a "No Smoking" sign onto the door of his office). In 1993, Wilhelm founded the *SMOKEX* working group and ultimately developed an elaborate hypnotherapeutic anti-smoking program, which was scientifically evaluated and has become part of a recognized smoking cessation program. In the early 1980s, Wilhelm was involved in the hypnotherapeutic treatment of cancer patients and participated in a scientific study on hypnotherapy for HIV and AIDS patients in the early 1990s. In 2013, he ended his psychotherapy practice with us at the IIT and his active involvement in the M.E.G. On the occasion of the M.E.G.'s 30th anniversary celebration in 2018, Wilhelm Gerl was awarded the *Milton Erickson Prize*, and in 2022, the *Milton Erickson Medal*.

I have known Wilhelm my entire professional life and have so many good, beautiful, and exciting memories of him. It was—especially after his retirement in 2013—always something special when Alida and I visited him and his dear wife Claudia in Jachenau. I even look back fondly on the few times I got annoyed with him. He was a very dear and loyal companion, a generous, honest, and honorable partner, a very self-assured and lovable person, and a true friend.

I am glad that I knew him.



Milton H. Erickson Foundation

ANNOUNCEMENT

We invite you to keep an eye out for upcoming announcements as we prepare to share this exciting new chapter in the Foundation's commitment to education and clinical excellence.

The Milton H. Erickson Foundation is pleased to share that we are in the process of developing the Milton H. Erickson Academy, an integrative and comprehensive educational initiative designed to advance excellence in Ericksonian psychotherapy, clinical hypnosis, and therapeutic practices.

The Academy is being thoughtfully developed to provide an integrated curriculum that reflects both the enduring principles established by Dr. Milton H. Erickson and the evolving needs of today's mental health professionals. Drawing from the Foundation's decades of educational leadership, this curriculum is intended to serve clinicians, educators, and healthcare professionals internationally by offering a structured, clinically relevant learning experience that bridges foundational knowledge with contemporary applications.

Our vision is to create a rigorous educational pathway that supports professionals at every stage of development while preserving the innovative, patient-centered spirit that has distinguished Ericksonian approaches for generations. As this curriculum continues to take shape, we remain committed to developing a curriculum that is scholarly, practical, and responsive to the diverse clinical settings in which Ericksonian principles are applied around the world.

We are delighted to share this exciting news and look forward to unveiling additional details as the Academy continues to develop. A more comprehensive announcement will be made this December during the Evolution of Psychotherapy Conference, where we will introduce the broader vision and educational framework of the Milton H. Erickson Academy.

Book Reviews

From Real Life to Cyberspace (and Back Again): Helping Our Young Clients Develop a Strong Inner Selfie

Zeig, Tucker & Theisen Publishers (2016)

Book Review by Taylor Watson

As our world becomes increasingly digital, psychotherapists are continually invited to expand not only the settings in which we work, but also the languages we use to understand healing and the human experience.

In *From Real Life to Cyberspace*, Tobi Goldfus, MSW, offers a timely and thoughtful exploration of this evolving landscape. Rather than viewing virtual identity and technology as separate from the therapeutic process, why not invite it in? Goldfus invites clinicians to recognize the digital self as another aspect of the whole person. The "Whole One" that is deserving of curiosity, compassion, and clinical understanding.

One of the most meaningful themes woven throughout the book is a conversation that continues to emerge across generations of therapists: the relationship between old language and new language. In many ways, what Goldfus highlights mirrors ongoing discussions within the Ericksonian community regarding theory and terminology. Whether one speaks of ego states, parts work, or Internal Family Systems, the underlying principles often remain remarkably similar. The names may change, but the clinical intentions remain the same: helping clients access greater health, integration, and well-being.

For clinicians who may be newer to the field or unfamiliar with Ericksonian psychotherapy, therapy is less about rigid adherence to a particular model and more about understanding how people organize their experiences and helping them access their own resources for change. Ericksonian work emphasizes flexibility, collaboration, and tailoring interventions to the individual. Rather than imposing a single framework, it seeks to speak the client's language and utilize whatever strengths, metaphors, identities, experiences or virtual realities are meaningful to them. In that sense, many contemporary approaches share common roots and goals even when they use different terminology.

