

# THE MILTON H. ERICKSON FOUNDATION NEWSLETTER

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## INTERVIEW

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### Martha Kauppi, LMFT

Interviewed by Rachel S. Heslin

*Martha Kauppi, LMFT, is a marriage and family therapist, educator, author, speaker, and AASECT-certified sex therapist and supervisor. Her private practice in Madison, Wisconsin, specializes in complex relational therapy, sex issues, and alternative family structures. As the founding director of the Institute for Relational Intimacy, Kauppi offers unique education to help therapists all over the world become comfortable, confident, and competent when working with sexual issues. She is the author of the groundbreaking new book, *Polyamory: A Clinical Toolkit for Therapists (and Their Clients)* (Rowman/Littlefield).*

**Rachel S. Heslin:** Can you describe your area of expertise?



Martha Kauppi

**Martha Kauppi:** I am an AASECT-certified sex therapist and supervisor and LMFT, and I specialize in complicated relational therapy using the developmental model as my primary model. I work with a broad range of sexual issues, including consensual, ethical, non-monogamous relationships, such as polyamory.

**RSH:** Was there anything in your personal life that drew you to this work?

**MK:** I am in a unique position, because I see a lot of well-functioning polyamorous relationships. I was also raised believing that people can make rules in their relationships that fit them. I was born in 1961, which places me in that time of sexual exploration on a societal level. When I was growing up, my parents had a "monogamish" relationship. *Monogamish* is a term coined by Dan Savage in the 1980s that describes a dyadic relationship which includes some form of open behavior. My parents had an agreement that when my stepfather traveled internationally, it was okay if he hooked up with other people. Both my brother and I knew about that agreement, although neither of us knows if he ever acted on it. This taught me that you can craft a relationship to fit the people who are involved in that relationship. My

brother has been in polyamorous relationships throughout his adult life.

I've personally seen many long-term, beautifully functioning polyamorous relationships. There is an overlap between the queer population and polyamorous population. I am in a now 28-year-long relationship with a woman. My queer community includes lots of polyamorous people, and I've had a unique opportunity to see their relationships working.

In graduate school, my couples therapy professor said something marginalizing about polyamorous relationships. I thought, "Wait a minute...that's not what I have been observing." I did some reading and found opinions such as, "You can't have a secure bond in a relationship that's more than a dyad," and "Real intimacy doesn't happen in polyamorous relationships," and "Monogamy is necessary for real intimacy and a secure bond." I started going through the Rolodex in my head of all the polyamorous relationships I knew of and thinking that these opinions were not describing what I was seeing. So, my research project in graduate school was to study polyamorous relationships and find out if those people were right, or if what I was seeing with my own eyes was right. I found that my eyes are right—that it is possible to have healthy, secure, and mutually supportive intimacy in polyamorous relationships—and I've been teaching about it ever since.

**RSH:** What is it about this area that most fascinates you?

**MK:** Well, it's never boring. There's a lot of variation within sex and sexuality and relationship structures. I think the reason I gravitated toward it is because people who have been marginalized have a hard time

*INTERVIEW continued on page 8*

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## EDITOR'S COMMENTS



I was so grateful that during the height of the pandemic we were still able to keep our professional contacts through the virtual meetings of the Evolution of Psychotherapy Conferences. It not only kept us up to date with the developments in our profession, but also it reminded us that we are members of a larger community.

This last December, the Evolution of Psychotherapy Conference in Florida marked the return of being able to meet once again in person. We reconnected with old friends, made new friends, and were able to be personally engaged with the leaders in our field. The concept of *community* came alive.

The energy of reconnection vibrated throughout the hotel and conference center. The venue was magical. Under a giant glass atrium that felt as though it were the size of a football stadium, we walked along meandering paths lined with full-grown tropical trees and flowering exotic plants, past “outdoor” restaurants, fanciful swimming pools, and even an alligator sanctuary. Everything was decorated and lit up with the sights and sounds of the holiday season.

At every turn under the atrium and in the conference center, we met participants and faculty from the conference wearing their I.D. lanyards. Greeting each other as members of our tribe, we noticed new faces and learned new names. As the conference progressed, so did the energy of connection. We found ourselves listening to those who had new or different perspectives. It was an atmosphere of learning and discovery.

Given that so much time was involved in networking and developing new friendships, it was hard to choose how to spend the rest of the available time. And, as with all past Evolution Conferences, the multiple options from which to choose limited which presentations we could attend. Fortunately, the videos of the presentations are available three months after the conference, so we did not have to miss anything. Not only that but the on-demand courses are eligible for CE credits.

With Evolution, I felt a *welcome home* to my expanded sense of community and connection. Building upon that experience, we are dedicating this issue to the expanded sense of community and connection that is growing in our field.

For this issue, we start out with author Rachel Heslin interviewing Martha Kauppi, a presenter at this summer’s Couple’s Conference, May 5-7. It is a fascinating interview. Kauppi helps therapists connect with clients whose life choices are often quite different from our own. This can include consensual and ethical non-monogamous, nontraditional relationships, such as polyamory, as well as alternative family structures. In our current climate of expanded life options, this information is a must.

I had the honor of being interviewed by John Lentz for his *In the Spirit of Therapy* column. John asked me my definition of spirituality, what it means to have spiritual elements in my life, and how it effects my clinical practice, my life, and relationships. Given that I have often been labeled as a humanistic scientist, my answers are straight forward, practical, and hopefully not too confusing.

Eric Greenleaf was kind enough to allow me to contribute to his *Case Report* column for this issue. This let me expand on the *In the Spirit* interview to include an example of how I worked with a woman whose sense of spirituality was connected to her religious identity. Eric’s commentary at the end is a beautiful encapsulation of the multifaceted process. Thank you, Eric.

Our theme is continued with an emphasis on the nature and effect of connection. Michael Hoyt’s article provides us with a way couples can open a space that can change a relationship-distancing confrontation into relationship-connecting communication in his article, “*Ouch*”: *A Four-Letter Word to Help Avoid Conflict Escalation*. An elegant option. And Ruben Battino reminds us in his piece for the *Theoretically Speaking* column, *The Problem with the Use of Militaristic Language for Health and Mental Health Problems*, that the words we choose can have either a healing or stress-inducing effect. Word choice matters.

Sadly, in this issue I have written a tribute to Peter A. Baldwin, a long-time advocate of Ericksonian approaches. His contributions to the field of psychotherapy spanned more than 50 years. He was truly an original thinker. I have also included a book review I wrote of his 1997 book, *Four and Twenty Blackbirds: Personae Theory and the Understanding of Our Multiple Selves*. It is as relevant and useful today as it was when he wrote it nearly three decades ago.

Jeff Zeig has written three other book reviews. The first is *Last Chance Couples Therapy: Bringing Relationships Back from the Brink* by Peter Fraenkel. In it, Fraenkel introduces the concept of temporal desynchronies in couples. An interesting and useful framing. The second book review is *The Solution Focused Brief Therapy Diamond* by Elliott Connie, a clinician, and Adam Froerer, a researcher. The combination of perspectives produces two intersecting visions of a revised model of Solution Focused Brief Therapy. The third book review is embedded in Zeig’s column, *Historical Hypnotic Procedures*. While *Last Chance Couples Therapy* is interesting and useful, Cannon’s book, *The Science of Hypnotism*, is just interesting from a historical perspective. As Zeig says, “...a book that has little to do with science and more to do with opinions...” We’ve come a long way!

EDITOR’S COMMENTS continued on page 13

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# IN THE SPIRIT OF THERAPY

## Interview with Rick Landis

By John D. Lentz, D.Min.

**John Lentz:** How do you think of spirituality in psychotherapy?

**Rick Landis:** My understanding of spirituality has continued to evolve through my almost 80 years of life. Today, it has become a complex intertwining of understanding. It is like a dynamic, organic disco ball whose facets constantly merge and separate, reflecting whatever light touches it. Each situation it encounters elicits only elements, never the whole of it. Many of the individual facets may appear mutually exclusive at one time or another. At other times, it has an ineffable sense of cosmic unity. It continues to be a living, evolving thing.

**JL:** Do you use your sense of spirituality in working with clients?

**RL:** Definitely. However, when doing therapy, I like to keep it simple. Depending on the client's openness or acceptance to the concept of spirituality, I most often use one or more of the three following definitions if asked.

I like Dr. Maya Spencer's definition: "Spirituality involves the recognition of a feeling or sense or belief that there is something greater than myself, something more to being human than sensory experience, and that the greater whole of which we are part is cosmic or divine in nature."

Alison Armstrong introduced me to the difference between Human Animal and Human Spirit. To paraphrase her definition, the Human Animal perspective is one of survival. Its decisions are fear-based. Its basic assumption is that there is a scarcity of those things that are important to have and if *they* get theirs, I may not get mine. Therefore, the interaction-strategy is competition. When there is success, the primary emotional reaction is relief and glee.

Human Spirit is based on interconnectedness, so the decisions are more based on desire. Its basic assumption is that there is an abundance of that which is most important (e.g., connection), so the interaction-strategies are cooperation and collaboration. When there is success, there is joy and feelings of connection.

And, of course, John, you introduced me to Bill O'Hanlon's definition of spirituality—a triad of Connection, Commitment and Compassion. My personal take on O'Hanlon's 3Cs is biased by my appreciation of the stoic philosophies and mindfulness. In this perspective, *Connection* is the realization that we are all interconnected; what I do can affect you and what you do can affect me. *Commitment* is the commitment to the *welfare* of the other. Humans are imperfect and often inconsistent. When they are and we get hurt, *Compassion* allows us to look through the other's eyes to understand the deeper pain that drives the behavior, and to want to help relieve that pain.

