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Istituto di Psicoterapia Sistemico-Relazionale

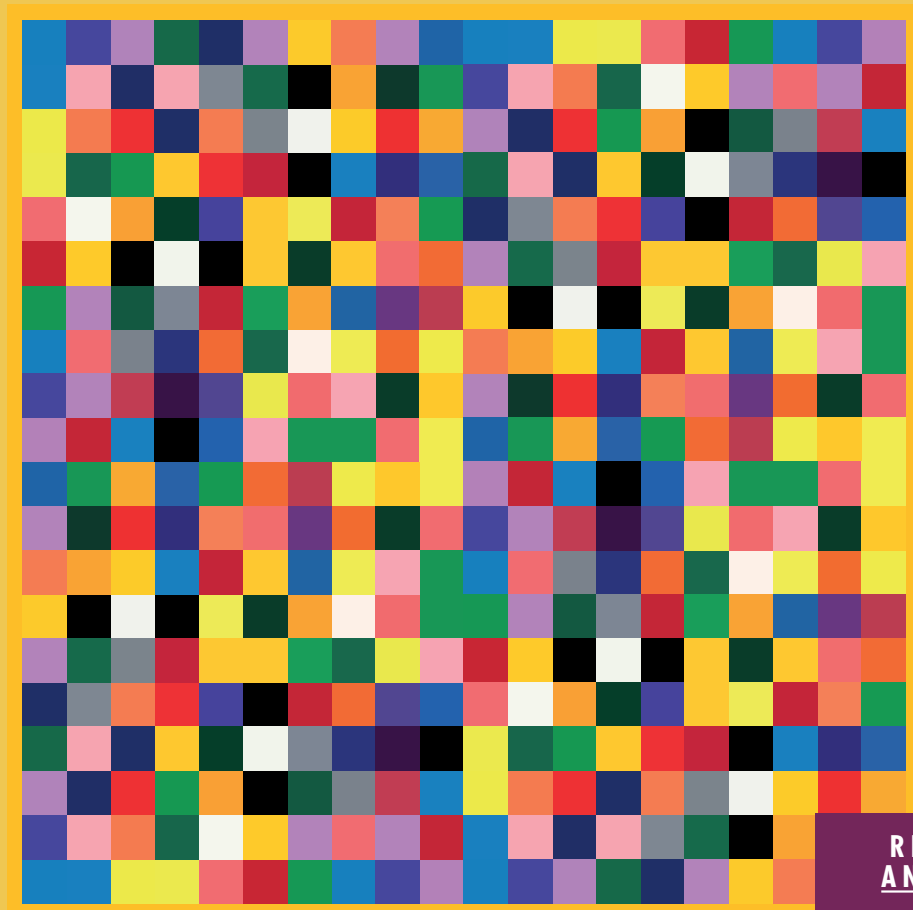


Logos
Sviluppi delle Risorse Umane
Genova



Centro Studi e Ricerche
per la Mediazione Scolastica e Familiare
ad Orientamento Sistemico
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Per la sottoscrizione degli abbonamenti, per acquistare fascicoli arretrati e ulteriori informazioni telefonare a:

Istituto Eteropoiesi 011 7767831 o inviare una mail a:

pasquale.busso@eteropoiesi.it

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www.anthelios.it

info@anthelios.it

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**Logos - Sviluppi delle Risorse Umane
Genova**

del dott. Vittorio Neri & C.

**Centro Studi e Ricerche per la Mediazione Scolastica
e Familiare ad orientamento sistemico
e per il Counselling Sistemico-Relazionale
Legnano**

Direttore Responsabile

Pasquale Busso

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Coordinatori del Comitato di redazione

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Therapy and Imagination in a Time of Plague

Eric Greenleaf

Keyword: Hypnosis, Imagination, Online pandemic psychotherapy, Story telling, Drams

Parole chiave: *Ipnosi, Immaginazione, Psicoterapia pandemica online, Narrazione, Drammatizzazione*

Reflections of a psychologist and Erickson-influenced therapist in practice 50 years, on the changed nature of therapy since the Pandemic struck. Analysis of the changes in peoples' lives is coupled with dreams of the therapist and his understanding of changing practice toward a sort of "housecall" model of psychotherapy. The uses of imagination and Ericksonian hypnosis in therapeutic efficacy are emphasized.

