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Tipper Gore

Interviewed by Jeff Zeig

Jeff Zeig: Hello. We're so glad you accepted our invitation to speak at the upcoming Evolution Conference in December. Could you please tell us about your educational background in psychology?

Tipper Gore: I studied psychology as an undergraduate and graduate student at Boston University and Vanderbilt. This gave me a solid grounding in principles and theory. But to be honest, it has been the people I encountered who were dealing with mental illness who prepared me most to be a mental health advocate. It's one thing to read about depression or bipolar disorder. However, I have found that through knowing the experiences of others and the struggles they face you gain a



deeper understanding of these conditions. That helps us know what we as a society need to do to improve mental health.

JZ: We would be glad to know about your work advocating for the disenfranchised, especially those with mental illness. Also, what are your recommendations to help the disenfranchised, especially those with mental illness?

TG: From parents facing the unimaginable decision to raise a child with severe mental illness, or to give up custody so the government has to provide treatment, to veterans struggling with the mental health effects of combat, to the homeless living with mental illness, I have seen how gaps in our mental health system can push people to the margins. Some can -- and do -- stand up for themselves and advocate on their own behalf, but they need allies. First, as an ally, it is important for advocates to realize that they are partners with the people living the challenges we seek to overcome. Your role is to help amplify their voices, to build bridges so more people aid their cause, and, if you are in positions of privilege or power, make your seat at the tables of influence useful in ad-

vancing their needs.

JZ: What about your efforts on behalf of the LGBTQ community?

TG: From marriage equality to changing social attitudes about sexual orientation, I have been proud to see the LGBTQ community win some tough fights in the United States. And, the same goes internationally where marriage equality is a reality under law in more countries. The struggle for LGBTQ rights is a mainstream part of the struggle for human rights for everyone. Of course, there are many more battles to win and much progress to make. I have been proud to support many LGBTQ civil rights and advocacy organizations, to speak out and raise money when I can, and, perhaps most important, to make equality for the LGBTQ community among the values my family lives by and stands for.

JZ: Could you talk about your interest in photography?

TG: My love of photography began in the early 1970's with the gift of a 35mm Yashica. I've been taking photos ever since, both in my professional and personal lives. I was a photographer for the Nashville Tennessean, and free-lanced when I moved to Washington D.C. When I was in the White House, I took my camera with me, photographing events like the meeting between Israeli Prime Minister Yitzhak Rabin and Palestinian leader Yasser Arafat on the White House lawn. I also photographed our travels around the world, including to post-genocide Rwanda. I've found it extremely powerful to share images that put human faces on statistics in order to inspire us to improve both lives and the health of our planet.

TIPPER continued on page 4

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EDITOR'S COMMENTS

I was looking through the list of speakers for the upcoming Evolution of Psychotherapy Conference, December 13-17 in Anaheim, California and was impressed to find that Tipper Gore is going to be one of our keynote speakers. In this issue, Jeff Zeig foreshadows that event with his interview of this woman who had been described as one of the ten most admired women in the world.

As one would expect from the Evolution Conference, the list of speakers also contains an overwhelming number of the grand masters of psychotherapy. And there's a common thread running through the list: the majority of these master therapists have experienced a personal evolution through each phase of their professional development. Each of their journeys was no doubt unique and complex, as their understanding expanded with every experience.

Unlike single-celled organisms, which tend to evolve into more complex multi-cell structures, concepts of psychotherapy that begin as complex, with the interweaving of multiple ideas and techniques, seem to evolve into more simple, yet deeper universal concepts.

Therefore, the theme of this issue of the newsletter is the evolution and journey of master therapists.

An excellent example of this can be seen in Jeff Zeig's fascinating interview with Erving Polster. Polster describes his evolution and journey as helping him to understand how he must *be* as a therapist. This idea is beautiful in its simplicity and has taken him more than six decades to master.

The evolution toward simplicity is also seen in John Lentz's *In the Spirit of Therapy* with an interview of Kathryn Rossi. She discusses her experiences in India and how they helped sharpen her awareness of herself and others.

In *Facets and Reflections*, Eric Greenleaf introduces us to Jhassel Arellanes who describes how as child he defied the odds in what seemed like a hopeless situation. But with the help and determination of his mother, his story became an inspiration.

Marilia Baker has once again found an amazing couple to write about for *The Power of Two*. She describes how Giovanna Celia and Mauro Cozzolino,



a married team of psychologists, evolved in establishing and developing The International Centre of Psychology and Strategic Psychotherapy in Salerno, Italy. Their evolution led to the integration of Ericksonian perspectives with the psychosocial and cultural genomics of Ernest Rossi. I found this to be a most intriguing profile.

In his review of Jon Carlson's and Matt Engler-Carlson's book, *Adlerian Psychotherapy*, Lentz points out that several common sense ideas and basic assumptions that we adhere to today stem from the work of Alfred Alder. In Lentz's words, Alder "...believed that problems surface because of erroneous information that could be corrected."

Today, evidence-based interventions have evolved from a one-size-fits-all approach to the conceptual simplicity of mindfulness and acceptance. An excellent example of this is the book, *Mindfulness and Acceptance for Treating Eating Disorders and Weight Concerns*, edited by Haynos, et al, and reviewed by Kay Colbert. Colbert's review makes these approaches clear and understandable.

Many books have been written on the subject of the interconnection between neuroscience and therapy, but I was delighted that John Lentz chose to review, *Brain Bytes: Quick Answers to Quirky Questions About the Brain* because it's a lighter approach to a heavy topic. Eric Chudler and Lise Johnson have written a fun, interesting book of facts about the brain and its function. This book is a good source for therapists to answer the questions that

clients often ask. To complement this is Maria Escalante de Smith's review of *The Developmental Science of Early Childhood*, by Claudia M. Gold. I was especially interested in Chapter 6, "How Relationships Change the Brain."

Roxanna Erickson Klein reviews, *Treating Trauma Related Dissociation: A Practical Integrative Approach*, by Kathy Steele, Suzette Boon and Onno Van der Hart. This book challenges clinicians to continue their evolution by moving beyond techniques and concepts to "...be with the patient who sees themselves as many instead of one."

Dan Short, coauthor with Betty Alice Erickson and Roxanna Erickson Klein of the book, *Hope and Resiliency* (Crown House Publishing, 2005), demonstrates his brilliant utilization of Ericksonian strategies in the DVD, *Challenged*. Lentz's review brings the dynamic qualities of this DVD to life.

In *The Beginner's Mind*, Richard Hill continues his review of *The Complete Works of Milton H. Erickson*, with Volume 8, *General and Historical Surveys of Hypnosis*. Consistent with

our evolution theme, Erickson offers more than a historical review. He admonishes us to reach for excellence in learning and promoting the art of therapy, and Hill does a wonderful job covering this topic.

All of the columns and reviews in this issue are a good preparation for the upcoming Evolution Conference because they help us to evolve in our professional and personal lives. As I read Jeff Zeig's, *The History of the First Evolution Conference*, I thought back over all the great Evolution conferences and masters of psychotherapy who were there at the beginning and are still gracing the podiums – and, sadly, those who are no longer with us. How the field has changed in so many ways; sometimes coming full circle. No two Evolution Conferences have been the same, which is a reflection on how the field itself has evolved. Please join me for a one-of-a-kind exhilarating experience this December at Evolution 2017.

Richard Landis
Orange, California

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EVOLUTION CONFERENCE NOTES

The History of the First Evolution Conference

By Jeffrey K. Zeig, PhD

The first conference I organized was the 1980 International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy. Shortly thereafter, I conceived of organizing the first Evolution Conference, which was held in 1985. This was in keeping with the philosophy of the newly formed Erickson Foundation since Board members agreed that we did not want to establish a school of Ericksonian therapy. Rather, our goal was to present and advance Erickson's teachings to promote effective treatment.

In late 1984, a steering committee for the Evolution Conference was appointed, which included experienced Arizona clinicians who met monthly to suggest policy. The Department of Psychology at Arizona State University and the Department of Psychiatry at the University of Arizona School of Medicine agreed to become nominal cosponsors. The final faculty selections were made and it was decided to limit the conference to schools of therapy that were currently influential. Biological approaches, or "body therapists," and research methodologists would not be included. The administration of the conference was handled by Sherron S. Peters, Administrative Director of the Foundation, and her staff. Publicity was sent to members of major professional organizations.

The response was incredible. In the original proposal to the faculty, it was predicted that attendance would range between 3,000 and 6,000. On September 2, 1985, approximately three months before the conference, we were sold out with 7,200 registrants. Unfortunately, several thousand were turned away for lack of space. We even received reports that registrations were being scalped! Registrants included approximately 2,000 doctoral practitioners, 3,000 master's level practitioners, and 2,000 graduate students. Professionals from 29 countries and every state in the U.S. registered for the event.

The conference was a grand success, even though it snowed the first

day of the meeting --the first measurable snow in Phoenix in four decades! Many of the sessions were packed, but most attendees could get into the ones they wanted. There was a palpable spirit of camaraderie that developed amongst attendees. One example of this took place immediately following a workshop demonstration in which Miriam Polster worked with a young black woman whose mother was seriously ill back home in South Africa. The woman was deeply torn between returning to South Africa to be with her mother (living under intolerable conditions) and remaining in the U.S. and continuing her graduate school education. A great source of sorrow for the woman was that she could not easily keep in touch with her mother because her mother did not have a telephone. Attendees spontaneously collected over \$2,000 as a gesture of support for the two women and not only did this make it possible for the mother to install a phone, but there was also enough left over to help pay for her medical expenses.

In 1985, the Evolution Conference was the largest meeting held in Arizona. Attendees were housed in 19 hotels and there was a bus system to bring people to the downtown conference location. The conference occupied the entire Phoenix Civic Plaza Convention Center, which spanned two city blocks, so a shuttle service of golf carts transported the faculty between hotels and meeting rooms. The two largest meeting rooms seated 3,500 and 7,000. Two other rooms seated 2,000. The smallest room seated 450. To enhance visibility, large screen projectors were used in three rooms. A staff of 160 graduate student volunteers monitored rooms and assisted attendees.