As students of Erickson we recognize that flexibility and utilization have always been central to effective therapy. Milton H. Erickson met clients where they were, speaking their language rather than insisting they adopt his. Goldfus extends this principle beautifully into the modern era. She demonstrates that understanding the language of contemporary culture–social media identities, avatars, online communities, and digital relationships–is not abandoning traditional wisdom, but rather applying timeless therapeutic principles in a new context.

This bridge between generations of thought is perhaps one of the book's greatest strengths. Too often, clinicians become divided by terminology, debating which model is "correct" when, in reality, many approaches share common foundations. Goldfus reminds us that understanding one another's language–whether that of classical theorist, modern practitioners, or even the internal language clients use to describe themselves–is essential for meaningful therapeutic connection. The book gently encourages readers to move beyond labels and towards deep understanding.

Healing has always involved honoring the entirety of the person–the conscious and unconscious mind, the stories people tell themselves, their relationships, values, and environments. Goldfus expands this vision by acknowledging that for many individuals today, one part of that whole person exists online. Our digital and social selves are not separate from who we are; they are extensions of our identities, our relationships, and the ways in which we seek meaning and belonging.

What makes *From Real Life to Cyberspace* especially valuable is that it does not position technology as either the villain or the savior, the firefighter or the manager, the parent or the child. Instead, Goldfus approaches the subject with curiosity and balance. She combines wisdom with present-day vocabulary, creating a framework that feels both familiar and refreshingly relevant. Readers may find themselves reflecting not only on their clients' experiences, but also on the changing ways we communicate, connect, and understand *ourselves*.

From Real Life to Cyberspace serves as a reminder that while the world around us continues to evolve, the heart of psychotherapy remains unchanged. Regardless of the language we choose or the medium through which we connect, healing still begins with understanding, relationship, and the willingness to meet people exactly where they are–even when one of those places happens to be virtual.

Taylor Watson, Licensed Professional Counselor Associate, is Supervised by Malton Cook, LPC-S and wrote this article under the support and supervision of Roxanna Erickson-Klein Phd LPC.

When One and One Don't Make Three: A therapist's insight into the struggle with infertility

by Helen Adrienne LCSW

Book Review by Roxanna Erickson Klein PhD

Author Helen Adrienne is a professional social worker who has counseled individuals with fertility concerns for decades. Her introductory and concluding remarks orient the reader: while it is the task of the medical team to enhance probability of conception, it is the task of the counselor to tend to the "soil" where seeds may be planted. Fertility concerns are a cluster of conditions that affect a significant percentage of couples of childbearing age. Infertility carries with it a multitude of emotional and self-image burdens, not to mention the time and financial tolls.

This short book quickly engages readers with its casual conversational style. The series of short chapters, mostly one to three pages in length, invite readers to turn from page to page or topic to topic. Each chapter addresses common issues that can be overwhelming to individuals or couples who unwittingly find themselves burdened with the not so uncommon life interruptions. Not only can the crisis of infertility express itself as a chronic problem, but the stress that accompanies the "ride" is chronic too. The effects of the struggle alone on the individuals involved can be both tragic and immeasurable, interrupting life in a most unwelcome way.

Paradoxically, though the writing style of irreverent humor appears lightheartened and light weight, it is dense with practical advice. A deep dive into the pages brings forth the seriousness with which Adrienne has drawn together a multitude of resources that tell a tale of duress transformed into inner growth.

One important caveat is recognition that the journey of infertility has its own timetable. While it is common for sufferers to become overwhelmed or stuck with emotions including loneliness, anger, disappointment, fear, anxiety, depression or even shame and jealousy, this book offers pragmatic suggestions to redirect such energy. Readers are offered opportunities to acknowledge and mitigate the roller-coaster of hope and disappointment from an unwelcome situation. A multitude of techniques are introduced, including hypnosis, stress reduction, communication skills, sustaining self-esteem, and dealing with predictable downtimes such as holidays.

The simple straightforward style in which Adrienne describes how to evoke stress reduction and to cope with problems, both anticipated and unanticipated, make this book an excellent resource for professionals and even a broader audience. Identifying those who have traveled the road of infertility as the actual experts on the matter, this work reaches out to the women and the men who join as companion travelers, as well as couples. All can benefit from learning from the experiences of those who traveled this path and learned to navigate the turbulent waters. Even supportive friends and family members will gain insight regarding the vast expanse of emotional turbulence brought forth with an unwelcome diag-

Book Reviews

nosis that can dramatically impact one's life journey, self-perspective, and relationships. I strongly recommend this book to individuals and professionals who wish to learn how to help themselves, or those around them, to thrive despite the curveballs that life has thrown their way.

