

# THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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## INTERVIEW

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### Christina Maslach

Interviewed by Jeff Zeig

*Christina Maslach is a professor of psychology (emerita) and a core researcher at the Healthy Workplaces Center at the University of California, Berkeley. She graduated from Harvard-Radcliffe College in 1967 and earned her PhD from Stanford University in 1971. She has been on the Berkeley faculty since then.*

*Maslach is the pioneer of research on job burnout. She created the Maslach Burnout Inventory (MBI), the most widely used instrument for measuring job burnout, and has written numerous articles and books, including The Truth About Burnout. She was honored in 2012 for writing one of the 50 most outstanding articles. Recently, she received the 2017 Application of Personality and Social*

*Psychology Award, as well as several lifetime career achievement awards. In 2020, she received the award for Scientific Reviewing, for her work on burnout, from the National Academy of Sciences. In 2021, she was named by Business Insider as one of the top 100 people transforming business. Her latest book is The Burnout Challenge. (Reviewed on page 15)*

*Maslach has been recognized as Professor of the Year (1997) and received both the Distinguished Teaching Award (1987) and the Berkeley Citation (2009) from UC-Berkeley. She is also an accomplished administrator and has served twice as the president of the Western Psychological Association. Currently, she is working on a project about Berkeley women faculty.*

**Jeff Zeig:** How do you define burnout?

**Christina Maslach:** Burnout is best understood as a response to chronic job stressors in the workplace that have not been managed well. It is three interrelated experiences. One is the stress response itself, which we characterize in terms of exhaustion. But burnout goes beyond that because it involves not just being stressed and exhausted, it means that you are hating your job and you're beginning to have serious doubts about whether you're in the right place or in the right career.

Another component is cynicism about the people, the job, and how it's being run. Whatever motivated you to be there is long gone. And the third component is feeling negative about yourself: Why am I here? Why can't I keep up? What's wrong with me?

When people experience this kind of burnout it can precipitate down the road to health problems such as insomnia, depression, and anxiety. As the World Health Organization



*Christina Maslach*

pointed out: Burnout is not a medical condition in and of itself, but an experience at work that can lead to all kinds of negative consequences, not only for health and well-being, but also in job performance. And there can be other costs: absenteeism, errors that don't get caught. There are not just personal costs but social and organizational costs—whoever you affect in terms of your job, they feel the negative effects of it as well.

**JZ:** Could we say that burnout is a crisis of feeling that what you're doing doesn't have intrinsic meaning?

**CM:** It can be. Some people say that they are forced to basically lie, cheat, and steal to get the job done, which causes moral injury. There can also be a code of not speaking up, even if you see something wrong or unethical. It can be that the work circumstances put you in an untenable position.

**JZ:** Is burnout more systemic, having to do with an organizational demand? Or is it more individual having to do with an internal orientation?

**CM:** The answer at some level is both. But there is such an emphasis already on blaming the person for the

*INTERVIEW continued on page 9*

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## EDITOR'S COMMENTS

Last year's Evolution of Psychotherapy Conference in Florida marked the first time since the start of the pandemic that we were able to meet again in person. It was wonderful. This year, we are invited back to the West Coast, returning to the Anaheim Convention Center for a lineup of *even more* presenters with *even more* diverse approaches on how to make a difference. It feels like a huge "Welcome Home!" celebration for our psychotherapy community. The keynote speakers alone represent the most varied perspectives and domains I have experienced at any conference. Music, poetry, philosophy, science, art, neuroscience, individual and couples therapy, work and family, spiritual quests, classic and modern therapy, focused and expansive are just some of the topics covered—all in the service of exploring aspects of what makes us human and how we can make that experience the best.

We start this issue with Jeff Zeig interviewing one of our Evolution keynoters, Christina Maslach, the pioneer of research on job burnout. Her explanation of the *Six Mismatches* makes the complex interweaving of the elements of burnout understandable. She points out that burnout is more than just a specific job situation; burnout is defined by how the situation affects our inner sense of self, purpose, and perception of people around us. Given the stressors of the 21st century, it is understandable why her keynote presentation at the last Evolution was standing room only.

Zeig complements his interview with a book review of Christina Maslach and Michael Leiter's, *The Burnout Challenge: Managing People's Relationships with Their Jobs*. Zeig recommends this book as an essential reference for all health professionals.

John Lentz follows with his *In the Spirit of Therapy* talking with one of the recent Couples Conference presenters, Elliott Connie. Lentz taps into the source of Connie's enthusiasm and the purpose that drives his work to make a difference.

I am fascinated with the different ways that Erickson had been able to understand what moved and motivated his patients. The variety of those clinical and hypnotic perspectives are seen in four pieces offered by Jeff Zeig. In his *Historical Hypnotic Procedures* column, Zeig introduces the hypnotic approach and focus of Paul Sacerdote, who Erickson recommended as faculty for the first Erickson congress. This is a fascinating exploration of the art of hypnotic dreaming. In *Unearthed from the Archives*, Zeig presents handwritten notes from a 1955 seminar Erickson contributed to with "General Orientations to Hypnotic Realities." Zeig then gifts us with a unpublished letter from Erickson to a patient on the nature of obsession. As one would expect from Erickson, the pacing and delivery are masterful. And finally, Zeig presents a practical piece of advice that provides a perspective far beyond the question asked in "The Right Spell," excerpted from one of Erickson's lectures from the 1960s.

Eric Greenleaf once again presents the creative and inciteful work of Angela Zhe Wu with her Case Report, "Modern Relational Problem, Digital and Relational Solution." This is an elegant example of how a modern utilization can interact with the right questions. Greenleaf's commentary adds to the perspective.

Our guest contributor for the *Theoretically Speaking* column is Rubin Battino, a long-time member of the newsletter family. His article, "On the Importance of Manipulative Language," is highly consistent with his enjoyment of the utilization of the English language. Battino emphasizes how the formal definitions of the words are far less important than what someone does with those words.

In this issue, we are bringing back our *International Community* column with John Lentz interviewing Katalin Varga, a past president of the Hungarian Association of Hypnosis and distinguished board member of International Society



of Hypnosis. Varga offers a European perspective on hypnosis and how it has been historically practiced and is currently practiced in intensive care units with critically ill patients.

Expanding on this column, Lentz presents a book review on *Hypnosis in Academia: Contemporary Challenges in Research, Healthcare and Education*, edited by Mauricio S. Neubern and Antoine Bioy, who live and work in Brazil and France respectively. Their take on academic and clinical hypnosis offers refreshing perspectives that span two continents.

Kate Hubert Bilotta's book review of Megan Bartley's, *Reset: Six Powerful Exercises to Refocus Your Attention on What Works & Let Go of What Doesn't* complements Battino's manipulative language article. Embedded in Bartley's permission for readers to go at their own pace as well as many of her other suggestions, is the implied or directly stated presupposition of self-acceptance and moving forward. Many other Ericksonian illusion-of-choice paradigms are artfully sprinkled throughout the book.

In the previous issue of the newsletter, we presented brief reviews of some of the presentations at last year's Evolution of Psychotherapy Conference that brought therapists from around the world to reconnect in celebration of our global community. Fortunately, if you missed the gathering, you have a chance this year to experience these and many other presenters in person at the 2023 Evolution of Psychotherapy in Anaheim, California December 12-17. I look forward to meeting you there. And, welcome home.

Rick Landis, Orange, CA

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# IN THE SPIRIT OF THERAPY

## Interview with Elliott Connie

By John D. Lentz, D.Min.

*Elliott Connie, MA, LPC, is a Texas-based psychotherapist who helped pioneer a new wave of solution focused brief therapy (SFBT). He earned a BS in psychology and an MA in professional counseling from Texas Wesleyan University. Connie has worked as a psychotherapist practicing in Keller, Texas.*

*He is the founder and director of The Solution Focused Universe, an on-line learning community that conducts training to help mental health professionals master the solution focused approach. In addition to his work in the U.S., he has lectured and given workshops in more than a dozen other countries. Connie is currently working on the development of a television project with celebrity Tiffany Haddish that will bring mental health awareness and solution focused brief therapy to a wider audience.*

*Connie is the author or co-author of five books, including Solution-Focused Brief Therapy with Clients Managing Trauma (Oxford University Press, 2018), The Solution-Focused Marriage: 5 Simple Habits That Will Bring Out the Best in Your Relationship (The Connie Institute, 2012), Solution Building in Couples Therapy (Springer, 2012), The Art of Solution-Focused Therapy (Springer, 2009), and The Solution Focused Brief Therapy Diamond: A New Approach to SFBT That Will Empower Both Practitioner and Client to Achieve the Best Outcomes (Hayhouse, 2023).*

**John Lentz:** You have a positive mindset, and your enthusiasm is infectious. I am impressed by what you say and how you say it.

**Elliott Connie:** That's very kind and means a lot to me. I am an enthusiastic person about the things I believe in, and I really believe in people. I believe in healing. And I think so much of our profession's work in this field focuses on *problems* and the understanding of *problems*. Which is why I love the Ericksonian community's focus on *solutions*.

**JL:** Glad to hear you see it that way.

**EC:** Yes, and unfortunately so many people are still focused on problems. Even in the brief therapy world when I give a lecture, some people complain because they had wanted a deep dive into harm. It has made me put all my energy into convincing people that the most important thing that we can focus on is healing and the healing journey to change. I've gotten better at understanding how to have that conversation with the audience. I think the world is changed by positivity, by love, by care. And I want to be an example of that.

**JL:** Erickson promoted experiences that led to healing, and your enthusiasm is part of that. Is your positive stance rooted in a deep philosophical position, or is this just who Elliott Connie is?

**EC:** Well, I think it's both. I grew up in a traumatic environment, and as a consequence a lot of people gave up on me. When your home life is not stable, you don't care about things like homework because you're just trying to get through the day. You don't think about normal stuff because you're not even sure you're going to survive. I was a solid C and D student in middle school and early high school and my teachers completely gave up on me. I never acted out, but I sat in the back of the room and didn't talk or consistently turn in my homework. I didn't get good test scores. And no one ever pulled me aside and said, "Are you okay?" I'm pretty sure if they had asked me, I would have told them. They just assumed I was a bad student and treated me as such. And then later when I was in high school, I discovered I was pretty good at baseball. So, I started dreaming about a future where I could play base-

ball in college. And that dream completely transformed my life.