With the understanding that attendees would want to attend more sessions than was physically possible (up to seven were held simultaneously), tapes of the sessions were made available for purchase. Much of the conference was videotaped and all of it was audiotaped. And because it was such a unique conference, many commemorative items were sold, including large posters with the conference logo and

names of the faculty. Faculty members were regularly asked to autograph posters. The profits from the items sold were used to endow graduate students with scholarships.

A special evening event featured the grandchildren of Sigmund Freud and Carl Jung in a conversation hour entitled, "The Masters." Each discussed what it was like to grow up in their respective households. The panels were meant to symbolize the mending of old rifts and the move toward integration, which was a philosophical underpinning of the conference.

Sophie Freud, PhD, Professor of Social Work at Simmons College, and Dieter Baumann, MD, in private practice in Zurich, agreed to attend. Alfred Adler's son was also invited, but could not participate. At the last minute, Adler's only grandchild, Margot Adler, agreed to join the panel. Margot worked for public radio and happened to be covering the conference as a member of the press! Held on two consecutive evenings, the event was moving and inspirational. The first night, Sophie Freud could not attend due to an airlines delay, but Bruno Bettelheim participated and discussed Freud's Vienna.

The first Evolution Conference celebrated the 100th anniversary of psychotherapy. (Some historians traced

the birth of psychotherapy to 1885 when Freud first became interested in the psychological aspect of medicine.) The media recognized the importance of the psychological goings-on in Phoenix and covered the event in local and trade papers, on television, and national radio. Feature articles later appeared in *TIME*, *The New York Times* and *Los Angeles Times*. A thought-provoking critique was published in *The Fessenden Review*, a literary magazine. *The New York Times* called the conference, "...the Woodstock of psychotherapy." Press conferences were also held with Bruno Bettelheim and Virginia Satir on "Children and the Family" ; R.D. Laing and Carl Whitaker on "Schizophrenia and Mental Health" ; Carl Rogers on "Psychotherapy and Social Issues: South Africa"; and Albert Ellis and Judd Marmor on "Human Sexuality."

The faculty for the 1985 Evolution Conference included: Aaron Beck, Bruno Bettelheim, Murray Bowen, Albert Ellis, Mary Goulding, Robert Goulding, Jay Haley, R. D. Laing, Richard Lazarus, Cloé Madanes, Judd Marmor, James Masterson, Rollo May, Salvador Minuchin, Zerka Moreno, Erving Polster, Miriam Polster, Carl Rogers, Ernest Rossi, Virginia Satir, Thomas Szasz, Paul Watzlawick, Carl Whitaker, Lewis Walberg, Joseph Wolpe, and Jeffrey Zeig

TIPPER

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I'm not putting the camera down any time soon.

JZ: Most attendees of our conferences are therapists who work in community mental health. Do you have an inspiring message for them?

TG: First, THANK YOU. While much of your work is done in private, working one-on-one in confidential settings with the people you serve, I

want you to know that you are not alone, and your hard work is not forgotten. You are making a difference in people's lives and making our families and communities stronger. I can't wait to meet you!

JZ: Thank you. And we can't wait to meet you and hear your keynote speech.

Tipper Gore is a Keynote Speaker at the upcoming Evolution of Psychotherapy Conference December 13-17, 2017 in Anaheim, CA.
www.EvolutionOfPsychotherapy.com

INTERVIEW

Erving Polster

Interviewed by Jeff Zeig

The following discussion was conducted in June 2017 in an Internet class -- a closed group that meets monthly for 90 minutes. Prior to the class, we viewed videotapes of master therapists conducting therapy sessions. This transcript was from a class on the Gestalt therapy of Erving Polster, who I consider one of the most accomplished therapists on the planet.
Jeff Zeig

Jeff Zeig: You recently turned 95. You're a walking advertisement that Gestalt therapy is conducive to longevity.

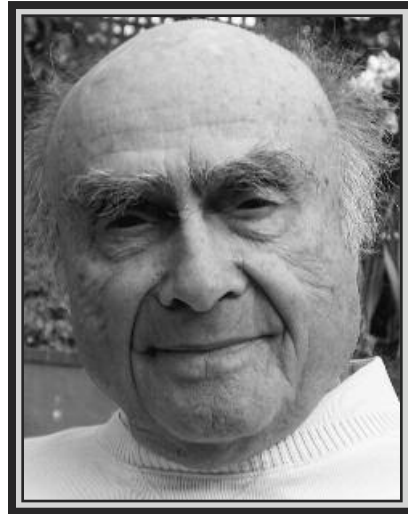
Erving Polster: I thought it was the Diet Coke.

JZ: Maybe that too. Now, what is the foundation of Gestalt therapy?

EP: When I came into Gestalt therapy it was a transformation from emphasizing the meaning of what was going on to accentuating it. And, it was with the understanding that the meaning would evolve. It was not a matter of eliminating the importance of meaning and not interrupting the flow of experience by wondering what this or that means. I'm fascinated with doing therapy. It's almost as though I'm watching a movie.

The first time I saw a movie I was 4 years old. I remember the incredible sensation of being totally absorbed, like the whole world was right there on that screen. If you transpose that into the experience of psychotherapy, then you'll be fascinated with the person across from you. You don't have to do a lot of the things you normally would have to do -- you just have to be with them. There are particulars that you have to follow in terms of theory, but they're broad. Two that come to mind are movement and mattering.

I shorten the future; my sense for the future is what's next. I want to see the arrow within the person that points to "nextness." Then I follow that step-by-step and there's a continual "yes factor" that has a certain hypnotic quality, and they will be enabled to move where they need to move. In that



process, it's difficult for them to experience everything as mattering. So you have to find some way of getting past their way of diminishing the importance of what's going on and restoring it without interfering with the flow.

JZ: That sounds like a Herculean task.

EP: It is Herculean, if you're ambitious. You're just looking at what's going on and not what's next. You don't have the goal fixed in your mind, but it's always in the background because there's no point in doing therapy if you don't have the goal of helping people get where they need to go. So yes, it's always a part of what's going on. And how do you keep that in the background while still paying attention to what's actually happening? Often, you discover that they're already doing what they're trying to do; only they don't even know it.

(Editor's note: In the following paragraph, Erv is discussing one of his therapy cases with students.)

Take the woman who was on a trip with her father and he told her a story and wound up crying and she was disdainful of his crying. Previously, she was troubled that when she was a kid he'd make fun of her when she was crying. But, she reached a point of being able to humanize her father and took his old admonitions about crying into her current scene and she didn't really understand that she had already created what she needed. Once she realized that wasn't a weakness in him, she got what I wanted.

JZ: And, you amplified the experience to help her to realize that what she was searching for was right in her...if she paid attention.

EP: She was leading the way, and I was just making it count. It's about restoring fluidity. After all, isn't psychotherapy about people getting unstuck? Now that fluidity may go in an inopportune direction, and you'll have to make a judgment call. Not just any movement is okay, but movement is what's needed. If you're close enough to the step-by-step process, you're enabling that fluidity.

JZ: The fluidity opens options, whereas the client may incessantly talk about limitations. You're looking for an opportunity for whatever adoptive behavior exists in the moment -- to emphasize that, bring it center stage, and get the person to experience the adaptive nature of

what it is that they're talking about, rather than the limitations.

EP: Yes. But it doesn't have to be ambitious enough to be designated as limitations. Limitations are important, but so is the simple statement, "I wanted to talk to my father and I know I don't have anything to say to him, and I'll just be mute." So then I might say, "What do you mean by mute? Is there something that you would say if you weren't mute?" She might say, "You shouldn't have made fun of me when I cried." That would be a big step. She wouldn't likely do that, but that would be a nextness that had some greater consequence.

I don't require the person to do a lot; all they have to do is move. And I know it's going to move where they need to go because that's how humans are made. There's something about Perls' concept of the awareness contin-

POLSTER continued on page 9

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IN THE SPIRIT OF THERAPY

Interview with Kathryn Rossi, PhD

Interviewed by John Lentz, D. Min.

John Lentz: Kathryn, you are the first person to be interviewed a second time for our newsletter. Your deep spiritual commitment, practice of yoga, and the knowledge that you incorporate into your therapy made me want to interview you again.

Kathryn Rossi: I feel honored. The teachings of yoga are universal. Anyone of any faith can practice yoga and use the tenets of yoga. The underlying principles of yoga are systematic and applying those principles can make therapists better therapists.

JL: Could you give an example?

KR: Yes, there are the eight limbs of yoga. The first one is about social ethics, and you can find where you fit into the world of social ethics by reading the yoga sutra. If you practice non-violence with yourself and others, then you don't have to do anything else, because that encompasses everything. When people come for therapy they say terrible things about themselves. This causes them great harm.

JL: In an earlier conversation, you said that a client's negative trance can be counteracted because a therapist's positive trance is more powerful.



KR: That is the mirroring neuron theory.

JL: I am curious how yoga helps you to do that?

KR: In the West when you use your body, you are using mind-body discipline. Therapists watch how the client uses their body; how they shift, sit, and breathe, and the therapist knows ways to intervene. There are subtle ways to look at people. When we add in the more physical component and do yoga postures, we tell a story. I find that when people are encouraged to do physical things, they become more positive and confident.

JL: So you encourage them in a nonverbal way.

KR: Yes, I believe that words are the last to arrive. One question that has

If you want to be successful in putting on a program or seminar, you can ascertain where people are, then go half a step above that. I like the developmental aspects of that, and it's the same with principles of yoga.

been prominent throughout my career is how can I promote a therapy that doesn't require so many words?

JL: That is brilliant. You intervene in a right-brain way that leads to how they understand things at the unconscious level.

KR: This is one of the healthiest things for therapists. Even diehard Ericksonian therapists don't understand the paper that Erickson wrote on the burden of responsibility. The burden of psychotherapy is on the client, not the therapist. Therapists become weary because they spend so much time trying to solve people's problems. We can't do this; only the client can solve their problems. So how do we take care of ourselves as therapists so that we can be facilitators?