The STOP Program for Women Who Abuse: Group Leader's Manual, Second Edition

by David B. Wexler

Copyright 2024, 2016 by David B. Wexler

Norton Professional Books

ISBN: 978-1-324-05385-9 (pbk)

Reviewed by Jenni Page, LMFT, Elizabethtown, KY

David Wexler has provided clinicians with a thoughtful and practical resource for facilitating groups with women who have engaged in abusive behavior. The manual offers a structured curriculum that addresses behavior, relationships, communication, emotional responses, and personal responsibility. Beyond the content itself, the workbook guides participants from recounting events toward examining the larger contexts in which those events occur.

Throughout the curriculum, participants are encouraged to consider the effects of their actions, evaluate alternatives, and explore the consequences of choices made within important relationships. The manual repeatedly creates opportunities for participants to contribute observations, test their own conclusions, and learn through discussion and experience rather than relying solely on instruction.

Particularly noteworthy is the way the curriculum approaches recurring interpersonal difficulties. Questions and exercises direct attention toward interactional patterns that unfold across time and situations. Participants are encouraged to consider how emotions, beliefs, expectations, and reactions influence their interactions with others. This broader perspective helps move discussions beyond isolated incidents and toward a deeper understanding of the processes that maintain conflict.

The organization of the curriculum is equally impressive. Core themes are revisited throughout the program, each time from a different vantage point. As discussions progress, participants are encouraged to connect earlier insights with new experiences, allowing learning to accumulate rather than occur in isolated lessons. The result is a curriculum that supports continuity while providing repeated opportunities for application.

Clinicians familiar with Ericksonian approaches may appreciate the facilitator's role embedded within the manual. Rather than directing participants toward predetermined conclusions, the curriculum encourages inquiry, observation, and exploration. This approach allows participants to become active contributors to the change process while helping facilitators maintain conversations that remain productive, focused, and respectful.

Wexler has provided more than a sequence of group exercises. He has developed a framework that assists facilitators in navigating difficult conversations while keeping attention on responsibility, relationships, and the practical realities of change. For clinicians working with women who have engaged in abusive behavior, the curriculum offers a structured approach that supports accountability without losing sight of the individual's capacity to learn, adapt, and participate in the process of change.

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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

www.erickson-foundation.org/books

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
2026		
8/26-30	XVII European Society of Hypnosis Congress / Glasgow, SCOTLAND / Invited Faculty	1.
9/2-10/21	Collaborating with the Unconscious Mind - Modules 1-8 (one Wednesday per week) / Phoenix, AZ and Virtual / Dan Short, Ph.D.	2.
9/25	Clinical Consultation and Mastery Group / Virtual / Lilian Borges, MA, LPC	2.
10/14-18	SCEH 77th Annual Workshops and Scientific Program / Virtual / Invited Faculty	3.
12/7-9	The Evolution of Psychotherapy Conference / Orlando, FL / Invited Faculty	4.
2027		
9/29-10/3	XXIII International Society of Hypnosis (ISH) World Congress / Paestum, ITALY / Invited Faculty	5.

Contact Information:

1) For information: European Society of Hypnosis (ESH) https://esh-hypnosis.eu/xv-esh-congress/
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

   Collaborating with the Unconscious Mind:

   https://www.erickson-foundation.org/collaborating-with-the-unconscious-mind

   Clinical Consultation and Mastery Group:

   https://www.erickson-foundation.org/intensive-training
3) For information: Society for Clinical and Experimental Hypnosis (SCEH) https://www.sceh.us/annual-conferences
4) Evolution Conference: www.EvolutionofPsychotherapy.com
5) ISH Congress: www.ishcongress2027.com

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 December 2026 issue (early December distribution) is October 23, 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

2026

The American Psychological Association (APA) Convention will be held August 6-8, 2026 in Washington, D.C. and virtually. Convention information is available on the convention website: 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.