Terapia e immaginazione in un periodo di epidemia
Riflessioni di uno psicologo e terapeuta influenzato da Erickson in 50 anni di pratica, sulla mutata natura della terapia da quando è scoppiata la Pandemia. L'analisi dei cambiamenti nella vita delle persone è unita ai sogni del terapeuta e alla sua comprensione del cambiamento della pratica verso una sorta di modello di psicoterapia "a domicilio". Vengono enfatizzati gli usi dell'immaginazione e dell'ipnosi Ericksoniana nell'efficacia terapeutica.

"One's life as a child, with all its emotional rages and ranges, is but grass for the winged horse - it must be chewed well in those savage teeth." (Mary Oliver, Blue Pastures)

What people miss during the physical and social isolation of the Pandemic years is sharpest in children. We miss our friends, the hugs, games, laughter, the interactions. In a world of childhood already corrupted by the isolation of computer screens, forced distance from friends and the generations of family, and from the celebrations that inform community and cultural life, people produce experiences of symptomatic rather than interpersonal expression. Kids get anxious and depressed, suicidal feelings rise, yearning and loneliness replace a complex personality.

It is not only bodily experience that is shut away during these times, but the experience of being around others. Humans developed in small, intergenerational, mobile groups, and our physiology and psychology reflect this. During Pandemic, many feel as though confined in an iron lung, with the paralysis of action and physical relationship that image implies.

A Dream, One Year Ago

I dream that I am asleep in the upstairs bedroom of my house. The dream announces that it is a time of Pandemic. I hear movement downstairs, get up and go to the stairwell. In the dark I see and hear two men carrying something heavy inside a rolled rug. They unfold it and it contains my father, dead many years now, but with the air of a living body. I am so glad to see him.

Later the next day I begin to feel grateful for so many of my father's gifts to me, which flower in the therapy I have practiced for fifty years: He demonstrated hypnosis, stretching a volunteer rigid between two chairs at summer camp. He sang and recited poetry and had a fine sense of drama, and of teaching. He was athletic and adventurous in spirit, scientific in mind.

When I was very young, my father would sing a song to me about a poor, friendless boy, cold in the unforgiving winter. The boy had "not a friend or a toy, but he had an ^Aladdin's Lamp" of imagination. The boy had "fire enough in the brain," to warm himself during the night. Then, different from reminiscence with its' clear feeling tones and nostalgia, I begin to experience something unexpected: My sense of my body – dimensions, posture, muscles and bones, sharpens. I feel myself physically. I sense myself broader-shouldered, straight-spined, muscular. I am re-membered.

The Indian Rope Trick

The next day while doing therapy online, I noticed and shared with my patient a cut glass paperweight shaped like a dumbbell, on my desk. It spurred vivid

memories of our grandparents and the physical world we lived in with them – jokes and cooking, advice and stories, all in the thick exchange of family life in confined physical spaces. Expansive emotions with limited movement – like psychotherapy; and, like good therapy, with dramatic possibilities for change and exploration.

My unconscious mind then threw forward the image of the Indian Rope Trick, along with a sly reference to re-membering, that encompassed both the memory of my grandma's face and the taste of the sugared grapefruit rind candy she made.

The rope trick, in basic format, is this: An older man and a young boy appear before an audience. The man throws a rope into the air and the rope stays rigid and disappears in the cloud. The boy climbs up and disappears. The man, knife in his teeth, ascends and dismembers the boy, throwing body parts down to the ground. He climbs down,

covers the parts in a basket. The boy recomposes, limbs, head, and all, and bows to the audience, as does the man.

The compelling part of the metaphor is perhaps that, in the pandemic, we are separated from our relationships and feel disembodied. We feel the violence done to our sense of self and other, and are helpless to staunch the emotions of loneliness, fear, and pain.

Making Housecalls: Psychotherapy Practices During the Pandemic

By July of 2020 I ended the lease on my office, took home the books and gave away the sandtray toys. Then, like all my colleagues, I sat at a chair poised between two screens – the computer and a folding screen, to hide the chaos of our home office.