JL: How do you do that?

KR: We follow the minimal cues. The third limb of yoga is physical. It shows itself in breathing. The most important thing we can do is to notice how a person is breathing. Are they holding their breath? Are they breathing rapidly? Generally, when people go into trance they begin to breathe in a shallow way. It is almost undetectable. You must be observant.

JL: Many therapists want to incorporate yoga into their practice. You have successfully done so, and use yoga principles to help them pay attention.

KR: Yes, everyone needs guidelines. Early on, I learned a universal principle from Eric Erickson that resonated, because with it you can anticipate the next stage of development. If you want to be successful in putting on a program or seminar, you can ascertain where people are, then go half a step above that. I like the developmental aspects of that, and it's the same with principles of yoga. I have been intending to write about this because the middle of yoga is psychological.

JL: By following the eight limbs of yoga you seem to be helping clients achieve a physical, emotional, and spiritual goal.

KR: Yes. Being able to be steady with your breathing is important. If you really pay attention to that, you can get to what is even more important -- what the client really wants, which is to deal with life issues. We are not interested in the past. We do all that work so that we can be present in the moment.

We try to move people toward a peaceful and happy state. Isn't that why people go to church?

JL: So you are saying that we can get to the joy through spiritually?

KR: You get into the spiritual aspects of it and sense more deep relations between things inside of you and outside of you.

JL: Thank you so much Kathryn for sharing your wisdom.

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Substantial changes have been made in Volume 15. Please contact us and we will exchange a new volume for the old one.

These changes include:
A new and expanded introduction; a revised Part IV; and a new Part V, "The Psychosocial Genomics of Mind-Body Healing." Also, the index has been re-compiled to cover the new and updated material.

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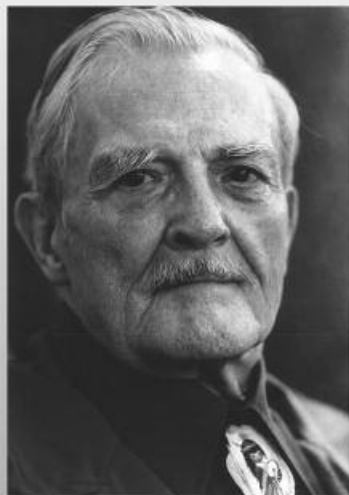
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FACETS AND REFLECTIONS

Heroes

by Jhassel Arellanes, LPC

Every boy has heroes. Growing up, I found mine on TV and in comic books, but what I didn't realize then was that my biggest hero was an arm's length away.

I was born on an October afternoon, and my mother says that I was much anticipated. She suffered no pain during labor, and after giving birth, the doctor released her two hours later.

I grew up in Mexico, in a place where it is often above 100 degrees, with high humidity.

The first two months of my life were normal. I have no recollection of the following events because I was only a few months old, but my mother shared this tale with my brother and me.

One hot afternoon, while Momma was doing hand laundry with one of her friends in our back yard and I was in a playpen with the friend's 4-year-old child, Samantha, a dog quietly snuck under the backyard fence and began biting Samantha and pulling at her clothes. My mother and her friend ran over and hit the dog with a stick, but it kept on biting Samantha and then it turned on me. It was only after the dog ran away that they noticed Samantha was unusually quiet.

When we were brought to the hospital, the doctors said Samantha had lost too much blood, and that we didn't get there quickly enough. Sadly, Samantha died from the dog attack; I survived, but was in serious condition. My Momma, whose first child had undergone 17 surgeries for cysts in his brain, was devastated that I was hospitalized with internal bleeding and multiple lacerations. Nevertheless, she endured.

The doctors told her, "Your child won't last more than a month." But she had faith and prayed to God for a miracle. After a month, the doctors said that I would live only two more months. My mother laughed at them and said that they were already proven wrong because I had survived past the first month. But, she did seek a second opinion at a different hospital.

After surgery at the new hospital, the doctors gave this prognosis: I would live only three more months. Doctors' orders were to take me home for a better quality of life. Momma occasionally brought me back to the hospital to check my brain, because I had developed encephalitis and other illnesses that affected my spine.

After a year, my mother refused to listen to doctors anymore, and did not treat me with palliative care.

By my second birthday, I started to show signs that I could crawl, and then stand. Maybe I was thanking my mother for her faith in me. And although it did bring a smile to her face, she immediately took me back to the hospital to ask the doctors how that was even possible. She was told that my spine had returned to its normal state, and that I could recover about 20 percent of the strength in my legs, provided I received corrective therapy, which I did get.

By age 3, I was able to stand with both my feet, holding on to the nearest wall. I had a wheelchair, which was soon replaced by crutches, and then orthopedic shoes.

The shoes were odd: gigantic and black, with clips on the sides, and straps that led to a thick, gritty belt. There was a trick to putting them on, twisting each shoe inward. In theory, my legs would go from looking like bent straws, to holding me up. Of course, I would still have to use crutches to keep steady.

Those shoes came with a warning: I should never walk or stand by myself. So, I became dependent on them, and believe me, I got a lot of looks and poor treatment from people on the streets.

One summer day, the temperature was so high it was like Armageddon outside, but it was nicer than being inside because we did not have air-conditioning. My mother had gone out and left my 11-year-old brother to look after me. Shortly after she walked out the door, my brother said, "Don't go out. Don't open the door for anyone. There's cold water in the fridge. You're going to be okay," and then he went out to play street soccer with friends – what kids in Mexico do well in any

weather! My brother was popular in our neighborhood and skillful with the ball and his feet. He was the one I loved to follow.

The heat in my house was *absurd*. My lips were chapped, and the weight and metal of my shoes had steamed my toes better than any slow cooker. It felt as if my feet were melting, and eventually the rest of me would follow. So I decided to do what I had never done as a child: I went outside alone.

By the time I got to the middle of the street I was almost on the ground because in order to walk I had to force my body to lean forward. Still, I loved the sun on my face and the ground under my feet, and I thanked God I wasn't in that steamy kitchen anymore.

My brother saw me and said "You're crazy if you think I'm going to let you play. Momma will kill me, and when she's done with me, she'll kill you." After a few minutes of begging (and agreeing to trade one of my favorite action figures), he caved. His condition was that I stay near the goal, but do nothing to stop the ball or the kid with the ball. I was to be like a statue -- with a hat and big shoes...and straps.

But being out in the street with my brother and the other kids was much better than watching them play from the kitchen window. As time passed, the temperature rose, and so did my love for the game. Then, a kid came along and kicked the ball hard and it hit my stomach. My brother pushed him and yelled, "Go easy on him, he's sick and can't move well." The boy replied, "If he's going to be here and play with us, he's going to be treated the same."

So, my brother dragged me for a few feet down the street and said I had go back home, but I begged him, "Let me play!" He looked down at me as if I were a puppy, said nothing, then released my arm, and the game played on. Over the next few days, every time my brother went out to play, I followed, and he said nothing. It was our secret as brothers to keep from mother.

A few weeks later I went out, but that time was different. There were many more kids and some were left out when the teams were picked. I stayed on my brother's team because being

the goalie wasn't the most popular position anyway. Three minutes into the game, our team was dying. The kid who kept teasing me and shooting the ball toward my stomach was a good player. Every time he scored he'd mock the way I walked. My brother pushed him harder than normal as they ran toward the ball, but the kid was bigger than my brother. The other team continued to thrash us, and I became furious. About seven balls got passed me that day, and that big kid was rushing past the defense and shooting right to my stomach. He didn't care if he scored or not; he just shot as hard as he could.

At one point, the kid pushed my brother to the ground, pretending that he'd shoot hard from close range. That's when I reached my boiling point! I took a step forward, and kicked the ball as hard as I possibly could. My celebration was immediate. I knew what it felt like to defend! But then, I looked down and my hopes crashed.

I forgot about my orthopedic shoes, and the metallic clip on the side had cut right into the side of the big kid's foot; there was lots of blood. Now kids in my country often played soccer bare-footed, so the boy's foot was pretty torn up. My brother rushed me back in the house to clean off the blood. He did the best he could, but it wasn't enough to escape my mother's eye. She immediately took me to the clinic, hoping that the blood would not rust the metal of my shoe.

The doctor tried to keep my mother calm as she ratted me out about playing soccer. The doctor then lifted me up on a table, stripped me of my metal armor, and then and stared at me. He was frighteningly quiet. I started to pray, and then my mother interrupted and asked if the shoes were repairable. He ignored her question and brought me down from the table only to make a strange request. He said, "I want you to stand on one foot." I'm not sure what was funnier: his request or look on my face. Then he said, "Now, stand with your other foot. Go on." The moment I realized the floor was cold, it hit me – I was standing without those shoes. I was so stunned that I couldn't talk. The doctor said to my mother:

HEROES continued on next page

HEROES

Continued from page 8

“Your kid is fine now, Maria. He can stand on his own. You can throw those shoes away.”

The doctor explained that since I was no longer standing and holding onto something, my shoes worked on my muscles, which got stronger when I was in the goalie position. My mother cried and I was relieved that she wasn't upset. After we got home, she sat me down and said, “They told me you'd only last for a few months. Then, they told me you would never be able to stand; walking was out of the question.

Never let anyone tell you what you can and cannot do Jhassel.” My mother's words burned into my mind, and since then they have kept me going.

My love for soccer and playing alongside my brother were, in fact, key to my unexpected recovery. To this day, it's something I remember every time I kick a ball.

In my lifetime, I've only met a handful of people who I consider heroes; my mother is one of them. Her strength, will, and resilient spirit continues to inspire me every today. She

was the reason I left a hospital bed, a wheelchair, crutches, and special shoes behind and walked into life. Everyone has a hero. This is the story of mine.

Commentary

By Eric Greenleaf, PhD

I met Jhassel in Puebla, Mexico, when I was presenting a workshop that he helped translate. He is tall, lean, and strong, and we hiked up a steep ancient pyramid to a church where we could see the surrounding city, mountains,

and volcanoes. We swapped life stories up and down that trail.