I think the foundation of my positivity and enthusiasm comes from refusing to give up on anyone because I remember the impact it had on me when everyone gave up on me. And I also know the power of dreaming about a brighter future. And I refuse to have sessions that don't acknowledge that. A conversation about change is, in essence, a dream for a brighter future. Everyone deserves that. and everyone would benefit from having that.

**JL:** Your enthusiasm about solution focused brief therapy has helped to reenergize the field.

**EC:** When I was in graduate school in 2005, I learned about solution focused brief therapy and it blew me away. I couldn't believe more people weren't using it. It led me to learn about those at the Mental Research Institute, and about Milton Erickson. It also led me to learn about Bill O'Hanlon and Jeff Zeig. And then a surprising thing happened: Other therapists started criticizing me for doing it, and I just couldn't believe it.

I went to a solution focused event looking for kinship, because locally I was experiencing so much criticism. The conference had only 100 people. And I thought, "Why don't more people know about this?" It disappointed me. And I talked to people at the conference about that. It seemed like they believed that if people wanted to know about it, they would come to us. I was so frustrated that I wrote a book that was published in 2009. At that time, the world of psychotherapy was a very white dominated world, and I experienced a tremendous amount of racial injustice in the field of solution focused brief therapy. It pushed me to want to show the beauty of brief therapy, specifically solution focused. I wanted to show the world just how powerful love and care are, because in my childhood, love, care, and dreaming saved my life. So, it

made me much more motivated. And I think people had a hard time with a new voice in the field of therapy; being black, being urban. I had figured out the Internet and things like YouTube before others in my field, and it bothered them. But it motivated me because I knew that was the best way to reach people. And for me, it was all about letting more people know that there's a better way to go about this: by focusing on change, healing, love, and care.

**JL:** Your position is deeply spiritual. It seems that people who can recognize that what they're doing is okay, that they're okay, and that their dream is okay, will be as well. Your tenacity and perseverance brought about community change.

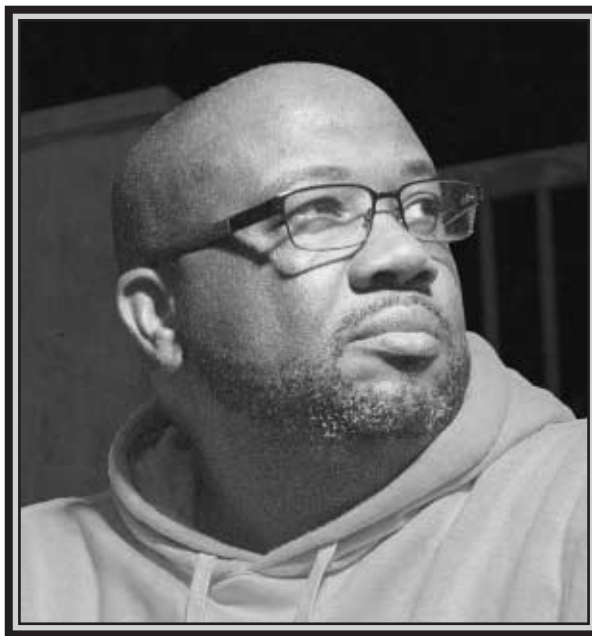
**EC:** I absolutely agree with you. And I am a deeply spiritual person. I prayed for guidance and for strength. And throughout that time, I just knew that I was on the path that God wanted me to be on. And on some level, because of that deep inner knowing, what anyone else did became very irrelevant. I knew that I was doing what was best and what was right and what I should be doing.

**JL:** Many of us can resonate with you.

**EC:** I'm not an arrogant, egotistical person. If I felt called to do something else, I would have.

**JL:** I'm hopeful that the community is in support of you, and you feel warmed by their encouragement.

**EC:** Yes, these days I do. I get dozens of emails and social media posts and social media DMs from people saying, you're inspiring a whole generation of therapists of color, and you have encouraged me to keep going. That means the world to me. I also feel like the psychotherapy field itself is becoming more welcoming to me because I've always said love is a more powerful force than hate. So, if I make sure that my teaching and my work in this field is an act of



Elliott Connie

## IN THE SPIRIT OF THERAPY

love, then I will outlast the acts of hate. I feel very welcome now. I feel like my place in the field is warm and comfortable. I had to go through some things to get to it, and I had to outlast some people to get to it. But if that was the price of impacting this field, then it's a price I would pay ten times over.

**JL:** You are injecting your positivity and your unshakable belief in human beings and what they can do. How you talk enthusiastically about solution focused brief therapy could easily be described as a positive trance.

**EC:** I had a professor tell me that once.

**JL:** Well, the professor was right. Your enthusiasm infects people with positive trance so that they can change their mindset and see the world through different eyes.

**EC:** I think that's true. This professor of mine, who loved Don Jackson, told me when I showed him a video of me working with a client, "You're doing trance work." And I said, "I've never studied trance work". He said, "It doesn't matter. You're doing it." I think there's a bit of trance in all change.

**JL:** Even in the lack of change. It's just a negative trance.

**EC:** Yes, exactly. Exactly. When we understand that mood is contagious, we can intentionally assist others. But my favorite thing in the world is when I meet people in a dark place and they think I'm delusional with how much I believe in them, and then they seem to accidentally start believing in themselves. Their life can never be the same. And it has a tremendous impact on people's lives.

**JL:** Perhaps one of the most powerful ways to change another person's trance is by your trance.

**EC:** I completely agree. If I believe in myself enough to know that I could believe in anyone, then I can become like a contagion of positivity. And I would love nothing more than that.

**JL:** Well, I am delighted to be talking with you and hearing your perspective. Your language is so hypnotic because of your enthusiasm, because of your positivity. It comes across with your tones and emotions. And what is powerful is that you're doing it out of an abundance of who you are.

**EC:** I think the most important thing that comes out of therapy is when someone recaptures their ability to dream about a brighter future.

**JL:** Absolutely. And that is what makes the difference between a therapist and a master therapist.

**EC:** I completely agree. People will often ask me, what do you do differently with someone with depression or anxiety or an addiction? And I always tell them, if you look at the master clinicians like Milton Erickson, Jay Haley, and Steve de Shazer, you never see any video of these people saying, "I switch my approach based upon my ". So, we need to figure out how to demonstrate care, love, attention, warmth, and kindness through our language in a therapy session. And it doesn't matter what problem your client has. That is entirely irrelevant.

**JL:** I totally agree with you. Erickson was clear that he was going to formulate a treatment devised for each client. Not a diagnosis cookie cutter treatment, but a treatment just for that client.

**EC:** Right. But not based upon your problem and not based upon what he knows about the theory he's going to design. He might use the word *treatment*,

but I prefer the word *language*. But he's going to use language based upon you as a human being, coming from him as a human being. And that's how change happens.

**JL:** Absolutely. In fact, in the 11th chapter of Erickson's complete works, Erickson and Rossi are basically saying exactly what you just said. It is a practical way of demonstrating love.

**EC:** I love that, because I think therapy is an act of love; "I need to recapture the ability to love myself."

**JL:** Now, speaking about solution focused brief therapy, you haven't mentioned Michelle Weiner Davis.

**EC:** Well, Michelle hasn't been a huge part of my training journey, but she was a massive part in my healing journey. I cannot overstate my appreciation of her. The first time I met Michelle—and I could get emotional saying this—was at a time when many of the old guard of the solution focused world were criticizing me. It hurt a lot. And I went to my first Ericksonian conference and Michelle was there. I was really star stricken, and I wanted to meet her. I asked Bill O'Hanlon to introduce me to her and I asked Michelle if I could take a picture with her. She said, "Only if you take one for me as well, because I know who you are." And to hear that from Michelle at a time when I was experiencing significant exclusion in the field, was what I needed. She took an extra step to make sure I knew that she had positive thoughts about me. And it was stuff like that that helped me during the difficult times in this field. And I will love her forever for that because that was just something she didn't have to do, yet she did it. And I adored her for that moment.

**JL:** What a wonderful story. Thank you for sharing it.

**EC:** It has been a pleasure to meet you.

**JL:** It was a joy meeting you as well.

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## CASE REPORT

### Modern Relational Problem, Digital and Relational Solution

By Angela Zhe Wu, LMFT

“Mom there is something I want to tell you. All right, this is what I can write right now. My Chinese is getting worse, and I cannot put my thoughts into appropriate Chinese words.”

A.J., a 24-year-old Chinese computer programmer, is talking to me in my Zoom therapy room. He needs help in preparing a Wechat\* conversation with his mom in China, who doesn't speak English.

A.J. came to the U.S. when he was 12 to get an American education. He graduated from college and started to work in Silicon Valley.

“My mom has been sending me intrusive messages via Wechat, regarding my financial decisions and my relationship with my wife. I would like to write her back and set boundaries with her, but my Chinese is getting worse.”

Understanding his background, the emotional and family relations between him and his mother and his needs, I started to guide him toward composing messages to his mom. I asked him what his feelings and emotions were when reading his mom's messages.

“Angry and annoyed,” he said. “Do you want to sound angry and annoyed when replying to her?” I asked. “No, I know it won't work. My mom is very forceful and stubborn. I will have to circle around to convey my message to her. Otherwise, she will mercilessly fight back. Normally I am precise, calm, and brief.”

A.J. and I started to use the “sandwich conversation” style to generate different versions of messages that he could send to his mom. He was satisfied with our result, yet still worried.

“I have some deeper thoughts to share with her. But now language has become a barrier between my mom and me. Very sad.” “A.J.,” I said, “perhaps we can try Chat GPT. You are the expert.” A.J. seemed to be excited with this idea. He used Chat GPT to do programming. I heard him log into his Chat GPT account and start to *input the prompt and context* of the conversation.

I looked at the first draft of Chat GPT and read the Chinese draft to him.