**JL:** How do you introduce the idea of spirituality to clients who may not relate to the concept?

**RL:** Depending on the perspectives and beliefs of the client, I might not even use the word *spiritual*. I may just talk about brain function. Most people find it interesting, and it helps them make sense of their sensory experience.

For example, in the book, *Why God Won't Go Away: Brain Science and the Biology of Belief*, the authors Andrew Newberg, Eugene D'Aquili and Vince Rause identify a location in the brain associated with our sense of physical boundary. When that area of the brain shuts down, our sense of where we end and where the outside world begins starts to blur. This occurs when the Sufis do their whirling prayers and when the mystical chanters praise Hari Krishna thousands of times a day. It also occurs with many of the other mystical religious practices. This shut-

ting down of that specific location is correlated with highly religious and mystical experiences. It also seems to occur as the result of highly focused gratitude prayers.

So, for those who are uncomfortable with the concept of spirituality, I teach them Gratitude Prayers as a way of separating them from the stresses of the mundane life, introducing them to a feeling of interconnectedness to the universe without having to define it as such.

**JL:** How to you get them to do Gratitude Prayers and what does that look like?

**RL:** Erickson taught me that if I can initially give people what they come in for, they may return for what they actually need. In some cases, we must start wherever the client is in their life. So many people complain about anxiety, stress, or other forms of emotional distress and they are usually asking for quick fixes. They distrust change. They just want to feel better. I offer the benefits of Gratitude Prayers as part of the package they are initially willing to buy. I usually explain it from a brain science perspective rather than from a philosophical/spiritual one. They want a technique that they can use to feel better. If they are open to a spiritual definition and identification, all the better, but it is not necessary.

My instruction to them is to generate a feeling of gratitude for something that they have not earned—either a concrete or conceptual source.

One example of a concrete source of gratitude is a tree. I tell them that trees are amazing. This is especially obvious in the Southwest where multiple species of trees grow in the same area. They all are mixing nutrients, water, and carbon dioxide with the energy from a star millions of miles away to produce more tree stuff to give us the oxygen that we need. And each different species of tree is doing this in its own way to accommodate different climates and conditions. A truly amazing synergism between animal life and the tree.

Or I will use an example of a conceptual source of gratitude. I tell them that whenever they accomplish a project or task that is especially gratifying, to take a moment to realize that irrespective of their efforts, they could not have accomplished it without 10,000 years of humans standing on each other's shoulders to produce the materials and opportunity used in their accomplishment. As great as their effort and product was, it was just putting the last piece in a puzzle that others had already constructed.

Once they have identified a source of gratitude, I ask them to put energy into feeling the gratitude. In that moment, I want them to focus their attention on how amazing the object is or focus on the process of their gratitude. I want them to really get into it.

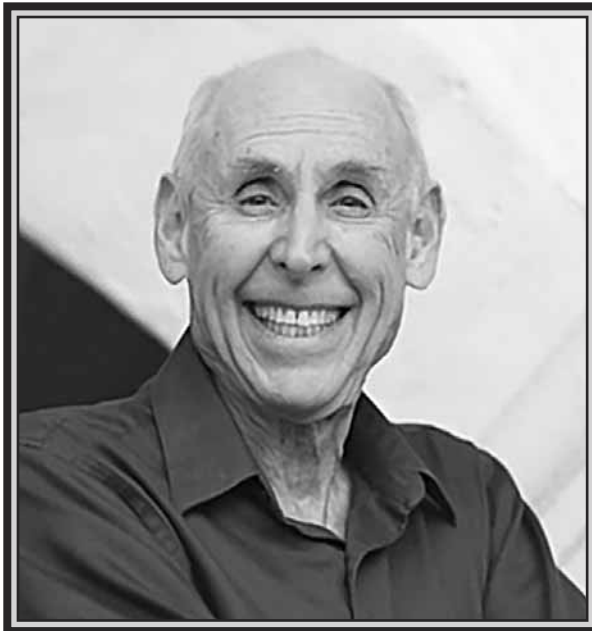
At the point they notice that they are naturally smiling and feeling the gratitude, they are to project the thought or spoken words "Thank you" toward the recipient of their choice. They do not even need to know to whom they are sending the gratitude. I just want them to send it "out there."

Then we sit in silence for a minute or two—long enough for them to hold on to the experience. I ask them to repeat this throughout the day as often as the opportunity presents itself.

The feeling of gratitude is a powerful spiritual experience because it moves consciousness away from the self and current events in our lives. "Gratitude" is not a place that we can live in 24/7. However, the more often we visit it, the less fear we have of losing what we possess. This is a frequent component in my work with grieving and loss or fear of loss.

**JL:** How does spirituality affect your own life?

**RL:** Focusing on spirituality was an evolutionary process for me. I was born



*Rick Landis*

## CASE REPORT

### A Natural Way with Life

By Richard Landis, PhD

I recently had a 60-year-old client who experienced her emotions as representing the true meaning of current things rather than as questions asking if the old meanings still apply. Her emotions owned her rather than served her and they dictated what she would notice in her surroundings. Anything that was inconsistent with her emotions was invisible to her.

During therapy I would distinguish between current *emotions*, an evaluation or meaning, and *body feelings* that were created in the past, which are triggered by sensory signals (echoes).

As a deeply religious person, part of her presenting problem was her conflict between the need to believe in a benevolent God and her experience of feeling that she was unprotected, and that everything in her life was a form of punishment. This dilemma reflected her childhood experiences and life assumptions.

During one session when we were doing a guided meditation, I started by telling a story I told my nephew when he was young. In the story, I related watching the gardeners binding a pine tree outside the window of my office. They sought to protect the young sapling from breaking in the wind. They secured so many lines to its trunk the wind could not move it. As it grew, the gardeners attached more rigid lines to the growing trunk. They thought they were protecting it. What resulted was a 30-foot pine tree with a 4-inch diameter trunk the length of its height. The trunk would snap in the smallest breeze without the lines supporting it. The gardeners most likely did not know that a tree must rock back and forth for the cells to compress and stretch to stimulate a strong trunk that can bend with the wind when young and stand up to the wind when mature.

I then told my client about when my nephew grew up and had a daughter of his own. I watched how he taught his daughter to walk by just watching over her and encouraging her to explore. He knew that his daughter would naturally learn to walk

by herself. It is within our nature to do so. All he needed to do was to provide encouragement and to keep an eye on her so that when she would inevitably fall, she could get herself up and try again. He knew that if he protected her from ever falling when she was young, she would later develop a fear of falling and stop trying.

Of course, I told each story in minute detail over the 40-minute "meditation" in which my client sat motionless. The emphasis was on the confidence God had in the tree's ability to grow strong as He had created and my nephew's confidence in his daughter's ability to learn to walk, as God had created us to do.

At the end of the session, I gave my client the assignment, "Whenever you get an echo of the old body feeling that you are being punished because things don't go the way you want, notice all the reassurances that God has placed around you, telling you that the old body feeling is just an echo." After five seconds of silence, my client became wide-eyed, and said, "Wow!"

At our next session two weeks later, her first words were, "You know, trees are amazing." She spent much of the session describing the body feelings she got in different situations, and how she was able to recognize their history and their current meaning for her life.

### Commentary

By Eric Greenleaf PhD

Rick Landis, editor of our newsletter, has a literate approach to hypnotherapy. He accepts his patient's dilemma, her religious ideas, her emotions, and her body's sensations. He first dissociates current emotion from past bodily sensations. Then, utilizing her faith, he tells a true story of nature, tampered with by men, and contrasts this with his nephew's fatherly and loving approach to his daughter's learning and discovery of herself and of life. Landis ties the themes in a new and lovely way for his patient: He says that when she senses punishment, she should "notice all the reassurances that God has placed around you." Lovely and compassionate work.



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## THEORETICALLY SPEAKING

### The Problem with the Use of Militaristic Language for Health and Mental Health Problems

By Rubin Battino

Recently a friend wrote to me about her experience when having a “heart attack.” I do not believe that this is an appropriate or helpful description of what happens when the heart malfunctions. The word “attack” infers that her own heart was attacked! What really occurred was a malfunction in the normal activity of her heart. A heart attack is a lack of blood flow to the heart and the heart muscle begins to die.

When our car does not function properly, we do not say that the engine or the radiator or the exhaust system was “attacked.” There was a malfunction, and we take the car to a garage to have that malfunction repaired. When my friend’s heart malfunctioned, she went to a hospital and had it repaired. The treatment for heart malfunction can be medications or surgery or both. So, it is strange to consider that a heart was attacked when it malfunctions. However, autoimmune diseases can cause the immune system to attack glands and organs in the body which cause them to malfunction and sometimes shut down.

The words we use to describe a condition in our lives matters in the sense that they impact how we feel and react to that condition. Consider the two words “attack” and “malfunction.” On one hand, “attack” implies an assault on one entity by another, which can result in a powerful, malevolent interference in life activities. Whereas a “malfunction” indicates that something is wrong in the body system and that there is likely to be a corrective factor. Changing our language in these cases from militaristic to more appropriate descriptions may also create the effect of a placebo by presupposing hope and change.

Milton Erickson was renowned for his precise use of language. When communicating, Erickson carefully chose his words (and gestures). I am not implying that shifting from militaristic language to a more functioning language is an easy change. It is a second-order change. As Watzlawick, et al. (1974) noted: First-order changes are within the system itself and are generally doing more (or less) of the same, while second-order changes are external to the system. Second-order changes are described as reframing since the original situation is viewed from another perspective. This is important, because the way we respond to an illness or any physical (and/or mental) condition is generally based on what we have learned from our families, social groups, and even the media. It usually takes second-order changes to move past the *a priori* assumptions of early learning,

There are many diseases and maladies that are physiological malfunctions or mistakes of our immune system. One of them is cancer and another is allergies. Our environment is full of potential allergens and carcinogens. Our immune system was designed to sense dangerous substances and eliminate, destroy or “defuse” them. A new and often effective treatment for cancer is immunotherapy, which is designed to strengthen and correct the patient’s immune system—enough so that it can destroy cancer cells.