Jhassel's life proves, just as Erickson's did, that resilience and inventiveness feeds discovery. And, just like Erickson's, Jhassel's strong, supportive family aided in his recovery.

Erickson once said of himself, when asked how he helped top athletes perform under pressure, “I win gold medals every day.” I think Jhassel Arellanes deserves a gold medal!

POLSTER

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uum. He said if people are faithfully aware each moment of what's happening they will inevitably go where they need to go.

JZ: Mindfulness.

EP: Well, that would certainly be one aspect of mindfulness. Mindfulness is related to meditation. Meditation, of course, is a step-by-step process, but it's usually limited to repetition and you get a sense of the fluidity and constancy.

JZ: You've worked assiduously to be incredibly aware when you're doing therapy.

EP: One of the problems when I started out doing therapy was that I couldn't do that because I was always wondering what I should be doing in that moment – and how it would affect the person. Experienced therapists have been through the mill so they don't have to think everything out to have the confidence that their reflexes are going to take the next step. That's a big development that takes a lot of work.

JZ: What did you do to get there?

EP: I started in 1946, and I would go to my office every day and work all day long. And I did this for years and years, except I don't do it much anymore.

JF: I've seen you do about 20 different therapy sessions and only once did I see you use an empty chair. Are you allergic to using the empty chair?

EP: No. But I don't necessarily use an actual empty chair; I may just use a fantasy. What I wrestle with is how that dramatic setup relates to the relationship with me.

JZ: It would interfere with the relationship to use the empty chair?

EP: Often the empty chair becomes the bigger thing. You have to leave the relationship and get into that new relationship with the patient's father or the place where they had an accident, or whatever it might be.

JF: When I use the empty chair it's like suddenly I'm off the hook and I'm seeing how the person is relating to an internal part; I get a better map of their internal architecture. But because you're so present and interested perhaps it's best for you not have an artifice and just use your presence as the force that moves the therapy forward.

EP: Yes. I have some wariness about shtick. And there's something about these stereotypes and the shibboleths of method that make me wary. I don't like to do it, but I do it because I think some of it is well constructed and wise. But if used just across-the-board, then it's interruptive.

JZ: You don't contract for specific change, and you don't set a specific goal. Does the goal emerge out of the process?

EP: That's true, but it wouldn't be invariably true. With some people it's necessary to set the stage so that they

have security. They need that support and that's okay.

I think theories have a lot in common. When you do hypnosis, you could just as well call it Gestalt therapy, as well as when I do Gestalt therapy, I could call it hypnosis.

JZ: Would you contrast yourself with Perls, because your model of Gestalt therapy is based more on connection.

EP: It was based on connection, but not necessarily with him.

JZ: Did you go to New York to study with him?

EP: No. We started in Cleveland in 1953 with Gestalt therapy before it became shtick, before California. So we didn't have the here and now emphasis in the same way that Perls had when he was working in California.

JZ: California was the beginning of the growth movement. And, growth experiences that might not have strategic valence.

EP: There was one thing about Perls that was part of his creativity but also part of his weakness: he didn't understand the difference between the abuse of something and the right use of it. For example, he couldn't stand using the word “it.” He liked personalized words. I once used “it” and he called me on using the word, and I said, ‘Fritz, ‘it’ is a common English word, it has its usefulness. If I'm talking with you now and I look out the

window and water is coming down, should I say to you, ‘I am raining?’” He didn't ask me any questions after that.

EP: The here and now concept is a contradiction of a fundamental Gestalt principle that all experience is divided into figure and ground. It's inescapable; no figure can exist without a ground.

JZ: Is this from Köhler and the Gestalt psychologists?

EP: Yes, it's in *Gestalt Therapy* by Perls, Hefferline, and Goodman. How do you have a figure in ground without dealing with the past? The past is ground for whatever is happening. So there's a contradiction. I've never taken seriously the admonition to not look into the past or the future. I think the past is a real experience. The past is abused in the sense of being overemphasized when the present would be more relevant to whatever a person needs.

JZ: What is a distinct difference in the way that you have developed Gestalt therapy from the way in which Perls originally presented it?

EP: I am not as technique guided; it's not as intentionally narrow in focus, it's more similar to other methods.

JZ: What intrigued you when you first met Perls?

EP: Before that, I had been oriented toward psychoanalysis. Rogers had come into the picture and was

THE POWER OF TWO

Giovanna Celia & Mauro Cozzolino

The International Centre of Psychology and Strategic Psychotherapy

Salerno, Italy

by Marilia Baker

Some day, after we have mastered the winds, the waves, the tides and gravity, we shall harness for God the energies of Love. Then, for the second time in the history of the world, [humans] will have discovered fire.

Teilhard de Chardin

Giovanna Celia, PhD, and Mauro Cozzolino, PhD, a married team of psychologists, established and direct The International Centre of Psychology and Strategic Psychotherapy (CIPPS) in Salerno, Italy. The extraordinary body of work they have developed at the Centre in just a few years demonstrates the invigorating evolution and branching out of psychotherapeutic approaches rooted in the *sui-generis* lifework of Milton H. Erickson, MD, who, of course, had an exceptionally creative mind. This is the first European research and training center created to integrate Erickson's strategic models of psychotherapy with the groundbreaking approaches on psychosocial and cultural genomics pioneered by another exceptionally creative mind: Ernest Lawrence Rossi, PhD, of Los Osos, California. The Centre, accredited by the Italian Ministry of Education, Universities and Research (MIUR), conducts research, publishes an online scientific journal, and offers training and clinical activities.

Giovanna Celia -- researcher, trainer, and psychotherapist -- is the author of many scientific articles. She is intensely involved with the Centre as Board member, faculty, senior researcher, and director of clinical studies. She is also senior supervisor, faculty, and president of the scientific committee for the Seraphicum Graduate School of Integrative Strategic Psychotherapy (SCUPSIS) in Rome, of which she is a founder. Celia has studied Ernest Rossi's psychosocial and cultural genomics, having trained directly with him at the MHE Institute of California Central Coast. She is also a member of the International Genomic Team, and has developed an innovative branch of research on patient's narratives in relation to gene expression profiles. Celia is a skilled group therapist, who also trains students and therapists in group dynamics and individual psychopathologies.

Mauro Cozzolino -- family therapist, hypnotherapist, researcher, and professor of psychology -- is author of numerous scientific publications. He is scientific director of the Psychosocial Genomics Laboratory at the University of Salerno (PSG-LAB), Department of Human, Philosophical, and Educational Sciences. In addition to doing clinical research with patients suffering from psychological symptoms, he implements the protocols proposed by Mind-Body Transformations-Therapy (MBT-T), conceptualized and developed by Ernest and Kathryn Rossi. Cozzolino utilizes these protocols for the treatment of neurodegenerative diseases, such as Parkinson's, cancer, fibromyalgia, strokes, and other severe medical conditions. Currently, he is "exploring the hypothesis that a carefully specified MBT-T protocol can improve quality of life and survival in breast cancer patients, through the modulation of gene expression related to pro-inflammatory biochemical pathways." (cf. MBT-T in: *The International Journal of Psychosocial Genomics Consciousness & Health Research* 1:1:32-40)

Cozzolino and Celia are proud that the University of Salerno is one of the oldest in the Western world. Its School of Medicine, the first on the European continent, was founded in the 8th century and was the foremost European center for the study of medicine. With male and female physicians, scholars, and researchers, the School of Medicine was a major contributor to the evolution of medical sciences; it reached its apogee during the Middle Ages. Salerno was a pivotal center for advanced knowledge, culture, trade, and commerce as part of the Greater Greece civilization known as *Magna Graecia*, and in later centuries, part of the



Mauro Cozzolino, PhD



Giovanna Celia, PhD

Roman Empire. (See history at https://en.wikipedia.org/wiki/Schola_Medica_Salernitana.)

In 2006, Cozzolino established the International Research Group on Therapeutic Hypnosis and Psychosocial Genomics at the University of Salerno. Eventually, he expanded it with the creation of the Psychosocial Genomics Laboratory (PSG-LAB), a multidisciplinary laboratory where clinical hypnosis and mind-body therapies are studied on genomic and epigenetic levels. In 2009, he spent six months at the Milton H. Erickson Institute of California Central Coast, Los Osos, undergoing intensive training with Ernest and Kathryn Rossi, thus further refining his clinical and research skills in Rossi's methodologies. Cozzolino is Rossi's collaborator who contributes to random clinical trials (RCTs) in order to obtain evidence-based results to support Rossi's Mind-Genes therapeutic approaches.

(Resources: "[How I met Ernest Lawrence Rossi](#)")

Giovanna Celia and Mauro Cozzolino state, "The hard work [we've] done these past years in the fields of clinical practice, training, and strategic-integrated research has produced, among other successes, the *Psychosocial and Cultural Genomics Network* (www.psychosocialgenomics.com) that hosts the first online journal in the field: *The International Journal of Psychosocial and Cultural Genomics, Health, and Consciousness Research*, of which we are co-founders with Ernest and Kathryn Rossi." Celia is the *Journal's* chairman of the Scientific Committee and Cozzolino serves as member of the Scientific Committee. In recognition of their immeasurable and invaluable contributions to the field, the couple was honored with the Distinguished Investigator Achievement Award during the 12th International Congress on Ericksonian Approaches to Psychotherapy, organized by the Milton H. Erickson Foundation in Phoenix, Arizona, in 2015. On behalf of the Psychosocial Genomics Institute of California Central Coast, Ernest and Kathryn Rossi and Roxanna Erickson-Klein bestowed the award to Celia and Cozzolino. Ernest and Kathryn Rossi and Roxanna Erickson Klein are the founding directors and scientific board members of the organization.

In their private life, Giovanna and Mauro, who have been married for 15 years, enjoy first and foremost, their two children: daughter, Giulia Chiara, 12 and son, Emanuele, 8. Family life is priority, with both parents being involved in activities to expand their children's education, emotional and physical development, and awareness of the world around them (consciousness). Giovanna is people-oriented and an expert in Italian gourmet cooking. She enjoys welcoming friends for dinner and relaxed conversation. Mauro, inquisitive-minded and research oriented, is more inclined to "inner mind-body dialogues" and enjoys listening to music, or hiking the countryside around the magnificent city of Salerno.