“It sounds too polite and gentle. It is not me. It's like a young child. I want it to be polite and firm.” “Is this how you are feeling right now?” I asked. “Yes, I want

to be decisive, polite, and assertive.”

A.J. input more prompts to Chat GPT, “*precise, assertive, and bullet points.*” In seconds, we see the second draft. I read it out loud to him in Chinese.

“This one sounds a little bit cold, too business-like.” He declined this version. I asked him to turn inside: “Now A.J., get in touch with the thoughts that you want to share with your mom. Just notice any memories, images, and body sensations that you are having.”

“I'm feeling warmth. Mom is forceful. She offers tough love. I know she loves me, and I deeply care about her.” I noticed A.J.'s eyes were wet at the other end of cyberspace. “Take a moment to feel the warmth, absorb it, even imagine how you want mom to feel when she receives your messages.” A.J. paused. He was quiet. ...

“Perhaps you can tell Chat GPT all the feelings you have toward your mom, then we will see what this A.I. will compose for you.” After a moment, I heard A.J. typing again. In seconds, we have the third script. I read it out loud to him. “This is very good. I will use this one,” he says with a smile.

“Congratulations, now you have a way to talk to your mom. A.J.—You did it.” A.J. thanked me for suggesting this new way to communicate. I tell him, “A.J., it is your work. You did not just give A.I. the prompts, you shared your feelings, let GPT know about both your personalities, introduced your relationship with your mom. Then GPT did the work. It is very similar in human communication: You share deep feelings and thoughts, and words will come to you.”

The session ends here, and I hope A.J.'s conversation with his mom will continue.

\**Wechat: the most commonly used social media in China.*

\**Therapist is English-Chinese bilingual. Client can speak and read Chinese, but not write in Chinese.*

### Commentary

By Eric Greenleaf PhD

Angela Zhe Wu, an MRI-trained Ericksonian family therapist, knows Chinese language and culture, and computing. She utilizes a young computer programmer's interest in Chat GPT to compassionately address his mother in a way that highlights his own determined and caring personality. This is subtle and effective family therapy. When the root stock is strong, a graft improves the stock and is supported in new, flowering vigor.

## HISTORICAL HYPNOTIC PROCEDURES

By Jeffrey K. Zeig, Ph.D.

When I began studying hypnotherapy in the 1970s, Paul Sacerdote, MD, PhD, was a luminary in the field of hypnosis. At Erickson's recommendation, he was invited to present at the first Erickson congress in held Phoenix in 1980. The Erickson congress was the first professional meeting I organized.

In his book, *Induced Dreams* (Vantage Press, 1967), Sacerdote differentiates between nighttime and hypnotic dreams. He presents extensive case studies of depression and obesity in which he hypnotically induces a series of consecutive dreams. He did not use a process of classic psychoanalytic interpretation but rather a process of guiding the client through active dialogue within hypnotic dream work, the goal of which was to help the client reach a state of efficacy through a corrective emotional experience.

Dream work has a history. Freud developed an integrated theory and practice of the interpretation of dreams in psychoanalysis, which he considered to be the proper setting to analyze dreams.

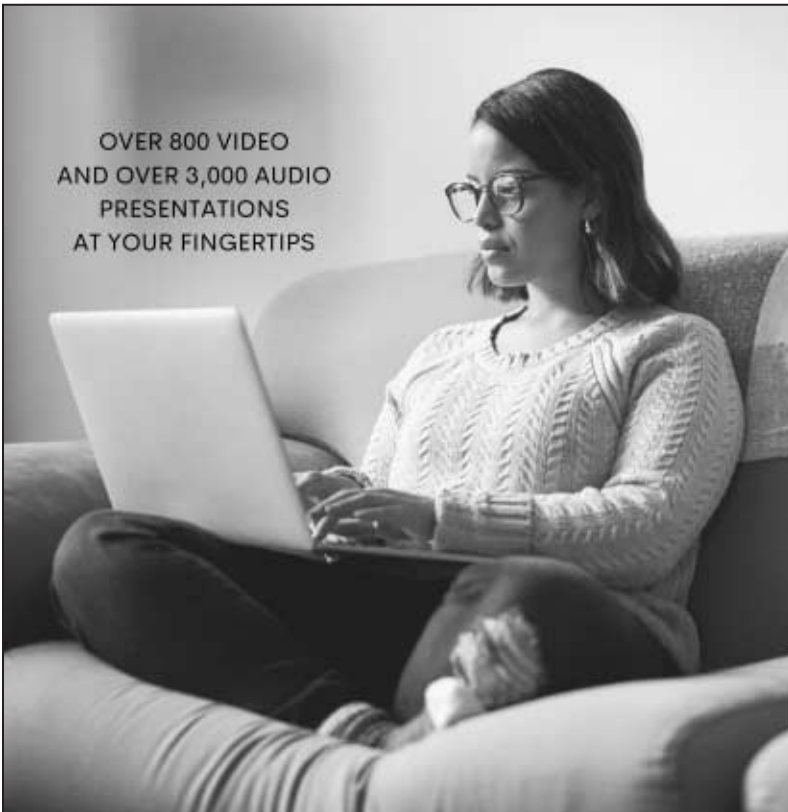
Erickson studied the art of using hypnotic dreaming. His “rehearsal technique,” involved having the subject repeat a dream with a different cast of characters, per-

haps in a different setting, but with the same meaning. The process continued until his purpose was accomplished.

Sacerdote explored the use of dreams in a way that differed from classic methods. Sacerdote's process was similar, but he was more overtly directive, for example, saying to the patient: “The dream will just take place when I click my pen, and sometime later it will stop when I click my pen a second time. At the end of the dream, without waking, you just start reporting the dream, and as the dream gets finished, you start dreaming the next one, which will be like a continuation and an explanation.” (p. 67)

Specifics of Sacerdote's hypnotic inductions are not detailed in the book but seem to rely on classic and direct induction methods. Sacerdote was a pioneer in the use of hypnotic dreams, and he applied his technique with a host of medical and psychiatric problems, including somatic illness, psychosomatic illness, and behavioral problems.

The art of using hypnotic dreaming deserves a revitalization in contemporary practice. Those who want to pioneer new methods will benefit from understanding its history.



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# UNEARTHED FROM THE ERICKSON ARCHIVES

In 1955, Milton Erickson was invited to join other post-graduate faculty members for *A Seminar on Hypnosis*, to be held December 15-17, presented by the Marquette University School of Dentistry in Milwaukee, Wisconsin. The conference was restricted to physicians, dentists, and psychologists. Erickson penned the following notes by hand which were unearthed from the Foundation's archives.

## General Orientation to Hypnotic Realities

Hypnosis may be defined briefly as a special state of experiential awareness. It is comparable in many ways to such psychological states as intense concentration, profound self-absorption in reverie, the losing of oneself in music, and various other commonly recognized and readily appreciated states of experiential awareness.

The hypnotic state parallels in its structure and manifestations the ordinary state of conscious awareness but it differs in many strikingly significant ways.

Foremost of these differences is that ordinary conscious psychological functioning is oriented around reality values and stimuli with a ready discrimination between reality and ideas and to which as an elaborative process, are added the psychic realities of experiential learnings.

In sharp contrast to this, hypnotic behavior is oriented about intra-psychic values and stimuli, that is, the learnings and understandings, the mental images, memories, concepts, emotions, and ideas that belong to the person and to which may or may not be added external reality values and stimuli.

Thus, in the ordinary state of conscious awareness, a person may look at a table and picture a vase of flowers on it, but with a recognition of the table as a reality object and the flowers as a product of imagination, thereby achieving a certain psychological experience.

Markedly different in character is the psychological functioning of the deeply hypnotized person. His behavior is in accord with his intra-psychic capabilities, not dependent upon the constraint of external realities.

Thus, the deeply hypnotized person may see the table even as does the un-hypnotized, but reality values are not necessarily important or relevant. In his functioning, he is at liberty to utilize the table as a reality object or he may replace it by a totally different table constructed out of mental images, memories, and ideas and place upon it a similarly constructed vase of flowers. Thus, there results for the hypnotic subject an intra-psychic functioning that is experienced as an actual external reality.

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## Letter Transcript

*Milton Erickson was a prolific letter writer. Sometimes his message was therapeutic as in this case where he addresses obsessive compulsive disorder.*

*Since they are his own words, Erickson's letters to colleagues and experts in different fields offer a clear perspective on him. He wrote to Margaret Mead, Gregory Bateson, Jay Haley, and John Weakland; he wrote to renowned psychoanalysts, significant practitioners of hypnosis and figures in psychotherapy; and he wrote to patients, parents and family of patients, students, and of course, family and friends. Oftentimes his letters were pages and pages long, single-spaced.*

*In 2000, Jeffrey Zeig and Brent Geary published The Letters of Milton H. Erickson. Many letters in the Erickson archives did not make their way into this book. The following, written to a patient, is one of those letters.*

October 28, 1975

Dear \_\_\_\_\_

I was most delighted with your second letter since it disclosed an honest willingness to look at and understand the truth. Obsessions are the poorest and most distressing of protections. An obsession about something makes it possible to think you want it, but it makes it impossible for you to accept it. If I said I was desperately wanting an apple, and I examined every apple in the market

and found each one unacceptable because it might have pesticide on it, how many apples would I have to examine before you reach the conclusion that I didn't want an apple and was only speaking and acting as if I wanted an apple? Or suppose I said I liked a certain jacket, that it was just the right jacket for me, the right size, the right style, the perfect, the most serviceable, the right color, and began to wonder if the dyes used were poisonous and the thread by which it was sewn together was proper. Did the dealer really own it? Was it really for sale, etc.? How long would it take you to figure out that I was just raising questions to delay any purchase? Would you even believe that I liked the jacket? People are often self-deceptive and self-deluding by believing the wrong things about themselves that some think others want them to believe.

Now in reply to your second letter of October 3rd, you have sent positive evidence of a desire for a career in a sociological field, but have you ever sent a scrap of positive evidence that you are interested in a girl, marriage, and children? You have sent plenty of negative evidence about girls, etc. What reason do you have to think that bachelorhood is wrong? This world would be an even sadder place if there were not a lot of dedicated bachelors.