Cancer is usually described as a life-threatening disease. My volunteer work for many years has been as a facilitator for groups of people who have these types of diseases. Early on in this work I realized that the word *threatening* was indeed threatening. It’s no wonder we encourage people to “wage war” against cancer and fight as hard as they can. But does this mean that when someone succumbs to cancer or another disease that they did not fight hard enough? I changed the description of diseases to be *life-challenging*, not *threatening*. This is an important distinction since a disease that is challenging is one that implies hope and healing possibilities (a reframe!).

Cancer treatments are designed to “kill” cancer cells. But instead of “killing,” the cells I prefer the words “eliminating” or “removing” or “destroying” or even

simply “getting rid of.”

One of the members of the support group I facilitated, a religious woman, had severe nausea from her chemotherapy treatments. She told us how she managed to minimize the side effects by imagining that the yellow chemotherapy fluid was *golden* and actually a gift from God. The nausea disappeared! To see the chemotherapy as a gift changed how her body responded to treatment.

Consider the negative physical effects of saying that someone has anxiety and depression. There might be an increase in body inflammation or confusion about the body’s ability to protect and heal itself.

Aggressive feelings connected to language set up a body feeling of amplified urgency that can work against effective health and problem solving. The greater the feelings of urgency, the narrower the focus for finding a solution. In a perceived survival situation, the need is to find something to do immediately, even if it is only marginally or temporarily effective. Yet, in challenging situations, one’s perceptions can expand to find many different and sustainable ways to handle challenges.

While functional language is preferable to militaristic language, Erickson’s teachings encourage us to also appreciate the unique preferences of our clients. An example of this was in the guided imagery approach developed by the oncologist/psychologist team of Carl and Stephanie Simonton (1980). They worked to enhance cancer patients’ immune systems and healing bodily forces. (For more information on guided imagery, see Battino, 2000.) The first healing imagery they used for their groups of cancer patients (mostly fourth stage) was to imagine that there was a knowledgeable shark in their body that would swim through their blood vessels and gobble up and eliminate the cancer cells. Some patients did not like the idea of having a shark in their bodies, so Simonton asked patients what would work for them to eliminate the cancer cells. Some chose militaristic solutions, others religious ones, and some more gentle ways like persuading the cancer cells to leave. The images chosen by the patients all seemed to have some effect—some more than others, as you would expect.

A friend who had prostate cancer told me that he *talked* to his cancer every day and told it that he did not mind it being there, but that if it grew it would kill both of them. He lived much longer than his doctor’s prognosis—and, of course, it is unclear if these daily chats extended his life.

In another context, the militaristic War on Drugs has not been effective in the U.S. for the drug user. In Europe and other countries self-abuse as related to drug addiction is treated as a medical problem and not a criminal one.

Language is important (Battino, 2010), and how we think and talk about physical and mental problems can be either helpful or harmful.

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#### Correction for Erickson Newsletter V43 #1, April 2023 issue

Correction: In the last issue of the Erickson newsletter (Vol 42 #3, December 2022, p.12) the In Memoriam article for Daniel Araoz included the incorrect year of his passing (1922) in the first sentence. The correct year was 2022. Daniel L. Araoz (1930-2022). We regret the error.

# UNEARTHED FROM THE ERICKSON ARCHIVES

Provided by Jeff Zeig

The book was a 1986 Christmas gift from Mrs. Erickson to Jeff Zeig. The following was penned by her hand.

Diagnosis by interpretation of paintings and drawings: An account of Milton Erickson's extraordinary talent in this area.

Milton was always deeply interested in the manner in which neurotic and psychotic symptomology and ways of experiencing and interpreting the world were manifested in the artistic productions of the artist.

For example, I recall at Eloise Hospital, a borderline psychotic patient, paranoid schizophrenic, I believe was his diagnosis—decorated the patients' recreational room. He painted the wall, and then trimmed them with an ornamental border near the ceiling. It looked like a simple design, but Milton showed me how he had concealed eyes along the design.

One of Milton's more cherished books was a very rare copy, in the German language of Hans Prinzhorn's monumental and profound study of the art of psychiatric patients, *Bildnerei de Geisteskranken* (Springer, 1922).

Some year ago—probably in the 1950s—LIFE magazine, then a very popular picture weekly, had a special section on paintings done by mental patients, beautiful printed in color, with a brief description and diagnosis of each artist. I carefully covered all of the captions with opaque paper strips, and then challenged Milton to diagnose each one.

He did not make a single error. In a few, his diagnosis was more general than the actual captions—for example, a post-traumatic head injury patient was diagnosed by him as “some sort of brain damage.” But not a single one was in error.

Some years later, I came across a very interesting article about the poet and artist, William Blake. Milton and I both were fond of his poetry. We both knew that he was considered to be a mystic and a visionary but had not read any biography of him.

I ran across (somewhere) a story about William Blake, describing him as sometimes manifesting psychotic symptoms. As an example, it was described that he had told a friend that he saw before him the ghost of a flea, and that he then sketched the “hallucination.” A reproduction of this sketch—a truly weird portrayal—was included.

Fascinated, I blocked off all the open pages except the sketch, showed it to Milton, and without revealing any identification whatsoever, asked him to diagnose the artist.

His answer, given with no hesitation whatsoever, was, “That picture was done as a hoax—a joke—someone trying to convince someone else that he was “seeing things.”

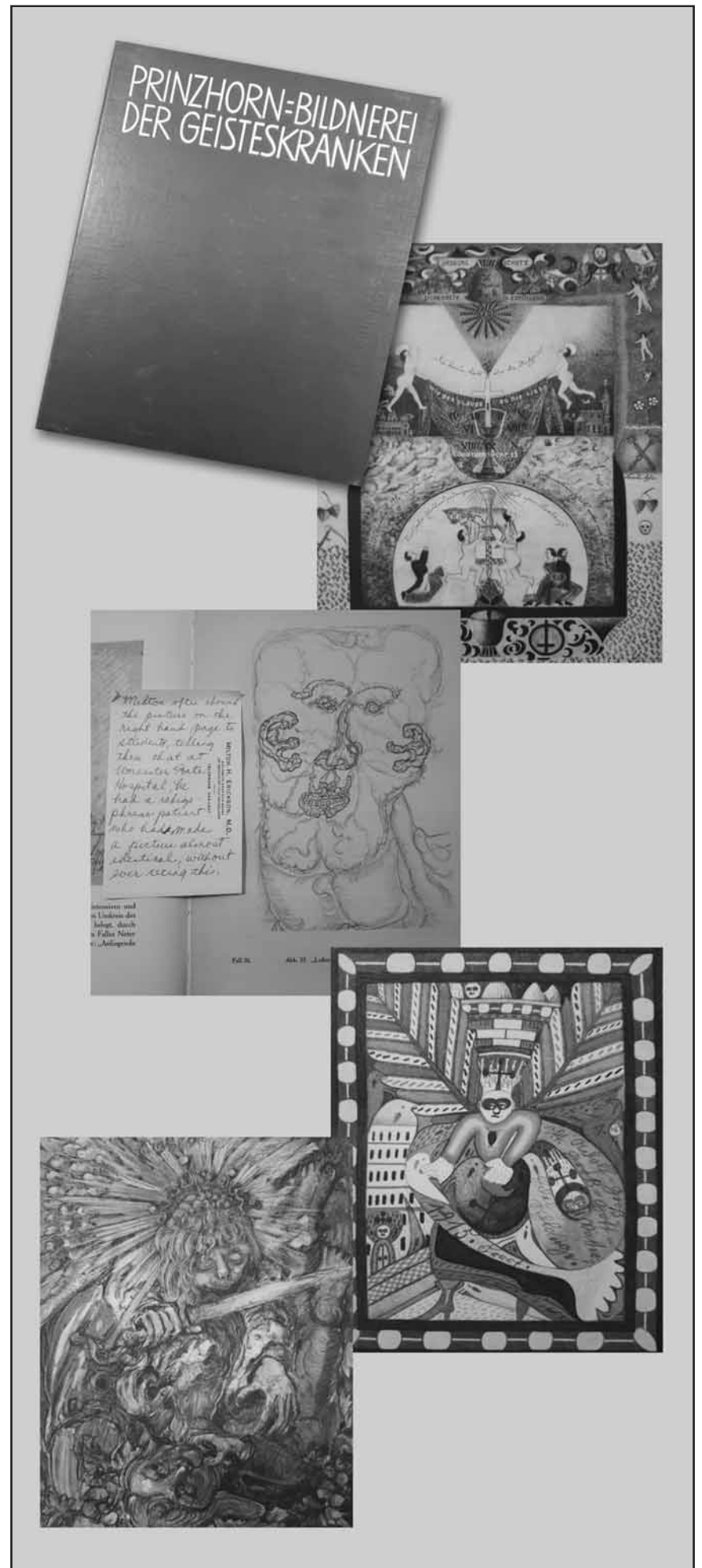
I said, “Milton, are you SURE?” I have other information that leads me to believe this artist may have been mentally disturbed.” Milton said, “I'm not saying this sketch was done by a well-adjusted person without mental problems. I am saying that this particular sketch is a hoax, that in doing it, he was putting somebody on.”

All this happened many years ago—definitely before 1970, as I recall being in the Cypress Street house.

On July 9, 1985, I was on a visit to London, English with Janet Hensley and Shirley Bliss. Among places on that day, we visited the Tate Gallery—to see a special exhibit by William Blake.

Included was the “Ghost of a Flea”—and an account beside it, stating that it had been done as a sketch of hallucination, for a friend named VARLEY.” It also stated that this many have been done as a hoax, because Blake knew that Varley was very gullible and could have very well been leading him on.