I soon discovered that I like working online, and that I miss the handshakes, hugs and direct body language of in-person sessions. What I like is the feeling of making house calls that attends my online sessions. I can see or meet people's spouses or kids; their pets and prized art. It is, in that way, a less abstract interaction than the one isolated in an office. I remember my excellent therapy teacher Herbert Zucker, a Sullivanian, who asked a failed jeweler to bring samples of his work to the session. The ill-finished jewelry became a subject for understanding and improvement – it was tangible, physical, and made by hands guided by eyes.

In accord with that feeling of meeting in the patient's home, I find myself being friendlier in tone and style in my sessions. A psychoanalyst would say I had chosen to present a "friend" counter-transference. Jungians would speak of the friend-friend archetype. Since I know and feel that relationship is the means and medium of psychotherapy and of hypnosis, a friendly visit, including, as my good friend John says, that "The essence of friendship is useless advice," allows me both ease and leeway with my patients.

Marsha Linehan, the originator of Dialectical Behavior Therapy, was once asked if she had any advice for novice therapists. She suggested that they be themselves and stop trying to act like therapists, reminding them that this entire venture is nothing more than "one human being trying to help another human being."

The social isolation of the Pandemic is a form of prolonged trauma, akin to punishment isolation in forced confinement. An important aspect of my practice of psychotherapy is to express admiration and appreciation of my patients. I admire all sorts of competency. Instead of primarily inquiring after the presumed sources of trouble in life, I like to have patients express in detail how they do something well.

This may be a master electrician explaining how to repair live high voltage lines from a helicopter, or a severely abused person describing how she endured, survived and lived a loving, creative life. The most severely abused person I've ever spoken to, when asked how she engaged adult life, said, "My adolescent rebellion was to believe in truth and beauty."

Children, safeguarded, comforted, and encouraged to explore, experiment and learn, are bundles of competencies and enthusiasms, growing in a rich social environment. Bessel Van Der Kolk, in *The Body Keeps the Score*, says it surprisingly, and directly: "Competence is the best defense against the helplessness of trauma."

My patients, as I advance in age, are older on average, and more experienced, too. As always in my practice, half or more of the patients are themselves therapists. They share remembered trauma, of course, but also true stories of illness, loss, regret, kindness, love and hope. Some are writing memoirs rich in complexity, others completing years of long practice. Their writing and artwork are easily incorporated in our sessions. Those same sessions are rich in what Michael White called "Re-authored conversations, and, retelling the retelling." As in all good story-telling, the re-imagined circumstances of life are felt emotionally and visualized in the mind, though they be told over the internet. This "experience-near description" [White, again] is the beginning point of most effective therapy. As he said, "Storytelling is just an ordinary thing, something they do every day of their lives." And, I should note, those who learned from Milton Erickson are quite at ease with telling stories toward their patients' stories, by way of persuasion, comfort, or the unbalancing of problems that MRI trained therapists favor.

A patient of mine once exclaimed, "I know what you're doing when you do hypnosis with me: You're telling stories where they belong!" One aspect of this storytelling is the utilization of themes and trope from the patient's life to inform the language and stories told to them in return by the therapist.

We know these narrative forms from childhood. My son tells his kids a series of bedtime stories about Walmadu the Cat Detective, Finder of Lost Objects and People. These charming stories have the kids themselves as characters, speaking in the stories as they do in life.

The impact of stories, which include the language, concerns and imagery of the listener, was conveyed to me by another patient, who said, "It's like you're talking to me, yet you're not talking to me. You're talking to all of me! I like it." My earlier example of stories of myself told to and with patients – the cut glass dumbbell – is a form of therapy which depends on the therapist's intent that their interactions serve the patient's goals, not the therapist's. As Erickson said to Rob

McNeille, "When you talk about your own family and situation, this then results in your client making their own association."

An example, from a patient of mine who had suffered medical trauma, and whom I told true stories of my own experiences as a surgical patient: "It was so extremely helpful to hear these stories. What a reality check! I feel 'normal' for the first time this morning since this all fell apart a month ago... The shock of this sudden ending was very traumatic. You really have no idea how much this helped me, I got my life back yesterday."

Minuchin, at the Evolution of Psychotherapy Conference in 1995, put it this way: "The power of a symptom seems to depend on the unvarying rendition of the story. It is like children's stories, told always in the same ways. If a therapist expands the story, includes other people, introduces novelty in any way, the automaticity of the symptom is challenged."