Now... what is right for you, you will welcome. And what is not right for you, you will keep at a distance because of your obsessions and other symptoms. You don't need symptoms.

Sincerely,

Milton H. Erickson, M.D.

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## The Right Spell

*The following was excerpted from the Erickson archives from the Q&A section of one of Erickson's lectures from the 1960s.*

*A professional in the audience asked a question about the emotional blocks that preclude children from learning, and how to remove these.*

Milton Erickson: I can think of two boys in my son Robert's class who couldn't spell "cat" or "rat" or "no" or "yes." Their spelling was terrible, and they both felt bad about it. Their parents felt bad about it. Their teacher felt bad about it. And my son felt bad for his playmates, so he quietly arranged for me to intervene. He told them: "My daddy will help you learn how to spell."

So, when Robert breached that subject with me, I told him to bring the two boys by and have bring their spelling tests from the last few days. The two little boys came with half a dozen spelling tests. I had the three boys sit down, and I was very careful and elaborate and even ritualistic in my behavior with them. I practically went into a state of well controlled shock, because I looked through the spelling lists and there was the word, "chicken." I said to one little boy, "That is one of the hardest, awfulest words to spell. And the hardest part of it is the "C" and the "K", and you have the "C" and the "K" correct (those were the only two letters in the word correct). Then I went to the next word and said, "Here is one letter that is right and here is another."

And it took less than three hours for these two boys to get an 85 and 90 on their spelling tests because all I could see on their past spelling tests was what they spelled correctly.

That same experiment has been done at the university level where you get a group of students to volunteer to learn typing. Break them into two groups and give them precisely the same instructions by the same instructor. Then you correct their work. With one group, you underline every bit of correct typing, and with the other, you underline the wrong typing. Do you know which group learns to type faster and better? The one in which you underline the correct typing.

Don't worry about the emotional blocks—you let them keep the emotional blocks about their misspellings. Just see to it that they take pleasure in the *correct* spelling. So, all I did for the boys was give them a tremendous feeling of pleasure and satisfaction for the letters in the words that they had spelled correctly.



## INTERVIEW

*continued from page 1*

problem—saying that they must fix themselves or quit—that we have lost sight of the environment, which should nurture and support people doing their work. And if people are working with chronic job stressor that have not been well managed, there's a positive implication that they *could be* well managed. Some things are preventable. We could rethink our processes; redesign things that are no longer relevant and come up with a better way of doing the work that needs to be done.

**JZ:** What's an example of a systemic change that would have individual effects?

**CM:** The workload is the one everyone thinks of, but, in healthcare, changing medical records is important, so it does not take such a huge amount of time. I have talked to physicians about this, and they say that those records are at the bottom of their license.

So, it's coming up with different ways to collect the necessary information on patients in a way that doesn't take away from people's time at home, at work, lunch hour, and time to rest.

What we saw even before the pandemic was an escalating sense of not being able to say no because an employee would put their job at risk. People were asked to work weekends, on their days off, and/or work late. But we need to do things that encourage and support people taking breaks and getting rest to function and be healthy and be able to come back even after a tough day.

In our book we talk about six mismatches—areas where there is an imbalance between the person and the conditions of the job, and this can lead to burnout. Workload is one of those areas.

Control is another mismatch area. Do you have autonomy, discretion, and choice in your work? We often find that when people complain about the heavy workload, it is not just the workload, it's how the workload is uncontrollable. They feel they don't have a say in what they are doing and how they are doing their job. And they are unable to speak up about it can be done more quickly and effectively.

People say they are never asked for input. They are just being told what to do and it's demoralizing to never have a chance to exert autonomy and control and have input. So, giving people more direct collaborative communication around these issues would help with a better sense of autonomy.

Another area of mismatch is reward. As it turns out, job satisfaction is not all about salary and benefits. It is a lot about recognition. People want positive feedback when they do something good or special.

The fourth area we talk about in the book is the workplace community—colleagues, people you supervise, the bosses, clients, vendors, whomever paths you cross. Do you have good, supportive, respectful, civil relationships with people? Or is there bullying and harassment? Do some of your colleagues end up being your worst enemies who would throw you under the bus so that they can get ahead?

The fifth area has to do with fairness. This is where discrimination can lie with a glass ceiling. You may not be recognized for a new opportunity or a promotion or an award. We find that when people feel they are operating in a workplace that's unfair, burnout runs high.

The last one you alluded to...and it's about values and meaning. Are you doing something that is important and are you contributing? Or are there ethical conflicts that you cannot stand behind...things of which you are not proud? And so, this is when people feel a values mismatch. They'll get to a point of saying, for example, "This is not why I went into healthcare. Or this is not why I became a psychotherapist; not why I became a doctor. I need to get out of here to a better place."

We find that sometimes things can be fine in some of those areas but there might one or more that will lead someone to say, I can't do this anymore." We want to see people thrive in work environments, to do the work that they've been trained to do. We want them to value what do and be successful, instead of being beaten down.

We need to think more in these

terms of psychological motives: What makes people tick in terms of autonomy, belongingness, competence, and fair treatment? This is important in how we function as human beings.

It's identifying where the problems areas are, where the good areas are, and have a more targeted framework on what can we do about chronic job stressors, which in many cases are not these great big visionary things like healthcare in the 21st century that's going to be millions of dollars to change the patient experience. Rather, it's chronic everyday stuff. It's the pebbles in your shoe that drive you nuts and erode your energy, connection, soul. So how do we make progress in improving those, making them more manageable so that they're not taking a toll?

**JZ:** These are insidious forces, mostly invisible. And when you make them clear, people can then identify what the issues are and have an opportunity for making change. When you wrote *The Burnout Challenge* with your coauthor, were you addressing industry or the people suffering from burnout?

**CM:** In a sense both, because we wanted to have a common language that all sides could use so that there is better understanding, rather than all the finger pointing that tends to go on.

**JZ:** Things can be bottom up and top down.

**CM:** Exactly, and if we could have a common language then maybe we can have a way to work together collaboratively to customize changes that will work for what we do and who we are. That's why the one-size-fits-all doesn't tell you much, until you take it down to what's getting in the way, leaving people exhausted and feeling like they don't want to stay at their job anymore... or getting depressed about continuing to work in their career.

**JZ:** Is there something that is specific in jobs that determines who is more likely to get burned out? For example, if you are a line worker would burnout be a bigger risk than if you are a psychotherapist?

**CM:** Not in any large sense. In some jobs you inherently have more autonomy and control. You have

more of that as a psychotherapist. And then there are line workers and other kinds of jobs where you are basically told what to do and must meet certain standards. For some people control is not an issue, but if it is an issue, it's a biggie.

There are some professions where people work more independently in isolation and don't have much of a social work environment, which can be a negative. One of the things we know about well-being is that you must have relationships with other people—reciprocal and mutual. You care for each other and give each other feedback, you argue about things, go out and have fun together. This kind of work environment will make people say, "The building is a bit shoddy, the job is not in a good part of town, and I wish I could have more pay. But the people I work with are better than money in the bank, and I wouldn't leave without them."

When I was writing the book during the pandemic, a screenwriter contacted me and said, "We screenwriters work alone at home. We are isolated. The only time we see other screenwriters is when we're on strike. But we have issues that we're all dealing with like producers who want us to do work but don't pay us enough. We want to be able to connect."

So, they started these little pods of people who would get together on Zoom and talk about issues or celebrate that somebody's movie finally made it. It's coming up with new ideas of how to build more of a social relationship with colleagues in a positive way.

**JZ:** It's a concern for psychotherapists who tend to be lone wolves in comparison to positions that tend to be pack animals.

**CM:** That's why it's important to be thinking about the job, the person, and the environment and how it fits or mutually reinforces in ways that help us deal with occasional stressors.

I often hear from people who are running organizations and they say things like, "Hey, what if we just shut down the business for a week? Everybody can have a vacation and burnout will be gone." You can have a vacation or maybe a respite. But if you re-

*INTERVIEW continued on page 20*

# INTERNATIONAL COMMUNITY

## Interview with Dr. Katalin Varga

By John D. Lentz, D.Min.

*Dr. Katalin Varga is a professor at Eötvös Loránd University (ELTE), the head of the Department of Affective Psychology, past president of the Hungarian Association of Hypnosis, and board member of International Society of Hypnosis.*

*She was awarded a postgraduate fellowship from the Hungarian Academy of Sciences (1986-1990) to study the subjective experiences associated with hypnosis and the role of suggestions in critical states. In 1991, she earned her degree of "Doctor of University" (ELTE), and in 1997 for comparing the subjective and behavioral effects of hypnosis. In 2016, she was awarded "Doctor of Science" (DSc, Hungarian Academy of Sciences) for describing phenomenological synchrony. As a member of the "Budapest hypnosis research laboratory," she is investigating hypnosis in an interactional framework. And in this multilevel approach, she is focusing on the phenomenological data.*

*For the past 20 years she has been working in a hospital setting primarily with critically ill patients applying suggestive and hypnosis techniques. She is the founder and professor of the postgraduate training of suggestive communication in somatic medicine, co-organized by the Hungarian Association of Hypnosis and Semmelweis University School of Medicine, Budapest. She has published numerous articles and books, which present her research findings on hypnosis, and the clinical experiences on the application of suggestive techniques with the critically ill.*

**John Lentz:** You have been promoting medical hypnosis in Hungary for a long time. Can you talk about your accomplishments?

**Katalin Varga:** Obviously this is a "we," and not just me. Many have contributed to advancements in hypnosis and medicine. It is not individualistic work. In the '90s, we used it during general anesthesia. It was a bit unusual and mystical then. We were using direct communication from the anesthesiologist, or recordings played during the operations with the patients. We did several independent studies, and we discovered that it is useful—less medication is needed, and patients report less pain and more satisfaction. It is obviously good, and costs practically nothing, especially compared to other approaches.

