



## MEETING OUR MENTORS

**Each issue will introduce one of our distinguished teachers in this column. We learn a lot from these scholars, read their books, follow their approaches, use their techniques – but perhaps we do not know them well enough.**



Interview with Dan Short  
By Katalin Varga

Dan Short, PhD, is director of the Milton H. Erickson Institute of Phoenix. He has served as Assistant Director for the Milton H. Erickson Foundation, and was formerly the Executive Editor of the Milton H. Erickson Foundation Newsletter. Short is the lead author of *Hope and Resiliency*, in co-authorship with Betty Alice Erickson and Roxanna Erickson Klein. His most recent book is *William James & Milton Erickson: The Care of Human Consciousness*. He is also the author of *Transformational Relationships* and has defined Ericksonian Psychotherapy in the SAGE Encyclopedia of Counselling and Theory. Currently teaching clinical hypnosis at the Southwest College of Naturopathic Medicine, Short also works with patients in private practice, conducts consultation groups for professionals in Phoenix, as well as presenting seminars and workshops as visiting faculty at institutes around the world.

### **Please describe your first contact with hypnosis.**

My training began in childhood. Children are naturally curious and like to test the power of words. Using a more juvenile vocabulary, my friends and I would suggest catatonic immobility, arm levitation, and so on. There was also a lot of fun with reverse psychology, such as depriving an opponent of any sense of power by retorting, “I wanted you to do that! So, just keep on doing it!” Under these conditions, the aggression becomes impotent. But when I felt that I was in serious danger, I would use the power of imagery and instinctual emotional responses to achieve the desired outcomes. For example, as a six-year-old, after being approached by a much larger child who threatened to beat me up, I fictitiously declared, “I have diarrhea” (i.e., an instinctual defense against predators that I transferred to the psychological realm). After receiving this indirect suggestion, for visual and olfactory hallucinations, the child cringed and would not touch me.

As a curious adolescent, I began to experiment with self-hypnosis for ego-strengthening, pain control, and sleep management. I also conducted placebo drug experiments on my friends, with astounding results. Later as a college student, I was thrilled to learn that it is possible to earn a living doing these types of things. All that was lacking was confidence in my ability to handle the responsibility of caring for another individual in a time of great need. Then, as I began to mature and learn more about healthy relationships, I came to realize that this responsibility is constant and that we are all in need of socio-hypnotic encouragement and support. Shortly



after graduating from college, I went to Betty Alice Erickson, who is the daughter of Milton Erickson. She explained hypnosis to me this way, “It is what happens when a child comes to his mother with a hurt knee, and she says, ‘Your knee is hurt, so I will kiss it three times, and then you will feel better. ... And after those three kisses, the child does start to feel better!’” Not surprisingly, after leaving my therapy session with Betty Alice, I felt much better!

**Please characterize briefly your career and your current work.**

Because I find so much enjoyment in what I do, it does not feel correct to say that I work. I have been given the opportunity to spend most of my time and energy learning more about human health and wellbeing. This learning comes through three distinct channels: clinical practice as a psychologist, writing, and teaching. I do not believe that I could be as competent in one area without the others. I learn so much from my clients, while relishing the opportunity to emotionally share in their achievements. I also learn a great deal while teaching, which offers me the opportunity to dialogue with dedicated practitioners from around the world. And finally, writing is my moment of reflection and my passion. It is when my ideas are placed under a microscope and closely examined.

**As the Director of the Milton H. Erickson Institute of Phoenix: what is your mission?**

The efforts of our institute are modest and focused primarily on providing support for local practitioners of Ericksonian therapy. A pool of extremely talented practitioners will meet for a couple hours each month to discuss clinical case work and to practice specific skills. And, four times a year, we use video conferencing to connect with other institutes from across the globe. Also included in this educational effort are young medical students who want to better understand the practice of hypnosis and the care of human consciousness. The institute does not collect any money, so these resources are easily accessible to local professionals who wish to engage in ongoing education and deliberate practice.