The Two Tigers

"All well and good," may say modern therapists, "but what about the body? Somatic experiencing is vital to re-integrating inchoate and splintered experiences, especially traumatic ones. Here, a delicious scientific fact about human imagination: each imagined circumstance in our thoughts, dreams or daydreams triggers the exact neurological sequence of firings that the actual physical movement would entail.

This was made clear to me by Karen, a patient who had been an expert skier as a youngster, then was blinded, except for shadows, by a brain tumor. We worked together hypnotically for many years, during which she started a business, married well and formed many friendships. In her mid-thirties, Karen decided to return to competitive skiing as a blind skier, following a sighted guide through the gates and downhills and slaloms of ski-racing courses. She came fifth in the world.

I asked her, "How do you practice? We all live hours from the snow. You have a business, a family." She said, "I practice in my dreams. I follow my guide, cut through the gates, handle the ice. All the while my body practices the exact sequence of muscle movements I'll need to physically run the course in a race." At 40, she learned to fly on the trapeze.

You will know the story of Milton Erickson, paralyzed by Polio as a teen. He was tied in a chair, unable to move his body. Erickson practiced mentally making the movements he would need to move his body, and, one day after much practice and care, the chair began to rock.

Dr. Erickson had many ways of utilizing imagination to shift physical sensation and action to aid his patients. Here is Betty Alice Erickson's description from "Therapy and Healing of Milton Erickson."

“Often patients cannot imagine that they can fill their mind with a thought different than their pain. Erickson had a favorite way of expanding a person’s learned limitation that his pain was so encompassing that it filled his mind.

“He would listen carefully to the patient’s account of his situation. Then he would ask a question in a way designed to enhance the trance which was created by the patient’s total focus on pain. “What would happen,” Erickson would say slowly and intently, “if you looked over there and a huge hungry tiger was walking in this room, swishing his tail and looking right at you? Would you still feel the very same amount of pain when you looked right into the yellow eyes of that great big hungry tiger?”

“Once a patient recognizes his pain is mutable, he becomes more open to more traditional hypnotic means of alteration and control of it.” (Chapter 5 *Therapy & Healing of Milton Erickson*, Betty Alice Erickson). You may not know the origin story of Peter Levine, who developed Somatic Experiencing. Here it is, in his own words (Simon, “Healing from the Bottom Up: a Session with Peter Levine.,” *Psychotherapy Networker* webcast series.”)

“I had a singular event that occurred in 1969, which just completely changed my lens and my experience. My whole direction in life both professional and personal. I was asked to see this woman who was referred by a psychiatrist. Nancy had gone from doctor to doctor with all kinds of physical complaints. She had migraines, fibromyalgia, chronic fatigue and irritable bowels. So she was sent from doctor to doctor, and all she gained from that, I think, was a thickening medical chart, and she also had severe anxiety and panic attacks, and had agoraphobia.

“Some of the body-mind relaxation techniques that I was developing would be helpful for her.. And she came in, and she was in tremendous distress., I had her lay down on a mat, and I started to do some exercises with her neck, to get relaxation in her neck. Her heartbeat, at that time, was about 100, 110 beats a minute, and her heart rate came down, down, down, down, and I was very pleased with myself. Except, at one moment, it just shot way up. It was up to about 140, 150 beats a minute. I mean even as I tell this story, know 40 years later, I still get that twinge in my chest. My God.

“And I said probably the stupidest thing you could say. Truly, the stupidest thing I could say. Nancy, relax. You relax. You must relax. You need to relax. Unbelievable. I can’t – I’m amazed at how dumb I was, but her heart rate started going down, and I was relieved, and it kept going down, and down, and down, to a normal 70, to a 60, which is low, to a 55, and then, I think almost to a 50, and she was just – she

turned pale. She was just white, and she said, "Doctor, doctor. Don't let me die. I'm dying. Don't let me die."

"In that moment, I had a waking dream image.– of a tiger – in the far wall, getting ready to spring, and with that image, that image prompted me to say, "Nancy. There's a tiger chasing you. Run. Climb those rocks and escape." And to both of our amazements, her legs started moving up and down, as though she were running. Her hands would turn icy cold, and then, warm. She would have shaking and trembling, and then, spontaneous breaths, and this went on for 30, 40 minutes, and she then opened her eyes, and at the end, you could see she was unbelievably relaxed.