We also used positive, psychological suggestions in the intensive care units. As I was asked to see more patients, it became apparent that I could not be everywhere at once, so we wanted to see what would be the minimum work that would lead to detectable positive changes. After a year's study using a randomized suggestion group with a control group, we found that 20 minutes a day of positive suggestions was enough. We used a simple standardized protocol of positive suggestions with each probable step in the care. So, if the patient was strong enough to breathe on their own, we would say things related to that so that the suggestions were related to the life situations people were dealing with at the time. Eventually, in the intensive care units, we used prerecorded suggestions that also showed positive results.

For many different applications, we got excellent results with positive psychological suggestions. With only 20 minutes a day of positive suggestions, we increased the survival rate of patients and lowered the need for sedatives and pain pills. Twenty minutes a day made a difference. Then we had more specific surgeries and medical procedures like eye surgery, where pain isn't an issue because of the use of drops. But it is still important to have the patient calm and relaxed.

Another study on orthopedic surgery using basic suggestions showed that even with basic suggestions you can get less bleeding to occur. We demonstrated that blood loss can be reduced by up to 40 percent. We did not have any experiments with obstetrics because many practitioners were already using hypnotic language.



*Dr. Katalin Varga*

**JL:** That seems like quite a bit! Would you agree that you and your team have significantly contributed?

**KV:** Yes, and no. When I look back on the accomplishments, yes. But in most cases, there has been no continuation. No one maintains the procedures in their everyday practice, even though the results are clear. While the practices are not complicated, the mindset of the doctors is not so good. They do not see the value of continuing to use the approaches.

**JL:** I have had the same experience here in the U.S. You are saying that it is more universal.

**KV:** Yes. Many international organizations have shown the same things. If there is one person in the work group who is eager to introduce it and works on persuading colleagues and others that it will work, then it continues for a time. For example, one woman who worked in a medical institution with a school was able to keep things going. But we are psychologists and thus are outsiders in the hospitals and university clinics. Therefore, it is difficult to maintain.

**JL:** You teach hypnosis to students. Are they enthusiastic?

**KV:** Yes, and some are good about using medical hypnosis, but it is a slower process than I originally hoped for. My wish is that it would be obvious to people how useful positive language is for health and happiness. However, it is not just that many medical practitioners don't see the value of using positive suggestions. In many cases, they are extremely negative and unaware of the tremendous detrimental effect that their negative words have on the patient and their health. So, there is a clear nocebo effect.

**JL:** The nocebo effect is powerful. If people believe in a negative outcome their negative belief often encourages that outcome. It is extraordinary that professionals don't realize this, and therefore avoid the negative.

What else do you want people to know about the of hypnosis?

**KV:** I That they already have the potential within, and it is a real pity when we are not using those potentials. It is minimal effort to learn these types of techniques and rules of communication. It does not have to be a complicated technique. Of course, you can make it complicated, but it is not necessary to get significant results.

**JL:** At the university, you play many roles in the International Society of Hypnosis.

**KV:** Yes. I have been in the International Society of Hypnosis for nine years now, and I am the editor of the ISH newsletter. What is nice is that we are all volunteers. We volunteer our time attending meetings and encouraging the study of hypnosis. We devote time and energy to making decisions and figuring out how to have conferences. During Covid it was obviously difficult. But we figured out how to have conferences that we have been able to continue in Asia, Africa, Europe, Central, South and North America. It represents an international community with a real cultural feel to it.

**JL:** I remember that you were instrumental in the creation of the Medical Hypnosis Conference in Budapest a few years ago.

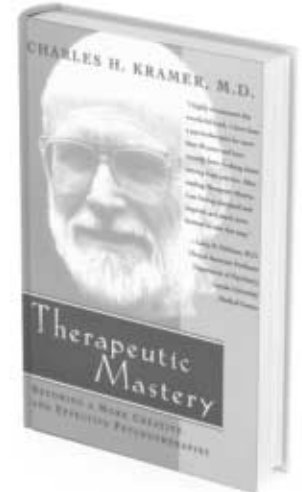
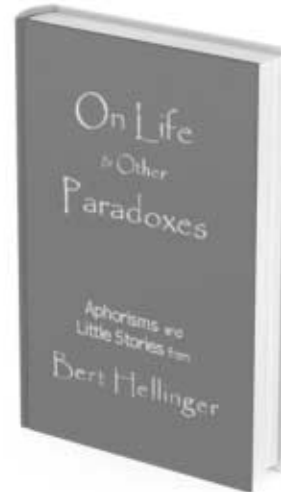
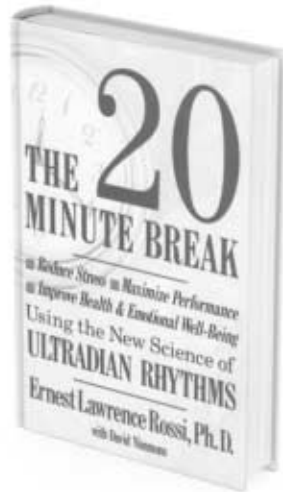
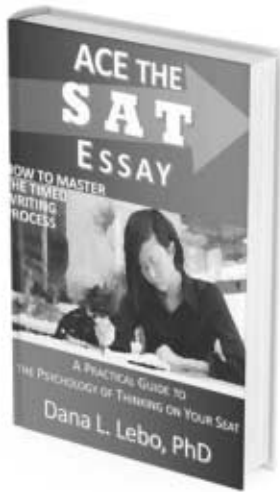
**KV:** Oh yes, the conference on medical hypnosis was my baby. And the Hypnosis New Generation Conference may have been even more important. I noticed that none of the younger hypnotists had a place to present and to share their ideas because the meetings and keynote positions are open only to the higher-level practitioners. So, we decided to organize an inexpensive conference where there would be no time and space restrictions and we would invite young hypnotists to present.



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# THEORETICALLY SPEAKING

## On the Importance of Manipulative Language

By Rubin Battino, MS

As I heard Paul Watzlawick describe it, historical manipulation of language took place around 1900 in Vienna where medical staff could not find a way to help a patient who was seriously declining. They told the patient that if they knew what he had—a clear diagnosis—they would be able to help him, but they did not know of one. Then, they told the patient that a famous doctor would be visiting the hospital and that he was a marvelous diagnostician. This doctor carefully examined the patient and gave his diagnosis of *moribundus*. The patient heard this and assumed that having a diagnosis meant that he was on the way to being cured. He soon left the hospital feeling healthy. Of course, *moribundus* is Latin for “he is dying”! The patient’s cure was due to the placebo effect.

At one time there was much controversy in the psychotherapy world about the word “manipulate.” This eventually got resolved when it was realized that this is what clients expect when seeing a therapist, i.e., to be “manipulated” with words and approaches so that they can become healthy and more comfortable in their lives. Indeed, as Paul Watzlawick (1978, p. 11) put it: “It is, therefore, absurd to ask how influence and manipulation can be avoided, and we are left with the inescapable responsibility of deciding for ourselves how this basic law of human communication may be obeyed in the most humane, ethical, and effective manner.”

There was covert, manipulative communication in the presuppositions, binds, and indirect suggestions that Milton Erickson employed to help patients (Erickson, Rossi & Rossi, 1976; also see Battino & South, 1999). In Erickson and Rossi (1979) there are many illustrative and useful examples. Here are a few (italics in original):

- It is not what the therapist says but what the patient does with what is said that is the essence of suggestion. (p. 19)
- Your headache (or whatever) can now leave as soon as your system is ready for it to leave. (p. 24)
- As you mentally review the source of that problem *your unconscious can develop some tentative ways of dealing with it.* (p. 33)
- On the simplest level, implication is verbally formed by the *If... then* phrase: *If you sit down then you can go into trance.* (p. 38)
- As soon as your unconscious has reached the source of the problem, your finger can lift. ... When you have found a feeling of relaxation and comfort, your eyes will close all by themselves. (p. 41)
- [Three binds] Would you like to enter trance now or later? ... Would you like to enter trance sitting or lying down? ... Would you like to go into a light, medium, or deep trance? (p. 43)

Before discussing ways in which therapists can apply these, let’s consider a recent article by Viviana Masia (2022) entitled “The Art and Science of Manipulative Language.” Her subtitle is: “How does the brain handle speech that is intended to mislead—in advertising, in political rhetoric, and even in ordinary conversation?” Masia writes about the implicit level of communication which can be a particularly effective channel for leading the recipients of a message to act or think in a specific way without directly questioning it. The main examples she uses are related to advertising, as in “Adidas. Impossible is nothing” —implying that Adidas helps master the impossible; “Coca-Cola. Continuous quality is quality you can trust” —implying that Coke has quality; and “Lindt. Mastering the seduction of smooth” —implying that Lindt chocolate is a means of seduction. She also cites Shakespeare’s use of ironic speech, as in Mark Antony’s opening in *Julius Caesar*, “And Brutus is an honorable man”—which he repeats many times until the listener thinks the opposite.

Masia, a linguist interested in the inner working of the brain when manipulative language is heard or read, observes (p. 302): “The data show clearly that participants spend more time—that is, expend more effort—processing overt

assertions than they spend on presuppositions. These results indicate that the recipients of a message may receive implied information without consciously questioning it but will tend to take more time in processing direct assertions of facts, examining their accuracy more closely.”

### Clinical Applications of Manipulative Language

*Expectation.* Bob Pearson, MD, a student of Erickson’s had a medical practice in northern Michigan where he skied during the winter months. This meant that he worked with many skiers who fell and broke a wrist, arm, or leg. The ski patrol on the slopes would tell a skier who fell and broke a limb that they would be taking them to see Doc Pearson who used hypnosis to minimize pain while he was setting the limb and putting it in a cast. So, the expectation of the skier was that the procedure would be comfortable, even painless—and it was! The key word here is “expectation,” which is a central feature of manipulative language.

Kay Thompson, also one of Erickson’s students, (2004) was a master of pain control for herself and her dental clients. Her philosophy about pain was: “Pain is a danger and a warning signal, period. When everything that can be done and should be done, has been done, there is no longer any reason to have the pain.” What wonderful manipulative communication.