(Resources: "[How we became a couple](#)")

A definition of psychosocial and cultural genomics from Wikipedia states: "Psychosocial genomics is a field of research first proposed by Ernest L. Rossi in 2002. Psychosocial genomics focuses on how the highly personal and subjective states of human consciousness can modulate gene expression in the brain and body, for illness or health." Ernest and Kathryn Rossi have devoted much of their pro-

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POWER OF TWO

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fessional life to investigating and establishing the underlying processes involved in the concept. Their most recent definition of it is "... the essence of the art and science of counseling and psychotherapy that utilizes our natural four-stage creative cycle for facilitating gene expression, brain plasticity, and new consciousness to optimize problem-solving in everyday life." The Rossi's four-stage creative cycle consists of: 1) data gathering; 2) incubation; 3) illumination; and 4) verification. (*The Journal of Psychosocial Genomics, Consciousness and Health Research*, at www.psychosocialgenomics.com) The couple fine-tunes this definition by adding: "Psychology is focused on how life, consciousness, art, beauty and truth are experienced subjectively. The essence of psychosocial and cultural genomics is learning how to be more conscious about the nature of life, and what it means to be human."

Giovanna Celia and Mauro Cozzolino represent on many levels the true spirit of the *power of two*. Their innovative body of work developed at The International Centre of Psychology and Strategic Psychotherapy demonstrates the invigorating evolution and branching out of psychotherapeutic approaches rooted in the *sui-generis* lifework of Milton Erickson. This couple's scientific curiosity and spirit of innovation led them to Ernest Rossi, who was originally Erickson's student in Phoenix. Eventually, Rossi became an active collaborator and coauthor with Erickson. Subsequently, Ernest and Kathryn Rossi became pioneers and innovators in the field of therapeutic hypnosis and psychotherapy.

It's significant to note that when Erickson served as Director of Psychiatric Research and Training at Wayne County Hospital in Eloise, Michigan, he hired Elizabeth Moore: a bright undergraduate student of psychology experienced in laboratory research to be his laboratory assistant. In 1936, she became his wife and eventually mother of his eight children; she was also his lifelong collaborator.

In conclusion, these are three generations of exceptionally creative and innovative researchers and clinicians, who for love of each other and for their love of

finding out "about the nature of life, and what it means to be human," have contributed meaningfully to the advancement and evolution of clinical hypnosis and psychotherapy. All of this because of that mysterious life energy, Eros, also known, in the words of Dante Alighieri, as "Love, that moves the sun and all the stars..."

L'Amor che move il sole e l'altre stelle

Dante Alighieri

Selected Resources:

Ernest L. Rossi, PhD & Kathryn L. Rossi, PhD (2008). *The New Neuroscience of Psychotherapy, Therapeutic Hypnosis and Rehabilitation: A Creative Dialogue with Our Genes*. <http://ernestrossi.com/documents/FreeBook.pdf>. Free e-book in several languages.

Giovanna Celia, PhD and Mauro Cozzolino, PhD (2017) "How we became a couple: our story" <http://www.psychosocialgenomics.com/index.php/en/>

Mauro Cozzolino, PhD (2017) "How I met Ernest Lawrence Rossi." <http://www.psychosocialgenomics.com/index.php/en/>

Psychosocial and Cultural Genomics, Consciousness, and Health Research, Official website www.psychosocialgenomics.com

Psychosocial and Cultural Genomics Research team: read Scientific Articles at <http://www.psychosocialgenomics.com/index.php/en/ricercanavi-2/researchteamarticlesnavi>

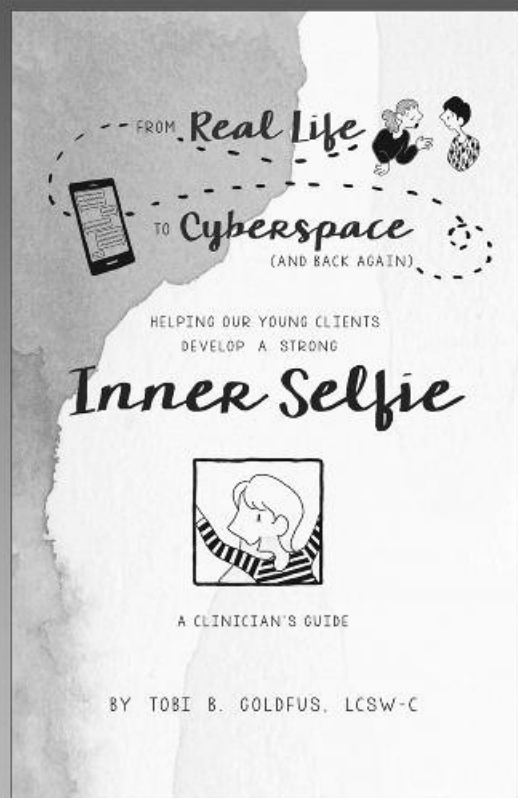
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NEWS

Foundation's Summer Intensives Sizzle



Dr. Brent Geary and the summer 2017 Intermediate Intensives class

The scorching July Phoenix heat did not dissuade people from signing up for the summer Intensive Training Program in Ericksonian therapy and hypnosis. "We've had 100 percent attendance for each week," says Teresa Stratton, the Foundation staff member who oversees the Intensives. "Classes are filled with 20 plus students." Some returned to further complete their Intensives education with the Intermediate or Advance classes, but many were first-time attendees. "People are excited to learn and many wish their countries offered the same training. I love interacting with all them, sharing stories and photos," says Stratton.

The Intensives are taught by Brent Geary, PhD, Lilian Borges, MA, LPC, Jeff Zeig, PhD, and Stephen Lankton, MSW. The first two weeks of the July Intensives, students were taught by Geary, Borges, and Zeig. The Advanced class in the final week was primarily taught by Zeig.

"This training is good for building confidence," says Alina Apostol of Romania.

"I came here because I wanted to go directly to the source," says Jan Ille of Czech Republic. "And this is where it all began. I also came because I wanted to understand what is currently happening in hypnosis. It's great that these masters are willing to share their

knowledge."

Mike Westbook from New Mexico says he's "old school," having trained in Gestalt, Rogerian, and TA." The Intensives training, however, provided him with a different way of thinking about therapy. "The model helps me see therapy in a more concise manner," he explains. "I can certainly use what I am learning in my own practice."

Candy Leung of China appreciated the experiential training of the Intensives. "In Hong Kong there many lectures on theory but this is different," she says. "With this training I can further understand hypnosis. I love the setup of demonstrations, practice, and then more demonstrations."

"It's practical, pragmatic and experiential," says Catherine Wendell of France. "I like that it's taught in a step-by-step-process. I also like that not many theories are presented or how the brain works. It's more to the point. These classes give me a sense of confidence for future applications of hypnosis. They are very Ericksonian; faithful to the Erickson spirit."

The next Intensive Training Program (Fundamentals and Intermediate) will be held October 9-20. Contact Teresa Stratton at the Foundation for more information: (602)749-3520.

The Erickson Historic Residence

After Mrs. Erickson passed away in 2008, Erickson family members worked with the Erickson Foundation to determine ways to honor Erickson's legacy. That year, the Foundation purchased the property at 1201 East Hayward Avenue with the hope that a museum could be established --- a destination for visitors who come every year and wish to see where Milton Erickson lived and worked the last decade of his life. The modest home in north Phoenix is located approximately five miles from Foundation headquarters. Milton and Elizabeth Erickson moved there in 1970 and remained in the home the rest of their lives. Dr. Erickson passed away in 1980. By then, Elizabeth recognized that the students taught directly by Milton, and the generations of Ericksonians who studied under his students, enjoyed the journey to Phoenix to visit the Erickson residence.

Roxanna, Kristina, and Robert, three of Erickson's children, worked closely with the Foundation to arrange the residence in a way that visitors would find meaningful. In 2015, Helen Erickson (Milton and Elizabeth's daughter-in-law) was appointed to the Foundation Board of Directors. Her active role in keeping the doors of the Erickson Historic Residence open has been much appreciated.

For many years, Cecilia Gratz served as caretaker and concierge of the residence and she became familiar with many of the visitors. Cecilia has now fully retired.

Lana Heckman is the new caretaker of the Erickson Historic Residence. Lana was born and raised in the Phoenix metropolitan area. She is currently completing her degree in business at Grand Canyon University with plans to graduate this coming December. Her skills and ideas bring a fresh look to the property. Lana seamlessly stepped into the role of tour guide. Many of the visitors to the residence speak little English, so at times, offering tours can be challenging. But, the shared interest in the work of Erickson has a way of bringing things into perspective. Lana's ability to interface

well with the visitors is much appreciated.

"I'm loving it," says Lana of her new position at the residence. "I'm learning new things and one of my favorite parts is that I get to meet people from all over the world."

"We are pleased that Lana has agreed to assume a major role in welcoming visitors," says Helen Erickson. "The Erickson Historic Residence symbolizes the linkage between Milton Erickson's life view and his life work. The Erickson home and Milton Erickson's office are practical and void of



Lana Heckman

triviality, however in its simplicity it is elegant and welcomes one's imagination, stimulates curiosity, and challenges visitors to focus on what is uniquely important in their own life and work."

"We hope that in this transition," Roxanna says, "the next few months bring an expansion of activities to help us build in a positive direction."

The Erickson Historic Residence is a site that gives testimony to the humble lifestyle that Milton Erickson embraced. The destination provides visitors with an experiential opportunity to step into and be part of the world of Milton Erickson. It is an extraordinary experience that is made special by the involvement of Erickson family members.

"Those of us involved with The Erickson Historic Residence are thankful to all the guests who have visited since its inception," says Roxanna, "and express deep gratitude for the donations of time and finances that have facilitated in the preservation of this important and historic place."

For information see:
www.Ericksonmuseum.org.