This was the first time I had very been aware that anyone except Milton had realized the nature of this sketch.



**INTERVIEW***continued from page 1*

finding a therapist who is culturally competent in their relationship style. I wanted to be able to step into that space and help these people who have sexual issues, even if they don't work with me personally. To that end, I trained therapists to work with sexual issues, to help people with relational difficulties without saying something like, "Well, your problem is polyamory." Unfortunately, a lot of my clients have heard that from other therapists. So, when working with sexual issues, and working with polyamory, and working with complicated relational challenges in general, I felt a need to step into what seemed like a void, where it can be difficult to find a skilled clinician.

**RSH:** What training or skills have you found most helpful in dealing with these situations?

**MK:** I have had extensive training in the developmental model of couples therapy with Elyn Bader and Peter Pearson. It's a non-pathologizing clinical perspective, and it applies well to both highly distressed partners and to conflict avoidant ones. Just drawing that distinction brings versatility to the table.

**RSH:** You mentioned the need for "cultural competence" on the part of the therapist to avoid denigrating relationship styles that differ from societal norms. What do you do to help clients deal with their *internalized* "shoulds," judgments, and shame?

**MK:** I think this is where differentiation is helpful. My therapeutic focus is on helping people develop the skills related to differentiation. By that I mean, first, the ability to look inside yourself and figure out what you think, feel, desire, or prefer, separate from what anyone else might want you to think, feel, or prefer. The second is to become grounded enough to be able to share that with someone else, even if you think that they're going to have a hard time hearing it. Then the third is to become grounded enough to be able to hear something from someone else that's hard for you to hear, to stay present in that conversation and lean in with curiosity and warmth. Underneath all that is attachment stuff. Sometimes in order to strengthen differentiation, you have to help someone mend attachment wounds.

But simply mending attachment wounds is not enough. You have to remember why we're doing it: so that you can actively participate in things like consent, which requires tapping into yourself and speaking up about what's true for you and staying in touch with yourself even when you're in touch with someone else. For instance, in a sexual situation, continuing to dance that dance of reading yourself while being with another and asking for, or responding to, a partner's desire to pivot in the moment. Consent is an example of a high-level differentiation skill. Consensual non-monogamy like polyamory is also an example. To be in a relationship where you have, for instance, marital agreements about fidelity, you first need to figure out what fidelity means to you, separate from what you think you're supposed to think, feel, or believe. Whatever your family of origin's belief system might have been or religious influences, what do you believe, think, feel, and want for yourself? Then you can talk about that with other people, even if you might get pushback. And you can engage in a dialogue with important people, even when there's disagreement. You need to be able to hear someone else's viewpoint and relate to it and empathize with it without losing your own.

**RSH:** I like the way you broke down the internal awareness, the interaction, and the receptivity, having that as kind of a trifecta of things that you need to include in order to have a dynamic relationship with another human being.

**MK:** It's not just dynamic, but authentic and grounded in your personal, authentic awareness. People often have a belief system or significant mentors—leaders, parents, and/or church leaders—in their past who formed their belief systems. Then as they grow and develop into unique individuals, these old belief systems are at odds with, for instance, a gay identity or gender identity or relationship identity—something in themselves that's emerging and shifting. I work with these kinds of situations because there's a dissonance between the past self and the present self—the emerging integrated self. Helping a client figure out how to

work with that dissonance without tumbling into shame is an exciting project.

**RSH:** What have been notable challenges you have faced along the way? Other than what you've described with working with clients in general, is there anything that sticks out in your mind that was a learning experience for you?

**MK:** A huge part of what I do is training therapists to work with these populations, and that has a lot of challenges. It's one thing to figure out how to look at my own personal bias and the influences on my life and how that affects how I'm showing up in the therapy room, and it's very different to help someone else look at theirs. That's kind of a supervisory role, or the role of a consultant, which I do provide. But my primary role is that of providing accurate information about working with sexual issues and polyamory, both of which are hard to find accurate information about. With sexual issues, I focus on how to assess and treat a broad range of issues that arise in the normal course of therapy. When it comes to working with polyamory, I focus on what it looks like when it works well and how to help your client get from here to there.

When I first started teaching and speaking about polyamory to therapists, I was met with a lot of resistance. However, one of the things that I love most about speaking and teaching about polyamory with therapists is that, if somebody shows up to one of my talks, they're essentially inviting me into their internal world. If they're brave enough to speak up about their concerns about polyamory—what's hard for them about working with polyamory and their biases—they're letting me into a deep, vulnerable, sacred kind of space, and I see that as a tremendous honor.

I love to be able to say, "Yeah, I think I can probably make a difference in how you're seeing this just by sharing some information with you about what I observe in well-functioning polyamorous relationships." I think a huge amount of the bias against polyamory comes from never having seen it work. When you think about it, as therapists, we primarily

see people who need help with monogamous relationships. So, if the only examples we have are our clients, then it's understandable that therapists might not realize that polyamory works for many people and can in many cases stand the test of time. Between my personal life with friends and family members and my professional life with clients, I've known of hundreds, if not thousands of successful polyamorous relationships. My biggest message for both therapists and clients is that this does exist in nature, and in quite beautiful forms. If it's something that you want to go for, you can probably get there, although there may be roadblocks along the way. But one can have a therapeutic goal to open their relationship, or increase the health of their open relationship, or increase their happiness level in their open relationship. Those are all terrific goals and absolutely something with which I can work. I think where therapists get stuck is when they have only seen people struggling with polyamory. They just don't know healthy, sustainable polyamorous relationships are possible. It's hard to have the courage of your convictions and be the kind of strong leader who makes for effective relational therapy, when you aren't sure you can believe in the goal.

**RSH:** Over the years, has there been anything that you've discovered that surprised you?

**MK:** One thing that surprised me is how many therapists want to expand the way they think about polyamory. I think that's great. I have a desire, a mission, to help all therapists everywhere be competent, confident, and effective working with a broad range of sexual issues, because I think sex and sexuality are part of our normal lives and should be part of therapy. The same goes for polyamory. I want all the people in open relationships who are having a tough time finding quality care to be able to get quality care. So, that's what is driving me. This is my way of serving many clients, by trying to change the culture of therapy so that sex and sexuality and sexual variation and all kinds of sexual expression are part of normal life and normal ther-

*INTERVIEW continued on page 20*



**SPIRIT OF THERAPY***continued from page 4*

into a Reform Jewish family. As early as I can remember, we went to services every Friday night. I didn't understand Hebrew then so most of the prayers and hymns were sounds I associated with a time of community and feelings of connection. Back then, I did not know about the trance-like nature of the rhythms and cadences and alliterations. I only experienced them. What had the greatest impact on me occurred during the social gathering after the service. I would hear my father arguing with the rabbi over different points in his sermon and even on the nature of God, and whether God existed as a being or not at all. No question was out of bounds, provided it was sincere. And it was not unusual that they would conclude agreeing on the possibility of a middle ground or something totally different than what either of them originally proposed. So, I grew up where *not knowing* was the beginning of something fun and interesting. *Certainty* stopped the fun. So today, whatever I think I know, is still viewed as only a working hypothesis.

This is a long way of saying that I am not only comfortable with much of life being a mystery, but that the mystery brings me joy. I am a scientist by nature. My early training was in the sciences. However, as I learned more, I came to realize that science was limited. It provided wonderful answers to the simple questions. It can identify the myriad of individual Lego® pieces that make up the universe. However, the interconnectedness of everything was beyond the questions it was asking.

I am grateful for that sense of wonder when I look at a tree or feel gratitude for all of the previous generations whose collected efforts and curiosity lead to my ability to just flip a switch and an electric bulb brings light into my life. Wow! Thank you! All of that has lead to a point in my life were I cannot take anything for granted.

What consciously drives my sense of spirituality today goes back to Alison Armstrong's take on the Human Animal versus Human Spirit. In essence, she equates the Human Animal with basic instincts and the Human Spirit with con-

scious intention. I cannot agree more. Intention drives my spirituality. I enter each interaction with the intention that by the end of it, the other person will feel good about themselves. I don't know what I will say or do to facilitate that outcome, I just leave that to my unconscious. It is my gift to the mystery.

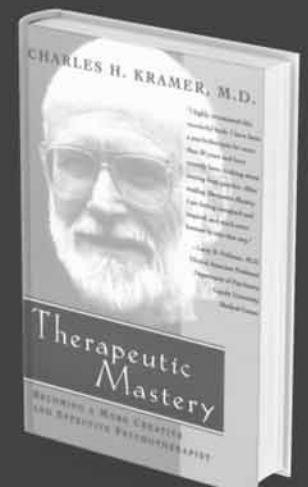
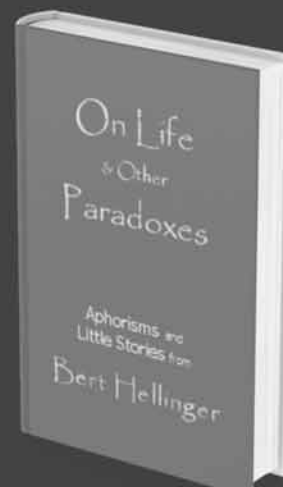
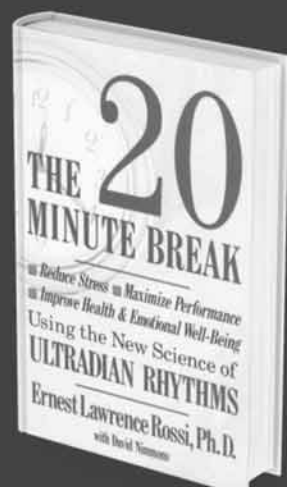
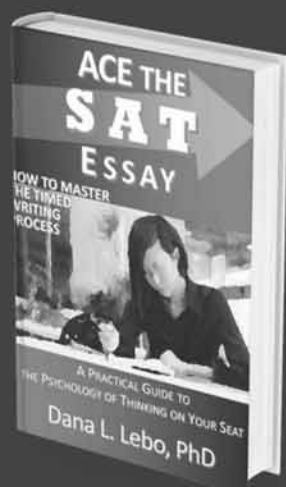
**JL:** Over the years, what clinical demonstrations have struck you as spiritual?