I have borrowed Mary Goulding’s (1990) opening question so that I say to a client at the beginning of a session, “It would be useful to keep the following question rattling around in the back of your mind during this session, ‘What are you willing to change today?’” Then, I do not go back to this question. Instead, I just let it rattle around. Just about every word in this question is manipulative, engages the client’s attention, and hovers enticingly during the session. It invites clients to consider the possibilities.

In one of their research projects at the Brief Family Therapy Center in Milwaukee, Steve de Shazer and Insoo Kim Berg (reported by de Shazer in Hoyt, 2001; also see Fisher 1980, 1984) had the receptionist in their facility look at an intake form and then randomly tell the client that the staff generally took either six or 12 sessions to help people with their written concerns. The receptionist did not actually know this was true, and the staff did not know what the clients were told. A year later, they examined staff notes to find out when the clients started doing significant work in their treatment. For those clients who were told six sessions it was mostly in the fifth session, and for those who were told 12 sessions it was mostly in the tenth or eleventh session. Also, note that the staff did not use the same way of working with clients. So, the client’s expectation of the number of sessions needed to help them was the controlling factor. (I, and others, have extrapolated this down to the possibility of doing single-session therapy. I tell all my clients that my goal is to help them in one session; Battino, 2006).

In my 2010 book, *Healing Language: A Guide for Physicians, Dentists, Nurses, Psychologists, Social Workers, and Counselors*, I extended the discussion about healing and helping and manipulative language to medical professionals. There are 68 scenarios covering a wide variety of situations, giving suggestions for the use of healing language. (Some scenarios also give illustrations of harmful language.). The suggested healing language is, of course, manipulative in enhancing comfort and health.

*Illusion of choice.* As Watzlawick et al. (1974) and Watzlawick (1978, pp. 108-117) ask, by way of examples:

- “Do you want to go to bed at a quarter to 8:00 or at 8:00?” and
- “Do you want to have your eyes open or closed when you experience trance?”

The first example implies that the listener will be going to bed; the second implies that trance will be experienced. Watzlawick (1978, p. 116) notes: “What all these interventions have in common is that, almost by a sleight of hand, a specific frame is created which excludes the undesirable outcome.”

*Reframing.* Watzlawick et al. (1974) also discuss the use of reframing in problem formation and problem resolution. Their definition (p. 95): “To reframe, then, means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the

# THEORETICALLY SPEAKING

'facts' of the same concrete situation equally well or even better, and thereby changes its meaning." Bandler and Grinder (1982) wrote an entire book about how to use reframing via Neuro Linguistic Programming (NLP). This book contains many ways to do reframing in a multitude of situations and is still a wonderful and practical resource.

**Placebos.** The placebo (Latin etymology: *pleasing*) effect is generally the hidden change agent in many circumstances. Consider a medical doctor telling a patient about a new drug or treatment: "This new medication (or treatment) has been helpful for many of my patients. That is why I am prescribing it." There are several manipulative and helpful words and phrases in the first sentence: The word "new" implies something different and tested and helpful; and "has been helpful" nails down the recommendation. When medical personnel and others (e.g., therapists) tell a client, "What I am using today is evidence-based," they are using a placebo effect. Shapiro and Shapiro (1997) define placebo as, "... any therapy (or component of any therapy) that is intentionally or knowingly used for non-specific, psychological, or psychophysiological, therapeutic effect, or that is used for a presumed therapeutic effect on a patient, symptom, or illness but is without specific activity for the condition being treated." The use of the generally hidden placebo effect in psychotherapy has been discussed by Battino and Hoyt (2022), and it is an effective manipulative approach.

In conclusion, manipulative language is effective and ubiquitous. Use it wisely.

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Acknowledgment. The author thanks M.F. Hoyt for his insights in editing this paper.

## INTERNATIONAL COMMUNITY continued from page 10

This meant that we had to find another venue because the hotels want so much money that it wasn't practical. Fortunately, my university was open to hosting. It was inexpensive to facilitate and many people including the entire board came to the event, not to present but to listen. They participated in the meeting by listening to the young clinicians.

**JL:** Was that your idea?

**KV:** Yes, it was my idea, but my colleagues also had good ideas for the event. For example, there was the "hypno room," where people went into a room and came out only after they solved the hypnotic problem. And we had five-minute meetings with the big names. You could have a brief "date" with a well-known practitioner. There were new and fresh ideas for this conference, along with innovative approaches. For example, there were flash five-minute talks on a subject. These were the ideas of the younger generation. It was a way to get the younger and older people to know each other and it opened the door for many young people to be known internationally.

**JL:** That is intriguing and innovative. I hope others will be encouraged to do something similar. Given how busy you are, I appreciate that you agreed to be interviewed.

**KV:** Because I know and respect you and because I have been on the other side with newsletters.

**JL:** It has been an honor to talk with you. Thank you.

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The Milton H. Erickson Foundation is a non-profit organization designated to advance practice in the mental health professions and perpetuate the teachings of the late Milton Erickson, MD. For over 40 years the Erickson Foundation has pioneered cutting-edge therapeutic continuing education. Through your support, the Foundation can continue to develop new educational offerings and preserve psychotherapeutic history.

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# EVOLUTION CONFERENCE

## Evolution Conference Coming Up

The Evolution of Psychotherapy Conference is around the corner, December 12-17 at the Anaheim Convention Center. Described as “a golden opportunity for mental health professionals,” the faculty lineup at the 2023 meeting includes some of the world’s foremost experts in the field of mental health.

Keynote speakers are John Gottman, PhD and Julie Gottman, PhD, experts in marital relationship and divorce prediction; Temple Grandin, PhD, bestselling author and researcher on visual thinking; Rob Kapilow, composer, conductor, author, music commentator; Otto Kernberg, MD, FAPA, psychoanalyst and leading researcher on personality disorders; Cloé Madanes, LIC, HDL, innovator and teacher of family and strategic therapy; Christina Maslach, PhD, pioneering researcher on job burnout; Donald Meichenbaum, PhD, founding expert on cognitive behavior therapy; Martin Seligman, PhD, leading authority in field of positive psychology; Dan Siegel, PhD, award-winning educator and co-director of the Mindful Awareness Research Center at UCLA; David Whyte, renowned poet and philoso-

pher; and Jeffrey Zeig, Erickson Foundation Director.

Evolution of Psychotherapy is the premier event for psychotherapy education with an educational program featuring more than 90 sessions led by 35-plus world-renowned speakers. There will be clinical demonstrations, conversation hours, great conversation sessions, speeches, panels, workshops, keynotes, and two pre-conferences. Participants can earn more than 125 continuing education credits.

Jeff Zeig: “This is the first time since 2017 that the Evolution of Psychotherapy Conference will be held in Anaheim. In developing the educational agenda, we look for commonalities that underly successful clinical work and we develop sessions that will fit the needs of practicing clinicians. Our 2023 meeting will examine the current challenges in mental health, and the research-based best practices and novel approaches to improving patient care and outcomes. Evolution is the most anticipated psychotherapy event of the year and a one-in-a-lifetime experience that no one should miss.”

To view the full agenda, speaker lineup and to register, visit: [evolutionofpsychotherapy.com](http://evolutionofpsychotherapy.com).

## EVOLUTION CONFERENCE 2022 REVIEWS

### More Mini-Reviews from the 2022 Evolution Conference

*This is the second half of the brief reviews of some of the presentations that were given at the Evolution of Psychotherapy Conference held last December in Florida. These are just a few of the presentations that brought therapists from around the world to reconnect in celebration of our global community. If you missed the gathering, you could look forward to meeting other presenters in person at the Evolution of Psychotherapy in Anaheim, California December 12-17, 2023. But for now, please enjoy the reviews.*

Rick Landis, Executive Editor

#### **Donald Meichenbaum, PhD Core Tasks of Psychotherapy: The Art of Questioning, Motivational Interviewing, Single Session Therapy and Psycho-Educational Procedures**

*Reviewed by Michael Munion*

After five decades as a therapist, Donald Meichenbaum sits in front of an audience of professionals at the 2022 Evolution of Psychotherapy Conference, and in a conversational tone shares his insights on how to boost clinical effectiveness. He casually quotes research about which factors differentiate good outcomes from average ones, in a way that suggests not only understanding and familiarity with its meaning, but an integration of that research into his ongoing practice. He encourages his audience to engage in deliberate practice as a definitive method which has demonstrated to genuinely enhance clinical effectiveness. He also discusses his nine-part model for case conceptualization that provides a framework for eliciting critical information in a way that increases engagement of the client. In brief, these essential domains are: 1) Background, 2) Presenting Complaint, 3) Comorbidity, 4) Stressors, 5) Treatments Received, 6) Strengths, 7) Risk/Protective Factors, 8) Outcomes, and 9) Barriers.

Underlying this conceptualization process, Meichenbaum persistently models a way of interacting with his patients that is respectful, curious, collaborative, and compassionate. He asserts that outstanding, useful questions have fascinated him for decades, and he reviews many of these which he shares in his handout. The quality of the content in this workshop is outstanding, but the real jewel is the

opportunity to view the mastery with which he treats the material, and more importantly, his patients.

#### **Steven Hayes**

#### **Acceptance and Commitment Therapy and Psychological Flexibility**

*Reviewed by Joan Neehall*

Steven Hayes uses experiential exercises to enhance the audience’s psychological flexibility. The intent was to facilitate movement away from the DSM and from having clients fit within a diagnosis. Instead, he encourages us to practice emotional and cognitive flexibility and look at clients nonjudgmentally respecting their unique characteristics. He has participants examine their own preconceptions and change them experientially. And, as an added bonus, he encourages participants to devise their own solutions. Hayes’ use of personal anecdotes, body language, humor, and his invitation to take what’s useful and leave the rest was energetically engaging. He is definitely a humanistic scientist! You absolutely must attend one of Steven Hayes’ presentations. The workshop content is impressive and so is Hayes as he races against the clock to get it all covered within three hours. His invitation to lift up the human community was refreshing, reminding me of Dan Siegel’s call to MWE (me and we). You must experience the master’s performance. It is guaranteed to get you moving toward a commitment to flexibility!