"Her heart rate was about 72 beats a minute, and she just had this warm glow, and she said, "Do you want to know what happened, doctor?" And I said, "Well, yes. Of course." I mean this is the method I've invented, so I know what I'm doing, which I didn't. And she said that when I told her to run, she could feel her legs running, and you could see, again, her legs were just very slightly, but you could see her actually running, and shaking, and trembling, and she said, "I climbed the rocks. I looked down at the tiger, but then, I saw myself as a four year old child being held down for a tonsillectomy." "

The two tigers evidence therapeutic desperation, which completely understands the patient's terror and pain, and imagines what can be done to aid the patient in recovery of herself. The imagined solution matches the story dreamed by the therapist as he confronts their terror. The method is a shared story; a mutually imagined experience enacted by the patient's nervous system at the prompting of the therapist's imagination. Thinking like a hypnotist, we can see that the terror is mutually suggestive of action, and that the therapist's imagined action overcomes the frozen, traumatized imagining of the patient. She follows the suggestion to act, and finds comfort.

Just as "The unexamined life is not worth living," "The un-lived life is not worth examining." Living dramatically enacts stories, and the mutual imagining of therapist and patient is a spur to that enactment. In hypnosis, we often proceed with the patient in a posture like that of sleep – comfortable, stretched out – eyes closed. It needn't be that way. Trance can be initiated or signaled by active, dramatic transition, as in a cavalry charge.

Now you may see that the absence of personal presence constrains interaction in therapy, but does not inhibit imagination. Even gestural or vocal shifts are possible online, though following close rhythms may not be possible. My wife and I practice improvisational theater online, a form that is thick with physical positioning and recognition of the audience. As we conspire to make the online theater feel like the real

one, the experience is one of mutual creative effort rather than of static frustration. To import that experimental and imaginative relating to therapy may benefit therapists and patients alike.

Modern therapy is replete with imaginative methods. Internal Family Systems encourages dialogue with the imagined parts of the patient, as the therapist courteously encourages difficult, protective aspects of the patient to “step aside,” clearing a path to the imagined self. Solution Focused Therapy offers questions to which the patient replies with imagined futures closer to best outcomes for the patient. Even Freud’s original method was visual and imaginative, while the later free association focused on mental contents. Freud asked patients to “Imagine you are seated in a railway carriage, looking out the window as the train moves. Tell me everything you see.”

Dreams and daydreams have long been important in therapy, as they are in human life. Freud’s “Royal Road to the Unconscious,” was meant to lead to a therapeutic conclusion. In Bettelheim’s translation, “Where It was, there shall I be.” (Bettelheim, 1982).

In Erickson’s charming letter to his daughter-in-law, he connects imagination and action: “Concerning my views about dreams, I can state quite simply that they are the substance that pave the way to the goals of achievement. Such goals are reached more rapidly if a dreamboat is available...” (Letter to Luanne Erickson, 6/1/69 in Erickson, B.A. and Keeney, B. Milton H. Erickson, an American Healer, Ringing Rocks Press, 2006.)

Thinking Like a Hypnotist

Hypnotherapy in the Erickson manner is particularly useful in Pandemic-era psychotherapy. Of the important principles of Erickson’s practices, I’ll highlight these: Utilization, Relationship, the Unconscious Mind.

Utilization is the idea that any aspect of the patient’s experience can be used by them to advance their worthwhile goals in life. Dissociative experiences, suffered and seen as symptomatic, may be used to invite experiences of trance. Loneliness and isolation may spur projects of virtual sharing, as in Erickson’s well-known instances of shut-ins sending greetings, artwork or plants to others.

Relationship is, by common agreement among most modern therapists, the instrument of psychotherapy. Rather than the “operator-subject” stance of experiment-derived hypnotherapy, modern Erickson-influenced therapists have an invitational and relational stance. As Douglas Flemons (2022) writes: “You invite your clients to think, feel, and act in poems that dissolve boundaries, that metaphorically

imagine the seemingly paradoxical ... truth that the strands of a knotted problem, once loosened and unraveled, can be rewoven into a braided resolution. This is the heart and mind of hypnotherapy." (p.242)

And, most important, the concept of the Unconscious Mind. As I've written previously (Greenleaf, 2000). "I am going to say that the royal road to the unconscious has a language, and that that language is the language of dream images, not the language of explanatory discourse. Why is hypnosis the proper conversational style for this communication? In practicing hypnosis, you are learning to focus attention and to tell a story and to listen intently. Hypnotic practices invite thought and speech that are allegorical, allusive, metaphorical. Hypnosis is a good conversational style for this relationship with the unconscious because it not only employs the style of dreams and the metaphor of sleep, but it also pays attention to the human body in a way that assumes that the body is communicating with posture and gesture and touch. Paying attention to the body, trying to utilize physical expression and paying attention to breathing are very important parts of the therapeutic conversation in hypnosis.