**RL:** I consider nearly all of the clinical demonstrations I have seen Jeff Zeig do in the last decade as being the epitome of O'Hanlon's definition of spirituality. Since I met Jeff more than 40 years ago, he has evolved into what I call *being* therapy rather than just *doing* therapy. His I-Thou mindset engenders a collaborative and mutually responsive *connection* between him and his client. It is obvious that his overriding intention is a *commitment* to the emotional and spiritual welfare of his client and his *compassion* accepts the humanity that brought the client to this point in their life. He has a genuine desire to help people improve their lives. An excellent example of this occurred at the recent Evolution of Psychotherapy Conference in Florida. In his demonstration "Evocative Approaches to Psychotherapy," he stepped outside of himself to join his client using all his being. That was evident in seeing how effortlessly he engaged in a playful dance with her, connecting with his whole self. It was like she was the only one in the room. I would hope that everyone will attend at least one of Zeig's clinical demonstrations to see how the intersection between art and spirituality can become a single entity.

(For more details on Jeff Zeig's clinical demonstration at the last Evolution Conference, read Michael Munion's review in this issue's conference mini-reviews.)

**JL:** I not only agree with you about Jeff Zeig, but appreciate how you framed his demonstration. Thank you for your openness and your insight. You are wonderful person. The more I know about you, the more I like you. Thank you again.

**RL:** It was my pleasure.

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# FACETS & REFLECTIONS

## “OUCH”: A Four-Letter Word to Help Avoid Conflict Escalation

Michael F. Hoyt, Ph.D.

Sitting across from me in my office, George and Mary were launching into their usual squabble:

*“You hurt my feelings.”*

*“No, YOU hurt MY feelings.”*

*“You’re too damn sensitive.”*

*“See how you always blame me.”*

*“So, it’s always my fucking fault, huh?”*

Strong expression of emotion can sometimes be helpful, but having already gone down this nonproductive road and wanting to avoid the impending fulmination, I interrupted:

*“Whoa. Y’all need a new four-letter word.”*

They both turned and looked at me.

*“Huh?”*

*“You’re here for help. Would you like some help with this?”*

*“What do you mean?”*

I stomped my size-13 foot down.

*“See my big feet?”*

*“Huh?”*

*“If someone accidentally stepped hard on my foot, I’d probably be tempted to say ‘Damn it. Watch where you put your f-ing feet!’”*

Unsure where this was heading, they glanced at one another and listened cautiously.

*“And the person would hear me and probably say back something like, ‘Well, screw you -- watch where you put yours, idiot.’ And we’d be into the battle.”*

They wore puzzled expressions.

*“But if, when the person stepped on my foot and it hurt, I simply said ‘OUCH!’ they would probably respond ‘Oh, sorry’ and step back. ‘OUCH.’ It’s a four-letter word: O-U-C-H. (I spelled it out). OUCH. It registers pain and lets the other person know you’re hurt, but it doesn’t blame them or attack them. When you hear ‘OUCH’ the normal, natural reaction is to just step back and say, ‘Oops—sorry.’”*

George and Mary looked at one another.

*“It’s a very useful word. Wanna try it?” I asked. “Just ‘O-U-C-H OUCH’—not ‘OUCH, you idiot.’”*

They laughed, and we spent the next several minutes practicing, first with me playfully uttering some of their typical provocative accusations and them each saying “OUCH” and me saying “Oops, sorry” and then with them each saying something potentially antagonistic and the other person saying ‘OUCH’ and the first person saying “Sorry.” When I saw them a week later, they reported having been in a serious discussion several times and wanting to use counter insults but instead they had said “OUCH,” and thus avoided the escalation. They said that rather than reciprocally blaming and antagonizing, they had actually listened to one another and managed to talk through issues.

Erickson (1954, p. 261) spoke of “...the need to utilize the common experiences and understandings that permeate the pattern of daily living, and to

adapt such utilization to the unique needs of the individual patient.” How to disagree agreeably (or at least, not destructively) is one such pattern.

“Couples” can include romantic partners as well as family members, friends, and co-workers. As Gottman and Silver (1999) note, it is not conflict that tears up couples, but the lack of healthy ways to express, contain, and resolve conflict. Even if a couple is not using nasty four-letter words, non-pejoratively introducing “OUCH” in terms of normal politeness offers communication skills that can disrupt a reverberating “vicious cycle” (Wender, 1968) and thus allow for healthier solutions to emerge.

As we know from both the Mental Research Institute (Watzlawick et al., 1974; Vitry et al., 2021a, 2021b) and Solution Focused Brief Therapy (de Shazer, 1988; Hoyt 2015), when something isn’t working, we need to do something different, not “more of the same.” There are some couples where simply introducing “OUCH” can be sufficient. They can move forward on their own once they see that inflammatory language only fans the flames. In the example given, I attempted to (humorously) diffuse possible escalation by saying, “Just ‘O-U-C-H OUCH’ – not ‘OUCH, you idiot.’”

For many folks, however, “OUCH” may be punctuation and a potential turning point, but they will need considerably more assistance to move forward, lest they simply ignore the “OUCH” or angrily hurl it back and forth. It can be helpful to “clarify and cultivate the client’s motivation” (Hoyt, 2017, p. 217) by spending more time exploring their reasons for seeking therapy, what they have tried so far (and how that has worked), and what they hope to gain. In the example given this was done “telegraphically” (read: in a flash) with the phrase “You’re here for help. Would you like some help with this?” More set-up to promote a larger underlying shift in intention may be required. Adding, “If you don’t change direction, you’ll wind up where you’re heading” can be useful. More in-session (and after-session) practice of healthier conflict-resolution skills may be needed, especially if the couple’s maladaptive pattern is deeply entrenched.

Some couples, of course, may have a high-conflict relationship, but they are still successful and happy. Physical violence is never okay. Their style may involve battling, however, sometimes with disrespectful name-calling and even an occasional “F-You!” but they do not destroy the bond between them. Working within their personal, familial, and cultural contexts, such couples may still need help to “recreate partnership” (Ziegler & Hiller, 2001) and improve “solution building” (Connie, 2013), and to learn better emotional regulation skills (Fruzzetti, 2006) — what Wallerstein and Blakeslee (1995, pp. 143-149) call “Making a Safe Place for Conflict.” Alas, there are also couples whose lack of engagement with anger-management skills is not remediable.

The primary “logics” (Cannistrà & Hoyt, 2023) behind the “OUCH” intervention are to Direct Block of Actions (don’t shoot back) and Create Awareness (letting the other person know you’re hurt). Therapeutic effectiveness may be enhanced when interventions are surprising and attention-grabbing (Hoyt & Bobele, 2019; Hoyt & Battino, 2022), and offered in ways that promote expectations of helpfulness (Battino, 2006). Introducing “OUCH” may open a space and be a good place to start, even if not comprising the entire journey.

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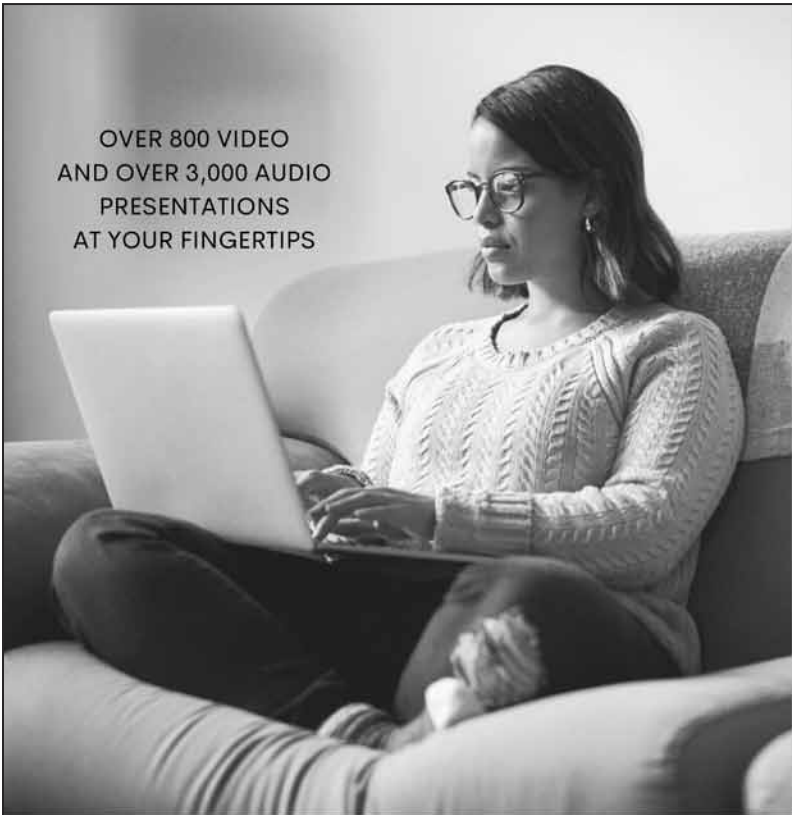
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## IN MEMORIAM

### In Honor of Peter Arthur Baldwin

By Rick Landis

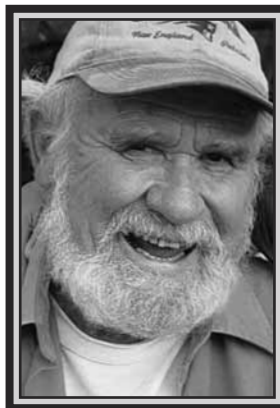
Peter Arthur Baldwin passed away peacefully on Sunday, July 10, 2022, at the age of 90. He spent his last hours at his long-time home on Pancake Hill, in Lower Gilmanton, New Hampshire surrounded by family and friends.