UPCOMING TRAINING

DATE	TITLE / LOCATION / LEADER	CONTACT
2017		
10/7-8	Master Class and International Hypnosis Workshop / Mexico City, MEXICO / Jeffrey K. Zeig, Ph.D.	1.
10/9-13	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, AZ / Brent Geary, Ph.D.; Zeig; Lilian Borges, M.A., LPC	2.
10/16-20	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, AZ / Geary, Zeig, Borges	2.
10/26-29	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	3.
12/13-17	Evolution of Psychotherapy Conference / Anaheim, CA / Invited Faculty	2.
2018		
1/18-21	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	3.
1/24-27	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Boston, MA / Zeig	3.
3/5-9	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Fundamental</i> / Phoenix, AZ / Geary, Zeig, Borges	2.
3/12-16	Intensive Training in Ericksonian Approaches to Brief Hypnotic Psychotherapy - <i>Intermediate</i> / Phoenix, AZ / Geary, Zeig, Borges	2.
3/16-18	Evocative Communication / Guadalajara, MEXICO / Zeig	4.
3/23-25	Fundamentals of Hypnosis / Mexico City, MEXICO / Zeig	5.
4/5-8	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / New York City, NY / Zeig	3.
4/11-12	Advanced Techniques of Hypnosis and Therapy / Krefeld, GERMANY / Zeig	6.
4/14-17	Intensive Supervision Workshop in Ericksonian Clinical Hypnotherapy - Master Class / Oporto, PORTUGAL / Zeig	7.

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CONTACTS

- 1) For information: Email, lilianavelarde@hotmail.com
- 2) The Milton H. Erickson Foundation: 2632 E Thomas Rd, Ste 200, Phoenix, AZ 85016 6500; Tel, 602-956-6196; Fax, 602-956-0519; Email, support@erickson-foundation.org; Web, www.erickson-foundation.org; Intensive Training Program & Master Class: www.erickson-foundation.org/training Evolution of Psychotherapy Conference: www.EvolutionOfPsychotherapy.com
- 3) For information: Email, Stacey Moore: sjmtjm@msn.com
- 4) For information: Email, juan_francisco@cmpnl.mx
- 5) For information: Email, sandra@ccipmexico.com
- 6) For information: Email, S.Schramm@intakkt.de
- 7) For information: Email, agostinhoa36@gmail.com

To submit a listing for Upcoming Trainings please send dates, title of workshop, venue (city/state/country), list of presenters, and complete contact information ONLY. Information must be sent in the format above. A \$25 fee per listing is required. Deadline for the December 2017 issue (mailed early December) is October 3, 2017. All workshop submissions are subject to approval by the Erickson Foundation. For more information, please contact Karen Haviley: karen@erickson-foundation.org **Online Ad Rates/Specifications at:** www.erickson-foundation.org



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CONFERENCE NOTES

The XIV European Society of Hypnosis (ESH) Congress, *Hypnosis: Unlocking Hidden Potential—The Value of Hypnosis in Communication, Health and Healing in the 21st Century*, will be held August 23-26, 2017 in Manchester, United Kingdom. Hosted by the British Society of Clinical and Academic Hypnosis (BSCAH). Information is available on the Congress website: www.esh2017.org Or contact ESH: Web, www.esh-hypnosis.eu ; Email, esh2017@meetingmakers.co.uk ; Tel, +44 (0) 141 945 6880; Fax, +44 (0) 141 945 6899.

The American Association of Marriage and Family Therapy (AAMFT) will hold its annual conference October 5-8, 2017 in Atlanta, Georgia. For information contact AAMFT, 112 South Alfred Street Alexandria, VA 22314-3061; Tel, 703-838-9808; Fax, 703-838-9805.

Hypnosis for the Ages, the 68th Annual Workshops and Scientific Program of the Society for Clinical and Experimental Hypnosis (SCEH) will be held October 25-29, 2017 in Chicago, Ill. For information visit www.sceh.us/2017-chicago or contact SCEH: Email, info@sceh.us ; Tel, 617-744-9857.

The Evolution of Psychotherapy Conference will be held December 13-17, 2017 at the Anaheim Convention Center, The Hilton Anaheim, and the Anaheim Marriott in Anaheim, Calif. The conference is sponsored by The Milton H. Erickson Foundation, Inc., and includes more than 35 international faculty with Keynotes by Aaron Beck, Tipper Gore, Salvador Minuchin, Robert Sapolsky, Martin Seligman, Irvin Yalom, and Philip Zimbardo. Complete information including the full list of faculty, hotel and travel information, continuing education information, online registration, volunteer information and more is available: www.EvolutionOfPsychotherapy.com Or contact The Milton H. Erickson Foundation: Email, support@erickson-foundation.org ; Tel, 602-956-6196; Fax, 602-956-0519.

VOLUNTEER REGISTRATION IS NOW OPEN! Volunteers will be assigned on a random basis to monitor meeting rooms, assist with registration and assist faculty and staff. For complete information and requirements go to: <http://www.evolutionofpsychotherapy.com/volunteer/>

The Annual Scientific Meeting and Workshop on Clinical Hypnosis, sponsored by the American Society of Clinical Hypnosis (ASCH) will be held March 15-18, 2018 at Embassy Suites Lake Buena Vista South, Kissimmee, Florida. For information contact ASCH: Web, www.asch.net ; Email, info@asch.net ; Tel, 630-980-4740; Fax, 630-351-8490; Mail, 140 N Bloomingdale Rd, Bloomingdale, IL 60108.

The American Counseling Association (ACA) 2018 Conference and Expo will be held April 26-29, 2018, at the Georgia World Congress Center in Atlanta, Georgia. Pre-conference Learning Institutes will be available April 25-26. For complete information and to register visit the conference website: <https://www.counseling.org/conference/atlanta-2018> Or contact ACA: 6101 Stevenson Ave, Alexandria, VA 22304; Tel: (703) 823-9800 / Toll-Free: (800) 347-6647; Fax: (703) 823-0252 / Toll-free Fax: (800) 473-2329; Web, <https://www.counseling.org/>

The International Society of Hypnosis will hold the *XXI World Congress of Medical and Clinical Hypnosis*, August 22-25, 2018, in Montreal, Canada. The theme of the meeting is Hypnosis and Synergy. The Congress will be held at The Palais des congrès de Montréal in the heart of downtown Montreal. For information contact ISH: Web, www.hypnosis2018.com (English) / www.hypnose2018.com (French); Email, info@hypnosis2018.com ; Mail, P.O. Box 620, Berwyn, PA 19312; Tel, 800-550-ISH1.

The Erickson Foundation Newsletter Archive is Online!
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BOOK REVIEW

Treating Trauma-Related Dissociation: A Practical, Integrative Approach

By Kathy Steele, Suzette Boon, and Onno Van der Hart

W. W. Norton & Company, Inc.

2017

ISBN-10: 0393707598

560 pages

Hardback

Reviewed by Roxanna Erickson-Klein, PhD, Dallas, Texas

Treating Trauma Related Dissociation by Steele, Boon, and Van de Hart is a well-executed professional text that covers the topic of trauma related dissociation. The authors maintain that therapists need better resources – and this book delivers that. It contains the wisdom of three clinicians who also serve in educational roles. Each has earned their reputation as a significant contributor to awareness and treatment of this complicated, yet all too common, clinical disorder. The combination of robust clinical experiences and passion for teaching is reflected in the depth of information encased in a well-organized framework.

The Preface notes that this book was conceived as a product of extensive practice, supervision, consultation, and communication with other professionals regarding the needs, vulnerabilities, and concerns associated with this population.

The book begins with a discussion about dissociation, which sets the tone for the corpus of the work presented in the later sections. Opening with descriptive case examples that illustrate the basic premises of the treatment concepts, the reader's interest is captured by the easy-to-follow progression of ideas and supportive materials. The second chapter discusses effective therapeutic relationships. Even seasoned therapists are sometimes challenged by emotional inconsistencies, outbursts, and other uncontrolled expressions of behavior that may present in a clinical setting. Since these elements are common occurrences in treatment of this population, it is a wise choice to address the pragmatics. This chapter focuses on developing and maintaining awareness of, and therapeutically responding to the emotional and somatic range of expression that accompanies these maladies.

The book then continues with an organized, sequential presentation that divides aspects of treatment into assessment, case formulation, and treatment. Difficulties associated with assessment, as well as challenges that emerge at various phases of treatment are discussed in detail, in a manner that is both folksy and educated. The sections are detailed, clear, well presented, and bolstered with supplementary materials. The appendices include summary information about assessments information for screening diagnostics, as well as whole scaling tools for prognosis and treatment rating.

Each discussion is annotated with core concepts, which serve to orient and focus --- as if an explorer in treacherous territory repeatedly took compass readings to assure that the course selected was actually the right direction. The gems of wisdom in this book seem to lighten the load and give pause for refreshment in the presence of serious and dense information.

Case examples are included to illustrate both hard-to-understand concepts and hard-to-deliver therapeutic responses. By using examples that are simultaneously typical and challenging, the authors develop an alliance with the professional reader who unconsciously reacts by thinking, "Yes, I too understand the struggles in practice." This discrete alliance reinforces the underlying message expressed throughout the work: an effective clinician must continue to take in new information to learn, adapt, and optimally reach out, so that others may also learn and share wisdom.

The value of this book goes far beyond treatment of the target population. It provides a roadmap for professionals to self-reflect on the limits of their knowledge and treatment routines. The 542-page hardback is laid out to maximize utility to the

practicing clinician. It is suitable for all: to fortify the knowledge of the seasoned therapist who already reaches out to this population, and the less experienced therapist who seeks to extend his/her competencies.

With systematic thoroughness, *Treating Trauma Related Dissociation* provides an exemplary overview and is a resource for evaluation and management of a constellation of behaviors and expressions useful in many therapeutic situations. Succinctly stated in the authors' own words: "We have focused not only on how to conceptualize and treat dissociation, but on how to be with the patient who sees themselves as many instead of one."