The 2026 Annual Conference of the Society for Clinical and Experimental Hypnosis (SCEH) will hold the 77th Annual Workshops and Scientific Program October 14-18, 2026, and will be held online via Zoom. The theme of the conference is, "Circuits of Consciousness: Hypnosis, AI, and Psychedelic-Assisted Change." For information including a Call for Papers visit: https://www.sceh.us/annual-conferences

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The Evolution of Psychotherapy Conference: Foundations and Futures, will be held December 7-9, 2026, at Walt Disney World Swan & Dolphin Resort in Orlando, Florida. Multiple faculty including Elliott Connie, Stephen Gilligan, Natalie Ginsberg, James Greenblatt, Lynn Lyons, Dustin Weissman, Rachel Wood, Desirae Ysasi, Julie Anné Zeig, Jeffrey Zeig, and more. For complete information and to register visit www.EvolutionofPsychotherapy.com

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2027

The International Society of Hypnosis will hold the XXIII ISH Hypnosis World Congress, "Connecting Minds and Integrating Resources," in Paestum, Italy, September 29-October 3, 2027. It will be organized by the Italian Society of Hypnosis and will be held at the Ariston Hotel and Conference Center in Paestum. For complete information go to: www.ishcongress2027.com

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

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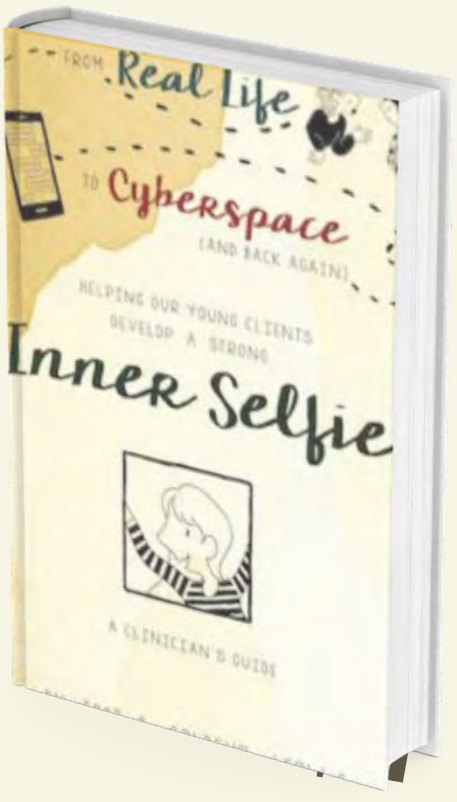
Book Store Spotlight

In today's digital world, helping young people balance life online and offline is more important than ever. In From Real Life to Cyberspace (and Back Again), Tobi Goldfus offers practical strategies for helping children, adolescents, and young adults develop resilience, healthy self-regulation, and authentic connection. Drawing on clinical experience, she explores the impact of smartphones and social media while providing therapists, parents, and educators with effective tools—including relaxation techniques, brief hypnotic exercises, and practical assessments—to help young people thrive in both the real and digital worlds.



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EDITORIAL

continued from page 2

With this issue, we are introducing book reviews from our *Foundations* series, headed by our most recent and welcome addition to the Newsletter editorial team, Taylor Watson.

During our last editors' meetings, we realized that while there are many excellent books currently coming out, we also needed to bring attention to those less-recent books that still contribute to the foundations of the therapeutic process. Dr. Erickson once said, and I paraphrase, that as a therapist, in order to trust in our unconscious mind, we have to feed it with as much relevant information and experiences as possible, from all possible ways. These foundational books provide such food for the therapist's conscious and unconscious mind.

Tobi Goldfus' *From Real Life to Cyberspace (and Back Again): Helping Our Young Clients Develop a Strong Inner Selfie* addresses an evolving situation. Taylor Watson's review is insightful and comprehensive. For example, "What makes *From Real Life to Cyberspace* especially valuable is that it does not position technology as either the villain or the savior, the firefighter or the manager, the parent or the child. Instead, Goldfus approaches the subject with curiosity and balance." This is a book for the 21st Century. Its relevance will only grow.

I love how this issue's content supports and demonstrates ways that either unsticks or prevents the things getting stuck, and moves things forward so each person's natural resources can take over and help them continue in life. A set of very Ericksonian assumptions. I can hear Dr. Erickson's voice saying, "That's right," and may his words too go with you through this new issue. That's right, enjoy.

Rick Landis
Orange, California

THE MILTON H. ERICKSON FOUNDATION
NEWSLETTER

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