He was truly a non-linear, systemic thinker who contributed much to our field. As such, he was fascinated by Milton Erickson's approach to hypnosis: the utilization of suggestion and non-linear thinking.

After graduating from Middlebury College, Peter entered Boston University School of Theology, completing his degree in 1958. He was ordained to the Unitarian ministry. He continued his studies at Boston University, completing a PhD in psychology in 1964.

Peter was a distinguished faculty member of the Antioch University New England Doctoral Program in Clinical Psychology from its beginning in 1982. Students commented that he introduced them to areas of psychology with which they were not familiar. Peter's clients attested to the deep relationships they had with him and how he helped them deal with difficult problems.

At his memorial, Jean Stimmell, a long-time friend, psychotherapist, and stonemason said, "On top of his many other accomplishments, Peter was a supremely gifted therapist and educator, beloved by both his colleagues and his patients, whose horizons he helped expand... Peter was a big thinker who always thought outside the box... He was far ahead of conventional practice in 1997 when he wrote *Four and*



Peter Baldwin

*Twenty Blackbirds*... he demolished the notion that we are each just a single, unitary self. Instead, we each have multiple selves all vying for attention, an idea that has recently been reinvented as 'Internal Family Systems Therapy' and has taken the profession by storm.

Because Peter saw the Big Picture, he knew it was impossible for us to arrange all the parts of our lives neatly, like ducks all in a row. He was a visionary like the poet Walt Whitman who wrote in his poem, *Song to Myself*:

*Do I contradict myself?  
Very well then, I contradict myself,  
(I am large, I contain multitudes.)*

Peter was like a rhizome, the complex, underground stem of a mushroom. Rhizomes have no hierarchy like trees that grow in predictable patterns. Instead, they are unpredictable shapeshifters, capable of putting out an underground root, growing an aerial shoot, or even magically popping up in an entirely new location. As such, they are like Peter Baldwin: They are shamans."

Music was an important part of Peter's life. He was a folk singer and storyteller, who sang and played guitar. He was a founding member of the "Dissipated Eight," a student octet at Middlebury. He made several recordings, and throughout his life sang at gatherings and in church choirs.

Peter was married to Carolyn W. Baldwin in 1955. Together they raised three children: Sarah Baldwin Welcome and Robert Henry Baldwin of Gilmanton, and Judith Baldwin Gleason of Concord. He is survived by Carolyn, their three children and their spouses, and four grandchildren.

## INSPIRING MOMENTS WITH THE MASTERS

### William H. Masters

By Jeffrey K. Zeig, Ph.D.

William (Bill) H. Masters, MD (1915-2001) and Virginia E. Johnson were a research team known for their pioneering studies (starting in late 1950s) on the physiology of human sexual response. Masters was a gynecologist who hired Johnson as his research assistant. They eventually became intimately involved and were married for several decades. They coauthored *Human Sexual Response* (1966) and *Human Sexual Inadequacy* (1970).

In 1994, Masters was a featured speaker at the Evolution of Psychotherapy Conference which was held in Hamburg, Germany. I met him earlier that year when I was teaching in Saint Louis, and he joined me for a cordial dinner.

Bill and I taught at a conference together in Puebla, Mexico, where he was the main speaker. We were on the same flight returning to Arizona. Bill lived in Tucson, and I live in Phoenix. On our long ride to the airport, I was able to tap into his extensive knowledge on human sexuality.

Bill was seated in first class on the plane, and I found my place in coach. But shortly after take-off, Bill came down the aisle to find me and exchanged seats with the man sitting next to me so that we could continue to converse. During my conversation with Bill, I voiced insecurities, and he told me that in the early stages of Parkinson's he and his wife were sexually intimate. He was in favor of an active sexual life, noting that sex was a phenomenon in the realm of "use it or lose it."

On another occasion when I was teaching in Tucson, Bill surprised me and showed up for one of my morning workshops. He offered me sage advice about



William H. Masters

responding to workshop attendees, how I could provide an opportunity for them to identify with me more fully. To this day, I am guided by his wisdom.

Bill once invited me to have dinner at his home in Tucson. I went with my girlfriend and as he was introducing us to his wife, he took a fall. The Parkinson's had momentarily frozen Bill's body and it threw him off balance. But Bill was nonplussed by this event and the dinner proceeded as if the fall had never happened.

The last time I saw Bill Masters was on another trip to Tucson later in his life when Parkinson's had progressed so much that he was in assisted living. I could not understand much of his conversation, but I noticed that he was surrounded by current literature on human sexuality, apparently studying to learn more.

Bill Masters' knowledge on human sexuality was remarkable, but his humanity was even more amazing. Masters was truly a master, and he paved the way for many others in the growing field of human sexuality.

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## EDITOR'S COMMENTS *continued from page 2*

And finally, a new column is being introduced: *Unearthed from the Erickson Archives*. Our first offering is treasured communication—a handwritten essay by Milton Erickson's wife, Elizabeth Erickson, given to Jeff Zeig for Christmas in 1986 along with a priceless art book by Hans Prinzhorn published in 1923. Elizabeth's essay is entitled, "Diagnosis by Interpretation of Paintings and Drawings."

Another gift that Zeig received a decade later was the gift of connection with William Masters of Masters and Johnson fame. Masters was a speaker at the Evolution of Psychotherapy Conference in 1994 in Hamburg, Germany, although Zeig met him earlier that year when he was teaching. In his *Inspiring Moments* column, Zeig recounts their conversations about sexual intimacy. After all, Master was the master on this subject. Masters died in 2001.

In celebration of reconnecting during the recent Evolution of Psychotherapy conference in Florida, we have included mini reviews of some of the presentations. Because there were so many to choose from, we decided to divide them between this issue and our next summer issue. There is much to look forward to in the coming year, including the Couple's Conference in May, a celebration of connection and community in its own right.

Rick Landis, Orange, CA

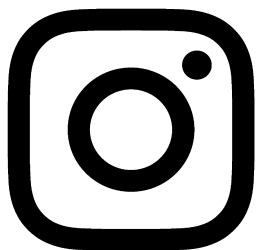
### Publishing Note

#### Advancing Hypnotic Inductions: An Ericksonian Perspective

A research article by Jeffrey Zeig, Ph.D. and Kaloyan Tanev, M.D., "Advancing Hypnotic Inductions: An Ericksonian Perspective," has been published to Taylor and Francis Online. Read the article online at:

<https://www.tandfonline.com/doi/full/10.1080/13642537.2023.2175885>

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# EVOLUTION CONFERENCE 2022 REVIEWS

## Mini-Reviews from the 2022 Evolution Conference

Once again, we are presenting brief reviews of the presentations from the Evolution of Psychotherapy Conference held in December 2022 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. To offer readers as many reviews as possible, we will also be including some in our summer issue. For now, please enjoy these.

Rick Landis, Executive Editor

### An Interview of Erving Polster with Jeff Zeig

*Reviewed by Julie T. Anné*

I was feeling old as I walked into the Evolution of Psychotherapy auditorium and took my seat. Life had recently challenged me in ways that seemed to justify my stalled passion and waned luster as somehow being normal, given my encroaching “advanced age.”

We all slow down and lose our spark, right?

Then, the lights went down, and the screen lit up with the luminous Erving Polster.

What unfolded over the next 47 minutes was an intelligent, honest, delightfully uplifting conversation between master interviewer and psychotherapist, Dr. Jeffrey Zeig, and his longtime friend, colleague and fellow master psychotherapist, Dr. Erving Polster.

As I sat in the auditorium and took in this brilliant and connected interview with the beloved Polster, energetically challenging us all to “approach life from a core foundation of being alive,” I felt a spark of vitality reigniting from deep within, simply from being in the presence of this loving and exuberant man.

With dancing eyes and refreshing humor, the iconic Gestalt master psychotherapist answered Zeig’s inquisitive questions with humbled wisdom and a sharpness of intent that comes not only from studying others for more than 50 years, but perhaps more importantly, from engaging with others in a manner that supports his prescription for living a long and healthy life.

“What’s the secret of being so alive at age 100?” Zeig inquired, probing curiously for a sage sentiment of longevity.

To which Polster momentarily hesitated, before enthusiastically exclaiming, “Yes, yes, yes, and yes! Polster pronounced with a smile that was itself a statement: “Yes to life.”

“I am alive!” He proudly exclaimed. “That in and of itself is a miracle. If I can become... that’s a bonus.”

“The first question,” the centenarian Polster added, “is, are you alive or not? To restore aliveness,” he confidently mused, “is the foundation for restoring content.”

How does a Gestalt master psychotherapist achieve this therapeutically?

“Feel the humanity of the other person,” Polster leaned in and explained. “The humanity of engagement. If I engage with people, it will all be alright.”

And so went the conversation between two equally spirited friends of “more than 50 years” who have respected, learned from, and sometimes challenged each other in their respective and mutually beloved space of psychotherapy.

Upon leaving the auditorium following this interview of tribute to the undeniably “alive” Polster, I felt my step lighter. My soul buoyed by the heart and the Spirit of this interview.

“Erv, you live in my heart,” the kind and loving Zeig expressed at the close of the interview.

And now, because of the wonderful gift of this beautiful keynote, Erv will remain forever alive in the hearts of all who attended.