BOOK REVIEW

Adlerian Psychotherapy: Theories of Psychotherapy Series

By Jon Carlson, PsyD, EdD, and Matt Englar-Carlson, PhD

American Psychological Association

Washington, DC

2017

ISBN-10 143826593

ISBN-13 978-1433826597

200 pages

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

Adlerian Psychotherapy: Theories of Psychotherapy Series reveals how Alfred Adler greatly influenced our field, but unfortunately, many of his ideas are taken for granted.

Adler is described as intelligent, informed, thoughtful, and insightful and I would say the same about the authors, Jon Carlson and his son, Matt Englar-Carlson. They have written an informative, interesting book about Adler that encompasses Adler's ideas and his impact. The authors focus on Adler's emphasis on encouragement, not only in his personal and professional life, but what he saw lacking in others. Adler's inferiority and superiority concepts, however, are downplayed.

Those who adopt Adler's philosophy tend to avoid the medical model and have a non-pathological perspective. Adler believed that problems surface because of erroneous information that could be corrected. While Adler's perspectives may not be for everyone, this book shows how they are more aligned to what many of us ascribe to in our daily practice.

At the beginning of each chapter, Adler is quoted, which is enticing and inspiring in the same way that art often elicits emotion. A few examples: "By changing our opinion of ourselves we can also change ourselves." (p. 25) and "The only normal people are the ones you don't know very well." (p. 13)

Because this is one of the last books the Carlsons worked on together before Jon's death, it is even more special. Each page seems to reflect both the affection the authors had for each other, as well as for Adler.

I not only recommend this book, but I will savor it again.

In truth, I volunteered to review this book in part because of wanting to honor Jon Carlson for his lifetime of work. He was often a part of Erickson Foundation events and was friendly, well liked, and respected.

The Beginner's Mind ***The Complete Works of Milton H. Erickson*** ***Volume 8 – General and Historical Surveys of Hypnosis***

Review by Richard Hill MA, MEd, MBMSc, DPC

This volume includes Erickson's exploration of the mental health profession with papers he wrote from the early 1930s to the late 1960s. Erickson delved into what was happening in the field and what needed to change. In the Editor's Preface, it is apparent that Erickson's views still resonate. He cautioned about the dominant control by the therapist, and perhaps even more so, by therapy itself: "...therapies have their own separate and different philosophies to which patients must adapt..." (p. xii) This still concerns therapists, as we navigate through evidence-based therapies. It is noted that hypnotherapy is not the "...curative force" (p. xv), but rather "...the evocation and utilization of [the client's] often hidden potentials."

The book begins with a series of historical sketches, including Erickson's submission to the *Encyclopedia Britannica*. Being reminded of the contributions by Franz Mesmer, John Elliot, James Easdale, and James Braid is a valuable foundation as readers dive headfirst into the danger of hypnosis in the hands of the insufficiently educated and unscrupulous practitioner. Erickson is well known for his disdain of stage hypnosis and simplistic training. Ernest Rossi recounts how Erickson once deliberately sent "...semi illiterate letters of inquiry written with pencil and ruled paper...yet received...invitations from various organizations to take a course to become a 'certified hynotechnician.'" (p. 99)

Part III (Chapters 14-38), continues with Erickson's forceful pursuit of excellence in a series of book reviews. Some books are offered glowing praise, but with others, Erickson is not sanguine and does not sugar coat. A Brazilian author is given a scathing review as Erickson writes: "... this book deserves a most fitting place, that is, if the trash man does not object..." (p. 120) Another hapless scribe is, "...earnestly urged not to read his [own] book if he wishes to learn something about hypnosis." (p. 133) Some reviews do give us *schadenfreude*, but we are reminded that we cannot appease bad literature if the profession is to be properly regarded.

In the first half of this volume, readers may bristle against shoddy work, but in the second half (part IV, Chapters 39-57) there is detailed research and investigation into the practice and nature of psychiatry and psychology. Some chapters are quite short; others, more in-depth. What strikes me is how diligent Erickson was as he sought to discover what was happening from the client's perspective. For instance, he discusses how the use of restraint in institutions can sometimes be a therapeutic action, especially when "...looking upon restraint from the patient's point of view..." (p.143. Erickson also addresses the problems of managing mentally ill patients in the legal system, dealing with people returning from military service, cases of sexual deviation, and hypnoanaesthesia. He shows that symptoms need to be considered individually. For example, a child's tantrum to get what he wants is different from a tantrum to show his disapproval, or a tantrum due to difficulty in managing the world. Several chapters deal with the relationship between mental capacity and criminality, and the impact of schizophrenia. The detailed case studies provide extraordinary insight into the nature of medical practice in the mid-20th century, and acknowledge the efforts to make the profession better through knowledge and understanding.

I was particularly drawn to the discussion in Chapters 45-48. Erickson is critical of the lack of a common "vocabulary" (p. 225) making it difficult to communicate across the profession. This paper was written in 1938, yet the first DSM was not published until 1952. Erickson calls for "...the development of definitive significations and for the determination of the uses, applications, and values of psychiatric concept and descriptive terms." (p. 215) Erickson may have approved the creation of the DSM, but he was often wary of being simplistic with a patient's diagnosis. He warns of the complexity of problems, saying "...[they] have an origin in the innumerable interrelationships existing between the psyche, and the

soma...and the environmental world." (p 244) And in regards to the individuality of each patient's condition, he writes: "No diagnostic tag given to this patient's psychosis can give any understanding of it." (p.297) Erickson consistently urges us to look deeper, be more thorough, and pay attention.

The final chapter, Chapter 57, is short, but demands we look at the whole picture of the mind. We need to "...study scientifically all forms of destructive behavior in men...[that] cannot be pushed aside because they disclose human behavior inconsistent with 'good' understanding of 'normal' behavior." (p.383) Erickson was reacting to the experiments by Stanley Milgram, who found that when people were instructed to administer electric shocks to punish others, even when it was against their own morals and ethics, most would comply. Our psychology is complex and not just a simple choice of, "To be, or not to be."

People live within a context, and behavior emerges in relation to a range of possibilities and potentials. As therapists, we seek to understand how the client's particular potentials are expressed in the current moment. It is about the past, the present, and the future. It is in the context of an environment that includes everything from the weather to the difficult morning traffic. "Man's inhumanity to man" suggests that when we do terrible things, we are not human. The real question is: What part of us is activated to enable what we call "inhumane behavior," and what is the appropriate therapy?

In the 1930s, Erickson was concerned about the fields of psychology and psychiatry, and what they needed to become in order to be relevant. Some of these concerns exist today. It seems we still need to listen to Erickson, 85 years later.

POLSTER

continued from page 9

well-received. There was something about the respect for the nature of a person.

JZ: And Perls did that?

EP: Yes, which seems contradictory to what I said about his certain shibboleths. But, he had a beautiful way of working. He was a fantastic therapist and he had a brilliant, descriptive mind.

JZ: He was working with his wife, Laura. Were they a shared consciousness?

EP: They worked together in the therapy construction. They worked with different groups; they had different ways of doing things.

JZ: Did you establish the Gestalt Institute in the early 1950s around what you were learning from Fritz and Laura?

EP: That's right.

JZ: Now what about Goodman?

EP: Goodman was a philosopher and a writer. He wrote novels and a lot of social commentary. He was an important influence on young people in those early days. He wrote *Growing Up Absurd* and had a large following, but was discouraged because he became stereotyped.

JZ: Was he a patient of Perls'?

EP: No. When Perls came to this country from South Africa he was guided toward Paul Goodman in terms of their points of view. They wound up co-writing, although Goodman did most of the actual writing based on Perls' notes.

JZ: And who was Hefferline?

EP: He was a professor at Columbia University, a phenomenologist, but was never involved in doing therapy and Gestalt therapy. He wrote half of the book -- the part that didn't deal directly with the therapy theory.

JZ: When Perls came to California, would you say he became a caricature of himself?

EP: In a way he did. He became 'slogan-istic.' But, he was a unique person.

JZ: He was confrontative, visually perceptive, and picked up on every nuance.

EP: That's right. And in those days when you had interminable psychoanalysis, he was a breath of fresh air, getting down to cases right away.

JZ: I remember listening to one of his last workshops. He told the

BOOK REVIEW

The Developmental Science of Early Childhood: Clinical Applications of Infant Mental Health Concepts from Infancy Through Adolescence

By Claudia M. Gold

W. W. Norton & Company, Inc.
2017

ISBN: -13: 978-0-393-70962-9
299 pages

Reviewed by Maria Escalante de Smith, MA, Cedar Rapids, IA

Claudia Gold has written an excellent book on infant mental health. She covers a wide array of areas, including the four key components of the mental health paradigm. This paradigm is characterized by four components, including the relational, which highlights the importance of caregiving relationships, and the developmental, which emphasizes how the path to effective treatment is a textured, multidisciplinary understanding of development.

Even though the DSM has been a fundamental source in the field of mental health for more than half a century, the author does not use its diagnostic categories because she believes, "These diagnoses can get in the way of listening to a child's communication." (p. 20). She maintains, "The clinician can guide the story in such a way as to learn about the relevant issues in the family." (p. 20)

Chapter 2, "Attachment and Mentalization," is a good reminder of the importance of secure attachment. The author includes references to John Bowlby and his theory that early attachment relationships play a critical role for the survival of our species, and how the absence of secure early relationships is highly correlated with mental illness and chronic physical illness.

Chapter 6, "How Relationships Change the Brain," is fascinating. The author

refers to Dan Siegel, the psychiatrist who is known for his groundbreaking research regarding neuroplasticity. She states, "A child's brain develops in relation with other people, not simply on its own." (p. 130) The author also reminds us that the medial prefrontal cortex plays a big role in emotional regulation and that the amygdala is responsible for processing strong emotions, such as fear. Gold also explains how the insula is responsible for emotional regulation and the mirror neurons that are important in the experience of empathy.