#### **Jeffery K. Zeig**

#### **Hypnotherapy: The Foundation of Experiential Psychotherapy**

*Reviewed by Susan Pinco*

Jeff Zeig, a master therapist and lifelong learner, invited the audience to join him in exploring experiential psychotherapy as seen through the lens of hypnosis. He defines hypnosis as an evocative methodology (much like a joke or compelling story), that is utilized within the context of a therapeutic relationship and elicits a pattern interruption. Rather than focusing on how to elicit the “trance state,” Zeig suggests that we utilize what the client brings to us to elicit the components of trance: changes in intensity and attention and the facilitation of dissociation where things just seem to happen. With dissociation, the individual is both a part of and apart from the experience. This can also include a sense of destabilization.

*EVOLUTION REVIEWS continued on page 17*

## BOOK REVIEW

### ***Hypnosis in Academia: Contemporary Challenges in Research, Healthcare and Education***

Edited by Mauricio S. Neubern and Antoine Bioy

Published by Springer  
Switzerland

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ISBN: 978-3-031 22874-2

ISBN: 978-3-031-22875-9

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

You know that a book about hypnosis will be good when the preface is written by Roxanna Erickson-Klein. The editors, Mauricio S. Neubern and Antoine Bio, who live and work in Brazil and France respectively, offer a brief history of hypnosis that includes the work of Milton Erickson. Using their global background, they discuss how the international academic and clinical community is currently involved in hypnosis. Despite the perspectives reminiscent of many of Erickson's teachings, it becomes apparent that the global community has surpassed U.S. academia, in its studying, valuing, and teach-

ing of hypnosis, as a regular part of medicine.

The editors recognize that the study of hypnosis is much more than technical learning and they back this up by saying that in France, hypnosis constitutes a "...language, a particular way of approaching the human being that integrates the psyche and the body from the outset." It provides a context for training, research, and relationships. The editors continue: "... it seems important to us that the university should be the privileged place for researchers and practitioners to meet." This idea is also in keeping with the editors' Ericksonian concept of hypnosis being a relationship between the hypnotist and the subject, where both are immersed in trance. The editors also have a deep grasp of the cultural politics involving hypnosis and include analysis of those who go to a hypnotist versus those who do not.

There are 12 chapters in this book that bridge the spectrum from research to teaching to clinical applications. Readers are privy to the research efforts of some of the most important names in hypnosis today, people who are doing extraordinary work. In this 181-page book, we are treated to the world of hypnosis from both academic and clinical perspectives, and provided an understanding of how hypnosis can assist people throughout the world.

This book is a must-read for academics and clinicians interested in a wider understanding of the utilization of hypnosis.

For convenience, it comes in both the electronic and paper version. I highly recommend it to everyone who values hypnosis.

## BOOK REVIEW

### ***The Burnout Challenge: Managing People's Relationships with Their Jobs***

By Christina Maslach and Michael Leiter

Harvard University Press 2022

ISBN-10: 0674251016

ISBN-13: 978-0674251014

Hardcover 272 pages

Reviewed by Jeffrey K. Zeig, PhD

Christina Maslach will keynote the Evolution of Psychotherapy Conference in December and will address burnout, a topic that health professionals commonly encounter.

Dr. Maslach is an award-winning professor of psychology emerita at University of California Berkeley and cocreator of the *Maslach Burn Out Inventory*. Her coauthor, Michael Leiter, is a professor of organizational psychology.

Taking a systemic perspective, the authors note that burn out is the result of a mismatch between employee and workplace and they identify six mismatches: workload, control, reward, workplace community, fairness, and values and meaning. The authors emphasize that all or some of these areas of

mismatch need to be addressed by supervisors in workplace, not just the individual.

The most common signs of burnout are exhaustion, cynicism about the workplace and career, and self-criticism. These can have serious negative health consequences. The authors focus on the conditions in which people work and not on an individual. The goal is for job conditions to support individuals in doing their job well. It's not just a matter of increasing one's resilience or taking a vacation. What is crucial is to improve the relationship between the person and the job. This could mean managing chronic job stressors, rethinking processes, lightening an employee's workload, and offering the employee more autonomy.

The opposite of burnout is engagement and as it turns out, employees want to feel engaged. They want a voice in how things are done, and they want positive feedback and reward oftentimes more than they want a higher salary. Engaged people in the workplace have energy to do their job and feel successful and proud of their accomplishments. They feel they belong to a positive workplace community and that what they are doing has value and meaning.

Goals need to be attainable. Best solutions emerge from the consideration of numerous solutions. Steps can be taken. Burnout is a treatable condition.

This book is an essential reference for all health professionals. Although the topic is complex, the book is an easy read. I enthusiastically recommend it.

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## BOOK REVIEW

### ***Reset: Six Powerful Exercises to Refocus Your Attention on What Works & Let Go of What Doesn't***

By Megan B. Bartley, MAMFT, LMFT  
Yes, & Publishing  
Louisville, KY

ISBN 979-8-9873686-0-2

Copyright 2022 Megan B. Bartley

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

Megan Bartley introduces *Reset* with a simple exercise we can do at any time. Exhale, smile, and repeat. Bartley's approach to mindfulness is naturalistic, practical, and direct. She emphasizes that there are multiple ways to engage with her book, and no way is right or wrong. I feel grateful for her invitation to explore her work, taking time to pause, and I found myself doing this while reading.

Bartley organizes the book into three main sections, which help to guide the reader through exercises over the course of 12 weeks. She has a sense of humor, and her kindness shows through in her writing. She directly tells readers to move at their own pace, choosing what they want out of this experience and whatever decision they make—doing or not doing the exercises—is simply fine. Her work encourages detachment from strong emotions in the present moment to simply observe without judgment. She explores the relationship between our thoughts, feelings, and actions and promotes a circular relation-

ship with each. She also examines how we can be both a nurturing parent and a free/playful child.

It is enjoyable to quickly read through the pages of this book and have moments of pause, breathing, and a literal reset within. Bartley uses open-ended questions to let us discover our own answers and what makes the most sense. "Where do our 'shoulds' come from and are they working for us?" She also mentions how our "shoulds" can be transformed into "coulds."

Throughout the book, Bartley offers positive repetitive messages that function as a new beginning in the process of reading. She encourages slowness and self-reflection. I felt like a kind teacher was smiling and nodding, letting me know that whatever I chose to do in that moment was alright. "You always have a choice. You can always change your mind... Take a moment to honor and appreciate yourself..."

I found Bartley's words coming to mind throughout my day: "What you feed grows." When we focus on our joy, our gratitude, and the goodness surrounding us, that is what we will continue seeing. The daily journal exercises encourage readers to expand their options and to engage in ways that will fuel them with goodness. Our culture often promotes doing while Bartley emphasizes the value of being.

"The mind's job is to wander. The practice of mindfulness is to just notice where the mind had wandered to." I love how Bartley defines mindfulness in an uplifting way. And she offers noncritical ways of examining our thoughts and behaviors. She encourages expanding our options and creating a more flexible way of thinking.

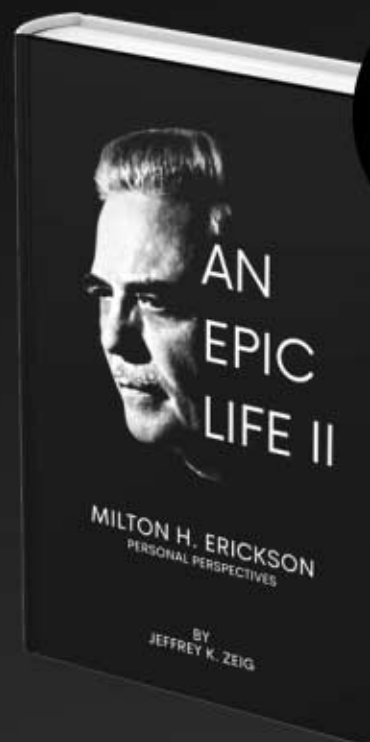
This book was a quick and gentle read, and I felt celebrated for being exactly where I am today. For those who want a new perspective on mindfulness, this book is for you.

## **An Epic Life II**

PERSONAL PERSPECTIVES

*An Epic Life II* offers a personal lens, as seen through Erickson's family, friends, neighbors, students, secretaries, and patients. The reader gains access into the dynamic personal world of Milton Erickson, who was a one-of-a-kind communicator of unparalleled brilliance.

Erickson was known to work with patients to elicit in them the innate ability to "connect the dots" to discover their adaptive potentials. Readers will delight in also being able to connect the dots, piecing together the professional aspects of Erickson in the first volume with the personal ones in this volume. For Erickson, the line between his professional life and personal life was blurred. He was doctor, teacher, friend, and neighbor all at the same time. Readers will see how his therapy methods carried over into his personal life. Or was it perhaps the other way around?



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## EVOLUTION REVIEWS *continued from page 14*

The last element is responsiveness to minimal cues or a sense of personal meaning, the totality of which usually leads to a change in state. In conclusion, Zeig explained the differences between a traditional therapist, a traditional hypnotherapist, and an Ericksonian therapist. To leave you with a lasting image, imagine that the traditional therapists are much like a painting of a Dutch master that was shared with us during the class. There is exquisite attention to detail and every element is clearly depicted. An evocative Ericksonian therapist is more like the painter, Juan Miró, who suggests the possibility of elements, leaving much to the imagination of the beholder.

### Stephen Porges Polyvagal Theory

*Reviewed by Susan Pinco*

It is impossible to convey the depth and breadth of this wonderful three-hour presentation in such a brief review. Just like the perfect dessert after a wonderful meal, Dr. Porges' presentation on the last day was satisfying to our mind, body, and spirit. The presentation was inviting in both overt and subtle ways. The talk was a call to integrate all that had come before. It was a reminder that connection is the foundation of safety, and that "MWe" (a term coined by Dan Segal in his opening address) is the royal road to healing for us as individuals, as well as for the planet.

Our journey with Porges began with a reframing of the survival of the fittest; where "it is the gentlest who survive rather than the organisms with the most brawn, as survival often requires mutual help and cooperation." (Porges quoting Dobzhansky 1962) He continued to explore all the facets of connectedness and co-regulation and the lack thereof, the impacts of trauma and the origins of the polyvagal theory.