**Dan Siegel**

### **IntraConnected as MWe (Keynote)**

*Reviewed by John Lentz*

Dan Siegel was an amazing keynote speaker—charismatic, informative, and relational. I felt as if he was speaking directly to me, and yet he was speaking to everyone in the room—even those outside of the room. He is a leader, inspiring us to be leaders. He spoke to us about the genuine assistance we offer our clients, as if we are important and able to do important things. It felt positive hearing from this incredibly intelligent and accomplished man. He was encouraging, challenging, and inspirational. He challenged us to expand and integrate; to consider shifting from the position of “Me” to the integrated position of “MWe.” And he made an excellent case for how thinking of ourselves as separate individuals has magnified our global problem of epidemics.

**Lynn Lyons**

### **Beyond Calming Down: Creative Ways to Use Hypnosis and Homework with Anxious Clients**

*Reviewed by Joan Neehall*

I had the good fortune to be Lynn Lyons’ moderator for this presentation. She was engaging in her talk on anxiety, holding the audience spellbound as she spiced up her talk with humor. Everyone appreciated her relatable manner, infectious enthusiasm and energy, and her tried and true reliable approaches to dealing with anxiety.

Lynn’s clinical demonstration of hypnosis when dealing with a client with social phobia was remarkable. Her ability to pause, pace, and talk slowly (her normal rhythm is fast paced) was useful to witness in the context of trance induction. You HAVE to see this woman in action. You won’t be disappointed!

**Donald Meichenbaum**

### **Domestic Violence: Ways to Reduce Interpersonal Violence Lessons Learned When Dealing with a Personal Loss-Clinical Implications**

*Reviewed by Bette Freedson*

As a clinical social worker familiar with the value of Donald Meichenbaum’s prolific contributions to the field of violence prevention, trauma, and mental health, I was honored to be given the role of moderator for these two sessions.

While the two presentations differed in focus and content, they were both delivered with Meichenbaum’s unique blend of seriousness and humor. His presentations were also infused with the authenticity of his personal experience of bereavement, his real emotions, and his ability to connect with his audience. Meichenbaum’s programs not only contained important lessons, but also the inspiration of his presence, his humanness, and his strength.

In his workshop about the clinical implications of personal loss, he spoke about the tragic death of his beloved wife, Marianne. From this courageous personal perspective, he showed us how to help someone in the throes of traumatic grief. He taught us about the unique flashbacks of personal bereavement called STUG, Sudden Temporary Upsurges of Grief, that are expected and normal. As he affirmed his own loss, he affirmed ours, explaining how we can draw on self-compassion for our own individual losses as we help our clients to recover.

The messages in both programs were both practical and profound—iconic Meichenbaum: intertwine assessment and treatment; respect cultural and racial

# EVOLUTION CONFERENCE 2022 REVIEWS

diversity; de-pathologize grief and the aftermath of trauma; stay curious and open while listening with compassion; validate the reality of sudden, triggered upsurges and flashbacks of grief and trauma; and employ what and how questions to identify risk factors for suffering, and the dormant and latent strengths that can lead to understanding, acceptance, and resilience.

Don Meichenbaum lives what he teaches. In these two extraordinary workshops, he has given us the gift of a model in which lessons derived from our own resilient healing from loss and trauma can help create clinical contexts that facilitate connection and recovery for our clients. As Meichenbaum says on the site that offers his book, *Roadmap to Resilience* (a gift in his wife's memory), "We are all in this together."

<https://roadmaptoresilience.wordpress.com>

<https://melissainstitute.org/wp-content/uploads/2018/05/CORE-TASKS-OF-PSYCHOTHERAPY-WITH-VICTIMS-OF-CUMULATIVE-VIOLENCE>

**Jeffrey K. Zeig**

## Evocative Approaches to Psychotherapy

*Reviewed by Michael Munion*

In this clinical demonstration, Jeffrey Zeig treats a therapist who finds herself weighed down by a heaviness—the demand to frenetically perform in a variety of domains. Within moments of the start of this demonstration, Zeig helps to identify lightness as the essence of a successful outcome. He then asks the patient to demonstrate what the heaviness weighing her down might look like, and to become that heaviness. Having experienced *being* that heaviness, she is then invited to connect with the lightness that can replace the heaviness.

As the demonstration progresses, the positive function of the heaviness (responsibility), transforms into a protector that is no longer punishing. Throughout the session the patient's ongoing experiential connection with heaviness, lightness, and protection evokes clarity and transformational possibility. In ratifying and deepening the connection to transformation, Zeig playfully discusses a project in which people could invent a new childhood. Zeig reasons that, "Why should we have the same old childhood day after day, when we can invent new ones?" Leaving the playful image, he quotes Borges's sentiment, "Destiny is the moment in the life of a person when she takes account of who she will be for the rest of her life". Thus, masterfully in less than an hour, the dyad has experientially evoked problem, solution, and transformation, leaving the "patient" changed, with clarity on how to move forward.

**Stan Tatkin**

## Object Relations Empty Chair Work in Couples Therapy

*Reviewed by Susan Pinco*

For those of you who have not had the opportunity to see Stan Tatkin in action, do not despair, the videos of his presentations from this conference will be available soon. Tatkin brings warmth, grounding, and focus to his work with couples. The video he shared with attendees of this workshop beautifully illustrates how the technique of empty chair work can illuminate long standing patterns for both the individual doing the work and for their partner and promote empathy and compassion which makes room for change. If you were an attendee, you also experienced how Tatkin modeled and exemplified trust in clients and their capacity to touch into difficult places and become transformed by them.

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## BOOK REVIEW

### ***Four and Twenty Blackbirds:***

#### ***Personae Theory and the Understanding of Our Multiple Selves***

By Peter Arthur Baldwin  
Bramble Company, Las Vegas  
1997  
ISBN-10: 1883647061  
ISBN-13: 978-1883647063  
290 pages

Reviewed by  
Rick Landis

With the passing of Peter Baldwin in July 2022, I reread his early writing of *Four and Twenty Blackbirds* and realized that this book is as insightful and lighthearted as it was when I originally read it more than two decades ago.

Gregory Bateson introduced me to the concept of a *metalogue*. In his *Steps to an Ecology of Mind* (2000), Bateson defined a metalogue as "...a conversation about some problematic subject. This conversation should be such that not only do the participants discuss the problem, but the structure of the conversation as a whole is also relevant to the same subject." This is a perfect description of Baldwin's *Four and Twenty Blackbirds*.

At its essence, Baldwin's conversation with us is an artistic description of the multiplicity of perceptions and functions within each of us that make us human. He describes the elements and interactions of those perceptions in

such a way that the descriptions themselves are the manifestation of those multiple perceptions. A true metalogue.

Reading his book is as much an adventure as it is instructive. Each concept is accompanied by several examples, each from a slightly different angle. And each chapter helps us to view the other chapters from a different perspective. Nothing is isolated and everything is interconnected.

While the process of the book is captivating, its content continues to have current value. In listening to their clients' narratives, seasoned therapists often develop an instinct for the "nodal point." They answer the question, "What point in my clinical focus can have the greatest effect with the least amount of change?" Baldwin provides a model that gives meaning to those points of clinical focus.

I love that this book reminds me of an Agatha Christie mystery. All the elements are systemically laid out so that we can fully experience the unfolding. The final digital conclusion occurs in the *Epilogue*, coming together in an "Ah ha!" moment.

Whether you are a seasoned therapist, just beginning, or anywhere in between, this is a great read and invaluable material for your unconscious. Truly Ericksonian in its process.

**NOTE:** It is difficult to find new copies of this book. But when I recently spoke with Peter's wife, Carolyn, she offered to make the book available to our newsletter readers from her personal collection. If you are interested, please contact Carolyn Baldwin at [cwblwn@metrocast.net](mailto:cwblwn@metrocast.net).

## BOOK REVIEW

### ***The Solution Focused Brief Therapy Diamond:***

#### ***A New Approach to SFBT That Will Empower Both Practitioner and Client to Achieve the Best Outcomes***

By Elliott E. Connie and Adam S. Froerer  
Hay House, Inc.  
2023

Reviewed by  
Jeffrey K. Zeig

This book is centered on parallel reflections of each authors' vision of a revised model of Solution Focused Brief Therapy (SFBT). Elliott Connie is a clinician, Adam Froerer, a researcher. In the opening chapters we learn about Connie and Froerer and are given a summary and history of the SFBT approach, which was originally created and developed by Isoo Kim Berg and Steve de Shazer. Steve was a featured speaker at Erickson Foundation training events. He was influenced by John Weakland at the Mental Research Institute in Palo Alto, California. However, he never met Milton Erickson, so any Ericksonian influence was derived indirectly from Weakland's studies with Erickson.

Strength-based questions are the loadstone of Connie's clinical method. A few "nevers" underpin the model, including, "never interpret, never compliment, never assign homework tasks." (pp. 56-57) These "nevers" disempower

clients, whereas questions that presuppose strengths empower clients, prompting a positive response. A list of SFBT questions is provided in the appendix which is companioned with a second appendix consisting of an annotated therapy transcript of a session led by Elliott Connie.

The authors' Brief Therapy Diamond is composed of five facets: 1) The desired outcome; 2) the history of the outcome; 3) the resources of the outcome; 4) the future of the outcome; and 5) the closing. There is a separate chapter for each of the five facets explaining and illustrating the concepts, accompanied by engaging clinical vignettes and stories of successful treatment.

Stories provide context for understanding elements of clinical practice. Ironically, clinical practice is based solely on empowering questions. And these authors eschew the use of storytelling.

I was also a bit disappointed to find that in this book therapy is provided only through verbal language. Paraverbal communication and nonverbal approaches are never mentioned, both of which were championed by Milton Erickson.

Curiously, the book is devoid of citations, which makes the purpose of the book hazy. Was it written to empower professionals or to inspire the general public? Perhaps it was designed for both, as there is sufficient content for each audience.

The book is well written, making it an engaging read. Therapists who want to strengthen their clinical practice will find many gems in this book. But those seeking to build hypnotic skills will not find much.