Chapter 8 provides readers with valuable information about fundamental topics, such as early developmental history. The author encourages therapists to take a detailed history of the client's early years to better understand the presenting problem. Did the client have mood disturbances as an infant or young child, such as anxiety? Etc. This chapter also includes information about infants' sensory experiences with the workings of their own body, particularly colic, which is defined as "excessive crying," characterized by the rule of threes: three hours of crying, three days a week for three weeks. It is also important to look for the cause of colic.

Chapter 9, "Reframing Postpartum Depression," normalizes both psychological and biological changes happening after birth, for example, how "relationships between partners are dramatically altered." The author states the importance of recognizing the "normal massive psychological shifts of motherhood, the role of the baby, and the relational nature of the issue." (p. 187)

This book also addresses "Listening to Multigenerational Loss and Trauma," with the story of a 3-year-old girl named Zoe, who displayed aggressive and emotional outbursts. The therapist discovered that the girl's mother had a "mental breakdown" (p. 205), and that the girl had a painful childhood after being adopted at age 2. This is a good reminder of how sometimes working with a child may not be enough; family therapy might be necessary.

This is an excellent book filled with resources and examples. I highly recommend it.

DVD REVIEW

Challenged

By Dan Short, PhD, and members of the Institute of Phoenix

ISBN 978-0-9986186-2-3

This DVD is available by visiting: www.phxinstitute.com

Reviewed by John D. Lentz, D. Min.

Dan Short and members of The Institute of Phoenix have created a wonderful training tool. Institute members realistically role-play some of their most difficult cases. Short addresses each case with a practical, well thought out treatment approach involving utilization. Short's approaches are informed by clinical expertise and research.

At strategic moments in the DVD, comments appear on the screen letting the viewer know what is being done, and why. The comments respond to what typical questions might be, but the DVD goes beyond this, and offers the viewer additional, valuable information.

Created from a collection of videos made this year and last, the DVD offers true insights regarding treatment, which are beneficial whether the viewer is a student or seasoned practitioner.

After each segment, Short addresses the group and answers questions; he also teaches what he was doing and how he was doing it. I found the sessions engaging, informative, and helpful. Dan Short is a gifted teacher with a wealth of infor-

mation, wisdom, and expertise. One lesson I gleaned from this DVD is that when clients receive tools they feel as if they are learning something. They also tend to feel as if something is changing in a session when they experience strong emotions.

There are four chapters in this DVD: "Working with Negative Transference," "Working with Victimization," "Working with Defiant Resistance," and "Working with Absolute Despair." Although there is an association to Freud, the way Short uses transference is directly in line with the more common understanding of it. In the case shown, the client transfers to him the negative feelings she feels about her husband, and herself. Having worked with similar cases, I was impressed with Short's suggestions as to what to do – and the reasons why. It was insightful in an Ericksonian fashion, because he utilizes what was available.

While I liked all the chapters in this DVD, the one that touched me the most was the one that dealt with absolute despair. It not only provides options for practitioners, but also reveals Short's awareness and compassion in dealing with people who experience absolute despair. This particular chapter was emotionally encouraging and intellectually informative.

The section on behaviors to help clients feel motivated was also useful -- like you have a knowledgeable friend offering assistance. Aligning goals with what the client hopes for an outcome is one way to motivate. Another way is offering therapeutic directives that challenge the client to complete a task, because it implies that since you asked, you obviously believe they can do it.

BOOK REVIEW

Mindfulness and Acceptance for Treating Eating Disorders and Weight Concerns: Evidence-Based Interventions

Edited by Ann F. Haynos, PhD, Evan M. Forman, PhD,
Meghan L. Butryn, PhD, Jason Lillis, PhD

Context Press
2016
978-1626252691
paperback, 240 pages
www.newharbinger.com

Kay Colbert, LCSW, Dallas, Texas

Research continues to find significant benefits of the practice of mindfulness (including symptom improvement) across a wide range of disorders and illnesses. The editors of this book include nine contributions from expert clinicians and researchers on evidence-based interventions that involve mindfulness and acceptance specifically targeted at people who have an eating disorder or significant concerns about weight or body image. Traditional treatments for this population have limited success, especially long term, but there is a growing interest in using mindfulness and acceptance therapies to improve outcomes.

This book is an excellent professional resource aimed at the clinician who would like to integrate more impactful ways of helping their clients with eating disorders, poor body image, or weight concerns. The book includes recommendations for working with anorexia nervosa, bulimia nervosa, binge eating, and individuals who present as overweight or obese. The authors term these methods “third generation approaches,” which means they all incorporate contextual and experiential change strategies that involve mindfulness and acceptance. Acceptance is defined as the opposite of resignation or avoidance. Mindfulness is not presented as a quick fix, but rather another tool to offer clients.

Chapters include, Acceptance and Commitment Therapy, Emotion Acceptance Behavior Therapy, Dialectical Behavior Therapy (including the Stanford DBT model, which has been adapted for BED), and Appetite Awareness Training. Other sections discuss using mindfulness and acceptance techniques to improve body image, weight loss, and outcomes from bariatric surgery.

The authors address the specific components of mindfulness and acceptance and how it may help regulate food intake, whether for under- or over-eating. The benefits of using mindfulness and acceptance, in whatever form, is that it encourages a nonjudgmental attitude and promotes problem-solving rather than impulsive reacting. It also cultivates brainstorming alternative solutions, evaluating the pros and cons of these solutions, and then choosing the solution to try. The client is taught to become aware of body sensations, thoughts, and emotions, as well as to accept negative thoughts or feelings about their body rather than trying to avoid the experience. The overall goal of increasing awareness of eating patterns to promote mindful eating helps clients to develop awareness of their negative self-talk about their bodies and to see the connection between thoughts and maladaptive behaviors.

Mindfulness and acceptance is shown to help clients control and manage cravings to eat in unhealthy ways, rather than suppress cravings entirely. In one cited study by Albert, Mulken, Smeets, and Thewissen (2010), participants who used mindfulness-acceptance techniques for chocolate cravings during a week of abstinence from chocolate ate significantly less chocolate during a later taste test than both the controls and those who were told to suppress their chocolate cravings for a week.

Each clearly-written chapter describes specific treatment structure and strategies, and offers theoretical background, empirical support, and future directions for research. The authors cite evidence-based research studies available on each particular approach and provide a wealth of citations for further investigation. With this resource, clinicians will have a greater understanding of how to support their clients with eating disorders, body dissatisfaction, and weight management issues.

BOOK REVIEW

Brain Bytes: Quick Answers to Quirky Questions About the Brain

By Eric Chudler and Lise Johnson

Illustrations by Kelly S. Chudler

W. W. Norton & Company
New York/ London
Copyright 2017
ISBN 978039371148

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

Brain Bytes: Quick Answers to Quirky Questions About the Brain, by Eric Chudler and Lise Johnson is a delightful book that offers interesting and accurate research-based information about the brain. The authors answer frequently asked questions about the brain and it's a fun, light read for such a heavy topic. Subject covered include: Ancient Neuroscience; What is Under the Hood; Intelligence, Memory, Senses and Perception; Sleep, Drugs, Venoms, and Addiction; Popular Culture Technology; Medicine; and Brain Health.

This book is written in such a compelling fashion that it engages the reader from page to page. But I found myself reading a few pages at a time because the

information is offered in small doses, thus, the title: *Brain Bytes*. Quirky, fascinating facts about the brain and brain health dispel myths and misinformation. Questions such as: Why do we get songs stuck in our head? (p. 147); Does learning produce new wrinkles in the brain? (p.58); and Why does “brain freeze” cause a headache? (p. 218) are answered.

In the back of the book, the authors offer more quirky information. For example, readers will learn which American presidents have suffered a stroke (surprisingly, many), and whether laughter really is the best medicine. Turns out that it isn't, but it is still beneficial.

In the six Appendices there is more brain-related trivia, such as which neuroscientists were awarded Nobel Prizes; milestones in neuroscience; the average brain weight in grams (a sperm whale's brain weighs 7,800 grams; a gold fish, 0.097 grams); and animal venoms and what neuronal action they block.

This book is a good read for those moments when you don't have a lot of time but want fascinating tidbits of useful information. It is well written and wonderfully illustrated. I recommend it because it's fun to discover what you know and don't know, as well as what you thought you knew about the brain. *Brain Bytes: Quick Answers to Quirky Questions About the Brain* is a handy reference book and source of enjoyment and learning.

POLSTER*continued from page 17*

eight members of the group to start speaking gibberish and they did, which brought up their anxieties. Then, he immediately honed in on a person's anxiety to help them be more present and less troubled.

EP: Yes. Gibberish was just a way of scrambling stuck meanings -- getting out of the realm of things not having their unique meaning because a lot of what people live by stereotypes; try to subvert the stereotype.

JZ: That's a cardinal rule: Don't allow people to be a replica of themselves.

EP: Yes, but the trouble is that when you start doing things like gibberish, people begin to think gibberish is okay. That's not the point.

JZ: The point is to break the pattern and connect in a way that moves people forward.

EP: Yes. It doesn't matter if things mean something.

JZ: How would you guide a new therapist to develop their way of being in a therapeutic situation?

EP: There's something special about human engagement, particularly if it's human engagement with a person who represents more than the immediate situation. So if you come into a therapy situation where you're talking to someone who is themselves but they also represent something larger than themselves, that's a powerful starting point. What we think of as an ordinary conversation is actually very

important. If you get past the emphasis on meaning and knowing that some particular things don't have much relevance and get into the actual engagement, there's something generically powerful about one person connecting with another.

JZ: In normal relationship, if someone tells you a story about their vacation, you tell a story about your vacation. But therapy is an unusual situation because the therapist is so attentive to the experiences of another person.

EP: Yes, that's an important phenomenon. In my graduate school days, I worked with a psychoanalyst as a part of my training and he avidly listened to

me, and I knew he was listening because everything he said seemed right on to what I was talking about.

JZ: A core condition for growth and development?

EP: Yes. And most therapists don't understand that's a head start. There's something generically given that moves them into importance by the very act of coming together. It's a representation of the importance of the connection.

JZ: Super. Thanks so much Erv. We'll see you in Anaheim in December.

EP: Thank you for inviting me.

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