The next "movement" of this symphony focused on deconstructing social engagement systems, the role of neuroception, social behavior as a neuromodulator, and listening as a polyval-informed therapy. Throughout Porges' presentation, as well as during the Q&A, he offered both the scientific underpinnings of the theory as well practical implications of his findings. Again, it is impossible to convey the scope of this dynamic presentation. You must see Stephen Porges this December at The Evolution of Psychotherapy in Anaheim.

### Stan Tatkin Strategic Couples Therapy (Strategic Conceptualization: Use of Containers)

*Reviewed by Tobi Goldfus*

If you have ever attended one of Stan Tatkin's workshops or trainings, you know how charismatic, warm, inviting, funny and masterful a clinician he is. This workshop was no exception as he invited us into a "container" with a volunteer "couple" from the audience. In this container (or therapeutic frame, stance, and alliance) there are no angels or devils, only equal shareholders. ("I have to keep you in mind all the time.")

Secure attachment and a secure functioning partnership are based on mutual goals that include fairness, justice, sensitivity collaboration cooperation, shared power, shared purposes and vision, shared principles of governance. The two-person psychological system progresses in the service of fully autonomous, differentiated individuals. Another experiential goal is to maintain both low allostatic load and interpersonal stress as a mutual contractual agreement in this container.

As the workshop participants watched Tatkin's amazing ability to track many micro-expressions and micro-movements of the demo couple, he masterfully took those keen observations to predict how each partner might respond to interventions or exercises—part of his strategic conceptualization model and built interventions that began to shift and transform the demo couple's interaction based on mutual goals. "Cross-asking," a technique of questioning that doesn't disturb the targeted partner, was especially powerful.

Stan Tatkin's enthusiasm, energy, and attunement was mesmerizing and edu-

cational. For PACT (Psychobiological Approach to Couple Therapy) training and couple retreats please visit: [www.ThePactInstitute.com](http://www.ThePactInstitute.com).

### David Shapiro & Lenore Walker Medical Errors: Risk Assessment

*Reviewed by Tobi Goldfus*

Over the decades, both Dr. Shapiro and Dr. Walker have continued to be illustrious and major contributors to the field of forensics. In a workshop that included information on what defines a medical error for a behavioral health provider, what causes a sentinel event, errors in diagnosis for mental health professionals, what a root analysis is and what root reduction principles are, both presenters narrated fascinating cases to make the information come alive.

The presenters talked about how to keep records and the potential benefits of sharing clinical notes (a subject that has many of us at least minimally uncomfortable), and how this can potentially reduce misdiagnosis, which is reported to be a major source of medical errors.

The synergy between Shapiro and Walker was one of ease and humor. As they discussed how the pandemic has increased the use of telehealth and social media, they emphasized how ethics and safety need to be carefully practiced with this transition and platform. In risk assessment with youth, they discussed the effect of the pandemic on the levels of depression, isolation, and anxiety, and apps that have been helpful as a supplement to or even as a replacement to therapy. They provided an excellent overview of COVID-19 and youth suicide with a thorough look at possible warning signs. They also discussed the upcoming No Surprises Act, that is still ambiguous about whether it applies to mental health practice but can be a wake-up call for mental health practitioners.

For both Shapiro and Walker, best practices in these ethical and sometimes tedious subjects are essential and fundamental.

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## UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
<b>2023</b>		
8/15-19	Training in Ericksonian Therapy / Virtual (Guangzhou, China) / Jeffrey K. Zeig, PhD	1.
9/1-10/20	Intensive Training Online – Level E (Advanced) / Virtual / Lilian Borges, M.A., LPC, Brent B. Geary, Ph.D., Stephen Lankton, LCSW, DAHB, FASCH, Dan Short, Ph.D., Zeig	2.
9/3-10	Master Class and Workshop on Fundamental Hypnosis (Spanish) / Mexico City, MEXICO / Zeig	3.
9/16-9/24	Art of Psychotherapy / Virtual / Zeig	2.
10/19-22	Master Class in Ericksonian Psychotherapy / Tokyo, Japan / Zeig	4.
10/26-29	Master Class in Ericksonian Psychotherapy / Taipei, Taiwan / Zeig	4.
10/27-12/22	Intensive Training Online – Level F (Advanced) / Virtual / Borges, Geary, Lankton, Short, Zeig	2.
11/9-12	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	5.
11/21-24	Training in Ericksonian Therapy / Virtual (Guangzhou, China) / Zeig	1.
12/12-17	Evolution of Psychotherapy Conference / Anaheim, CA / Invited Faculty	6.
<b>2024</b>		
1/11-14	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	5.
2/18-25	Master Class and Advanced Hypnosis Workshop (Spanish) / Mexico City, MEXICO / Zeig	3.

### Contact Information:

- 1) For information: Email, [1250947144@qq.com](mailto:1250947144@qq.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](mailto:support@erickson-foundation.org); Web, [www.erickson-foundation.org](http://www.erickson-foundation.org)  
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**Note:** Due to the current global public health situation some of the above trainings may be postponed, cancelled, or modified. Please use the contact information listed for the most updated information.

**For Upcoming Trainings, ad rates / specifications** visit <https://www.erickson-foundation.org/newsletter-archive> or contact Karen Haviley: [karen@erickson-foundation.org](mailto:karen@erickson-foundation.org). A \$25 fee per Upcoming Training listing is required. Deadline for the December 2023 issue (Mail Date: early December) is October 10, 2023. All workshop submissions are subject to approval by the Erickson Foundation.

## 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.**

The European Society of Hypnosis (ESH) and the Society of Medical Hypnosis will hold the XVI ESH Congress, *Hypnosis Food for Body and Mind: an Integrated Approach to Healing*, will be held October 26-29, 2023 in Antalya, Turkey. Online options also will be available. For complete information on the Congress and to register with early rates visit <https://esh2023.org/>

*The Evolution of Psychotherapy Conference* will be held December 12-17, 2023 at the Anaheim Convention Center in Anaheim, California. Information regarding invited faculty, conference agenda, registration, exhibits, and hotel accommodation is available on the conference website: [www.EvolutionofPsychotherapy.com](http://www.EvolutionofPsychotherapy.com) Early registration rates are available.

**2024** — The American Society of Clinical Hypnosis (ASCH) will hold the 66th Annual Scientific Meetings and Workshops, “Hypnosis and the Healing Relationships,” February 22-25, 2024. This is a virtual event. Abstract submissions will be accepted beginning mid-June. For conference information and to register visit <https://www.asch.net/aws/ASCH/pt/sp/asmw> Email, [info@asch.net](mailto:info@asch.net)

The 2024 Psychotherapy Networker Symposium will be held March 21-24 in Washington, D.C. at the Omni Shoreham Hotel. The event also will be held online. For event information and to register when available visit [PsychotherapyNetworker.org](http://PsychotherapyNetworker.org)

The International Society of Hypnosis (ISH) and the Polish Milton H. Erickson Institute will hold the XXII World Congress of Medical and Clinical Hypnosis, “Cooperation in Hypnosis. Challenges and Benefits,” June 12-15, 2024, in Krakow, Poland. For complete information visit <https://www.ishhypnosis.org/> or Email, [info@pie.pl](mailto:info@pie.pl)

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**Questions?** Email, [karen@erickson-foundation.org](mailto:karen@erickson-foundation.org)  
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# The Collected Works of Milton H. Erickson, MD Digital Version



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turn to the same old stressors, burnout is going to come back. It's not just that people need a break.

**JZ:** You're great not only talking about the aspects of the problem but also about potential solutions. Can you talk about the burnout inventory that you created and how it is used?

**CM:** It's a research measure designed for discovery. I stumbled on burnout by accident. I was doing interviews and people not only answered my questions but kept asking if they could talk to me about their job. After a while I began to realize that there was a story emerging. They came from different jobs but there was a theme. And eventually I was doing more on burnout.

One of my colleagues at Berkely, Harrison Goth, who became an important mentor for me, said that I needed to develop a measure to assess burnout. So, I collected data on people working in all kinds of occupations. I talked to their spouses, family members, and colleagues. It was like a 360-degree view to establish the va-

lidity and reliability that these questions and this measure would assess. It raised hypotheses and questions. When do people have more of this experience? Are there certain conditions? Certain jobs? Are there certain personalities?

**JZ:** And cultures.

**CM:** Absolutely. So, it was a discovery measure and still is. But what has also happened is that many people think of it as a diagnostic tool, and it was never intended to be that. Organizations and companies have been using it to measure burnout. When I asked them what they've learned, they'd say, "We're just waiting to see the needle go down so that burnout is less of a problem."

What it has also done is make people focus again on saying that burnout is more of an individual issue—that we need to know *who* is burned out. And for us the question is why? Because it's not so much who, but what is going on that would have led to burnout happening.

The test has become the standard and has stood the test of time in terms of all the data and work done. It's been a useful tool that has been translated into many languages. The World Health Organization used it to determine that this is an occupational phenomenon that can have health consequences.

People have often asked why burnout is not listed in DSM. Partly because it was never defined, proposed, and studied as a clinical diagnosis.

I have heard from many psychiatrists that it is a stress response, but that's normal; that's human. We do not want to pathologize a stress response because we need it when we're facing different challenges and stressors. We do not want to say that this is a disease that needs to be medicalized and treated in some way. But on the other hand, a lot of people need the DSM number to legitimately work with people on these issues and get reimbursed.

The goal is to have it be some-

thing that people can seek treatment for, particularly when they have other physical and mental health problems.

**JZ:** You're talking about prophylactic issues. This is not just about treating a problem. It's also about ensuring that problems don't happen.

**CM:** People say, "Oh, it's just depression." No, that's not what depression is about. But it does have implications for the risk of depression.

With the pandemic, many jobs had to change. And there were things that worked well, and things that went badly and we should learn from both of those. But if there's a silver lining it's that we should be thinking outside the box now.

**JZ:** Christina, you're a passionate advocate for helping us to understand a big fraction of our life. I'm glad you're willing to speak at the Evolution of Psychotherapy Conference in December. Thank you.

**CM:** I'm looking forward to it.

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