I have great appreciation of Elliott Connie and have invited him to serve on the faculty of Erickson Foundation conferences. I see him as a future leader in the field of psychotherapy.



# HISTORICAL HYPNOTIC PROCEDURES

By Jeffrey K. Zeig, Ph.D.

James Alexander Cannon MD, PhD (1896–1963), was a British psychiatrist, occultist, and hypnotist. He wrote *The Science of Hypnotism*, a book that has little to do with science and more to do with the opinions (and “powers”) of its author. Tabbed a charlatan by some, Cannon was a flamboyant character renowned for his treatment of King Edward VIII, just prior to the king’s abdication.

Touting hypnosis as a panacea, Cannon references the inductive procedures of Charcot, Bernheim, Liebault, and others including Lloyd Tuckey, a physician who is known to have re-introduced hypnotherapy to the U.K. in the latter part of the 19th century.

Cannon’s repertoire includes esoteric practices. In the preface to the book, the author says inductive procedures were primarily based on eye fixation. Therapeutic procedures were to be accomplished by direct, positive suggestion. Results are

touted even for conditions like epilepsy, but actual scripts are not provided. Cannon ends his preface by noting that hypnotic suggestion is irresistible and “...the key to the mystery of man’s mind.” (p. 12)

In the book, there is remediation by use of “hypnotic color science.” For example, the author writes, “Yellow pierces the mind-power of man and so drags him out of the slough of mental sluggishness and gives him renewed energy and inspiration.” (p.89) Cannon also invented a battery powered “hypnoscope” to project color “vibrations.”

Hypnosis has certainly evolved from its early roots of direct induction and treatment. The direct approach seems to have been part of the zeitgeist of the first half of the 20th century and even Erickson was often direct. However, later on he was an agent of change toward indirection. Reading about Cannon and similar historical hypnosis figures makes me appreciate even more Erickson’s pioneering contributions.

## BOOK REVIEW

### ***Last Chance Couples Therapy: Bringing Relationships Back from the Brink***

By Peter Fraenkel  
Norton Publishers, 2023  
432 pages  
ISBN-10: 1324016256  
ISBN-13: 978-1324016250

Reviewed by  
Jeffrey K. Zeig

If you are going to read one book on couples’ therapy, *Last Chance Couples Therapy* would be a good choice. Although the emphasis is on couples on the brink, the procedures and perspectives are more widely applicable.

There are four last chance scenarios: high conflict, safety violations, desynchronies with life goals, and low passion. Each scenario is outlined, and interesting case examples are provided. Fraenkel’s scope is prodigious; he comprehensively cites the work of established experts in both research and methodology.

Substantive issues are addressed. Fraenkel demonstrates how to establish a therapeutic alliance and offers a highly integrative approach to remediation. Advice about therapist self-care serves as an epilogue.

*Last Chance Couples Therapy* is engaging and exceptionally well written. I especially enjoyed Fraenkel’s perspectives in Chapter Three about addressing temporal desynchronies in couples, which was novel to me.

Both the tyro and the expert will benefit from Fraenkel’s expertise. *Last Chance Couples Therapy* would also serve an excellent text in the university classroom.





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## UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACTS
<b>2023</b>		
4/13-16	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	1.
4/28-5/1	Society for Clinical and Experimental Hypnosis Mid-Year Clinical Hypnosis Workshops – Introduction, Intermediate, Advanced / Virtual / Invited Faculty	2.
5/5-7	Couples Conference / Virtual / Invited Faculty	3.
5/12-6/30	Intensive Training Online – Level C (Intermediate) / Virtual / Lilian Borges, M.A., LPC, Brent B. Geary, Ph.D., Stephen Lankton, LCSW, DAHB, FASCH, Dan Short, Ph.D., Zeig	3.
6/30-7/3	Intensive Training Online – Level D (Intermediate) / Virtual / Borges, Geary, Lankton, Short, Zeig	1.
7/7-8/25	Intensive Training Online – Level D (Intermediate) / Virtual / Borges, Geary, Lankton, Short, Zeig	3.
8/15-19	Training in Ericksonian Therapy / Virtual (Guangzhou, China) / Zeig	4.
9/1-10/20	Intensive Training Online – Level E (Advanced) / Virtual / Borges, Geary, Lankton, Short, Zeig	3.
9/3-10	Master Class and Workshop on Fundamental Hypnosis (Spanish) / Mexico City, MEXICO / Zeig	5.
9/16-9/24	Art of Psychotherapy / Virtual / Zeig	3.
10/19-22	Master Class in Ericksonian Psychotherapy / Tokyo, Japan / Zeig	6.
10/26-29	Master Class in Ericksonian Psychotherapy / Taipei, Taiwan / Zeig	6.
10/27-12/22	Intensive Training Online – Level F (Advanced) / Virtual / Borges, Geary, Lankton, Short, Zeig	3.
11/9-12	Master Class in Ericksonian Clinical Hypnotherapy / New York City, NY / Zeig	1.
11/21-24	Training in Ericksonian Therapy / Virtual (Guangzhou, China) / Zeig	4.
12/12-17	Evolution of Psychotherapy Conference / Anaheim, CA / Invited Faculty	7.

### Contact Information:

- 1) For information contact Stacey Moore: Email, [SJMTJM@msn.com](mailto:SJMTJM@msn.com); For information on virtual programs with Jeffrey Zeig including virtual courses with Spanish translation visit: [www.jeffzeig.com](http://www.jeffzeig.com)
- 2) For information: Society for Clinical and Experimental Hypnosis Web: <https://www.sceh.us/2023-midyear-workshops>
- 3) 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)

[erickson-foundation.org](http://erickson-foundation.org); Web, [www.erickson-foundation.org](http://www.erickson-foundation.org)

Couples Conference: [www.CouplesConference.com](http://www.CouplesConference.com)

2023 Intensive Training Program, Case Consultation, Art of Psychotherapy [www.erickson-foundation.org](http://www.erickson-foundation.org)

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- 7) For information: Web, [www.EvolutionofPsychotherapy.com](http://www.EvolutionofPsychotherapy.com)

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

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## 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 Couples Conference*, “Models of Couples Counseling: Contemporary Contributions,” will be held May 5-7, 2023. The Couples Conference is an Online event and is sponsored by The Milton H. Erickson Foundation, Inc. with organizational assistance provided by The Couples Institute of Menlo Park, California. Speakers include Frank Anderson, Ellyn Bader, Elliot Connie, Martha Kauppi, Terry Real, Stan Tatkin, Christine Toel, Lori Weisman, and Joseph Winn. For complete information and to register visit [www.CouplesConference.com](http://www.CouplesConference.com)

The American Psychological Association (APA) will hold their annual convention August 3-5, 2023, in Washington, D.C. The convention also will be available online. Faculty, workshops, registration and accommodation information will be available in April. Visit the convention website for the most updated information: <https://bit.ly/3kKrNYQ> or visit [www.APA.org](http://www.APA.org)

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 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. (Note: The Congress was scheduled for June 2022 but due to the global health situation the organizers have moved the gathering to June 2024.) For complete information visit <https://www.ishhypnosis.org/> or Email, [info@pie.pl](mailto:info@pie.pl)



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

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# The Collected Works of Milton H. Erickson, MD Digital Version



Edited by: Ernest Rossi, Roxanna Erickson-Klein, Kathryn Rossi

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**INTERVIEW***continued from page 8*

apy. There are a lot of therapists who are behind this mission, and that's been inspiring to be a part of, and beautiful to see.

I would like to add one more thing: When I started speaking publicly about polyamory to therapists, I was worried that I would start to be seen as "that woman who talks about polyamory." I was at the point in my career when I wanted to be teaching therapists about sex and sexuality. So, one of the things I appreciate about the Couples Conference is that I get to talk about both, and that's important to me—to not get pigeon-holed off into one little area, whether that area is as a specialist in desire discrepancy and sexual issues, or a specialist in polyamory. They're both areas of specialty for me.

**RSH:** Your process of breaking down the internal awareness of one's own desires, the ability to communicate those desires, and the ability to listen to your partner is key to non-traditional relationships, whether it's polyamorous or otherwise. Although

it shows up in these different ways, at its core, I can see where your interest and competence have that singular foundation.

**MK:** I like the way you conceptualize that. I mean, there's nothing that I do in the realm of working with polyamory or with sexual issues that isn't applicable to everyone and every kind of issue. I think there's a lot more commonality than there is difference. Some therapists or clients freak out when the material they're working with is something that we don't talk about; become educated about; have a lot of internalized shame about; there's a lot of misunderstanding about; and you are discriminated against because of your beliefs. That's what makes it complicated... not the actual structure of the work. And the humanity, of course, is there in all cases.

**ANNOUNCING A NEW BOOK**

By

**Vann Joines, Ph.D**

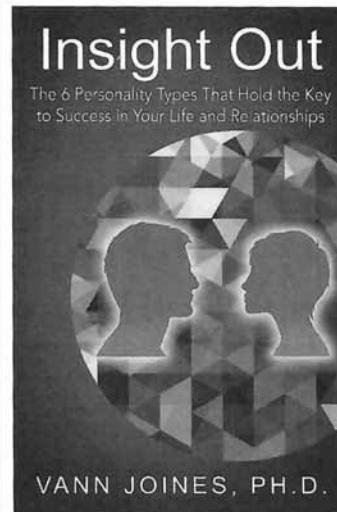
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—Ellyn Bader, Ph.D. Co-Founder and Co-Director of The Couples Institute and Co-Creator of the Developmental Model of Couples Therapy.

"Dr. Joines shows how the processes of the past lead to the programs of the present and the patterns of the future. Follow the steps of this insightful book and reclaim the life path you were always destined to have."

—Jeffrey K. Zeig, Ph.D. Director, The Milton Erickson Foundation.

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