Suppose the interface between neurophysiology and social relations exists within the communication medium we term "hypnosis." Suppose the concept "unconscious mind," refers to three sets of processes: ways of learning, the unselfconscious organization of human neurophysiology, and the unspoken network of social relations. Suppose too that these processes are represented in consciousness by dream images and emotionally dramatic narratives.

Now, suppose further that these unconscious processes are accessed by hypnosis, turmoil or trauma, during a state of dreamy reverie, confusion, or shock and surprise, which accompany the natural formation of representative images and narratives. In reverie, confusion or trauma, these representations can be selected, combined and revised (as in the "inner search" of hypnotic therapy) or can be expressed in action (as in helpful response to trauma). "

Barrett (2020) offers an explanation for why "mere words" can influence body processes so profoundly: "Why do the words you encounter have such wide- ranging effects inside you? Because many brain regions that process language also control the insides of your body, including major organs and systems. . . . These brain regions, which are contained in what scientists call the "language network," guide your heart rate up and down. They adjust the glucose entering your bloodstream to fuel your cells. They change the flow of chemicals that support your immune system. The power of words is not a metaphor. It's in your brain wiring. (p. 89.)

Doris Y. Tsao, a neuroscientist writing in *Scientific American* (vol.320 #2)

describes research identifying “face patches,” discrete areas of the brain that identify and imagine faces. “Now,” she writes, “we can explore how neural activity is shaped by the purely internal act of imagination.” How, again, is imagination the key to effective therapeutic relatedness in a virtual therapeutic relationship? Here, the quintessentially relational therapist, Sue Johnson, reflects on her practice during the Pandemic: “The real question about online therapy was whether I could evoke the tent of trancelike attention that characterized a good session for me. Joining a client where they are and respecting their way of being was just the way we did EFT, period..... In other words, I tried to Reflect/Repeat his words, use Images, keep things Simple, make my voice Soft and Slow, and use the Client’s words to pinpoint emotional handles that might open up his inner world.”

Therapists practicing Erickson-influenced approaches in hypnosis will find Sue Johnson’s description similar to their own approach to patients. Even with the patient’s eyes closed, this form of intimate relationship through pacing, tone and imagery, using the client’s own words and tropes, establishes a mutuality that Flemons refers to as “Of One Mind” (Flemons, 2022).

Hypnosis does not, of course, require “a state like sleep,” nor even calm surroundings for the establishment of healing relatedness. Erickson’s colleague Kay Thompson, DDS, would reduce bleeding and quiet patient anxiety during states of trauma. She would say, “Pain is a danger or warning signal. When everything that can be done and should be done, has been done there is no longer any reason to have the pain.”

Joel Samuels MD, an experienced ER doctor, told me that he is able to suture and cleanse the wounds of children with facial lacerations, without restraining them, by engaging the child and their parents in helping the child tell the story of a favorite TV show “they are watching in their heads” (Samuels, personal communication 2021).

It is clear that people suffering pandemic related isolation, stress, anxiety and trauma respond well to the varied means of hypnotic relatedness. The stance of the hypnotist, even in a virtual or imagined space, is, I like to say, like that of someone strolling through the unconscious mind of another, arm in arm. The destination is the patient’s own, the therapist, as a patient once told me, “a useful convenience”.

To echo Mary Oliver’s words, with which we began our writing, Cathy Malchiodi, PhD writing on the uses of imagination during pandemic times, (Psychology Today, 7/31/2020) says, “I know the pretend scenarios that helped me to get through crises, trauma, and loss during childhood have helped me through these challenging times.” Or, as Ernest Rossi (2019) said “Your job (as a therapist) is to introduce the interplay between dreams and reality.”

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