**How do you see the role of hypnosis in medicine?**

Reading the history of medicine, it quickly becomes apparent that the greatest medical innovators did not divorce the mind from the body. For example, both Hypocrites (father of medicine) and Paracelsus (father of psychiatry) spoke of the importance of imagination and attitudes in healing. The modern dualistic approach to medicine is dehumanizing. It forces doctors and patients to discuss “the body” as if it were a detached, mechanistic object. Hypnosis corrects this problem. It helps us recognize that competency in medicine involves caring for the mind and body as one.

**You collaborated with Roxanne Erickson-Klein to define Ericksonian Psychotherapy in the SAGE Encyclopedia of Counseling and Theory. Can you tell us about this work? How would you differentiate Ericksonian Psychotherapy and Ericksonian Hypnosis?**

You ask a really good question, one that potentially has many different answers. My thinking, at this time, is that Ericksonian therapy acts as the most fitting vehicle for the delivery of Ericksonian hypnosis. There is a certain fidelity that is achieved when the overarching therapeutic paradigm is perfectly in sync with the type of hypnosis that is being applied. This is not to say that a cognitive behavioral therapist cannot use Ericksonian hypnosis. But the hypnotic experience is not as likely to be so richly interwoven with every other aspect of the therapy.

The thing that makes Ericksonian therapy unique from other humanistic and experiential therapies is the way it positions the dynamic interaction between the conscious and unconscious mind at the center of the problem-solving endeavor. While it is true that psychoanalysis also did this, Freud’s approach to psychological care was rejected by Erickson as an overly



negative perspective on depth psychology—one that treated the unconscious mind as a savage that must somehow be subjugated (i.e., an artifact of the colonial value system that was inseparable from Victorian thought). Furthermore, Freud had a vendetta against hypnosis, which he sought to eliminate from the psychotherapeutic endeavor. Ericksonian therapy is the exact opposite. It is founded on positive depth psychology (i.e., the unconscious mind is something to be utilized as a vital resource for human problem solving) and it integrates hypnosis, in one form or another, into all aspects of the therapeutic endeavor. This may involve the formal use of a traditional hypnotic protocol, following the use of an induction technique. Or, the use of direct suggestion outside of trance (i.e., a friendly greeting with the a priori suggestion that things will improve after “we do hypnosis,” which may consist of nothing more than an exercise in relaxation). Or, the use of trance without suggestion (i.e., undisturbed meditation and self-reflection, which is amplified by having the therapist in close proximity, as a witness). Or, the use of conversational hypnosis to convey therapeutic ideas using stories or metaphors without the use of direct suggestion or any indication of when hypnosis begins or ends). As you can see, this is different from the classical approach to hypnosis, which is to treat the procedure as a useful adjunct but not a complete or sufficient form of therapy in and of itself.

### Who was (is?) your personal master(s)?

The person whom I consider the greatest master of psychological thought is William James. My favorite master of clinical practice is Milton Erickson. And, my greatest source of spiritual inspiration is Viktor Frankl. The Buda and Jesus Christ certainly have their place in history, but Frankl unites the disciplines of science and self-reflection better than any other I know. I also have immense respect for the work of Pierre Janet. Unfortunately, I have not yet dedicated myself to a serious study of his pioneering work. My dream is to some day write a book about all four of these inspiring individuals.

**Peter Bloom used a metaphor of a marble ball regarding professionals. If it is smooth, it will roll straight. If it has a defect, it will wobble. That is why we need to know our imperfections. What are your imperfections?**

I’m trying really hard to become better at humility. It is such an admirable quality, yet one that is so difficult to master (unfortunately, even if you do master it, you cannot tell anybody). I would also like to become more skillful in my use of humor. Currently, most people do not know when I am joking, so it is like the sound of one hand clapping.



Dan Short, PhD — in action

### What do you see as your most important contribution to the field?

When I was 17, I began to seriously study Socrates, via Plato. I was told that he was one of the most brilliant intellectuals to walk the planet, so I wanted to see what he had to say. I was struck by the fact that Socrates referred to himself as a human gadfly, something that bits you and is annoying. I also noticed that he was killed by the conservative establishment, literally. Another favorite of mine is John Stuart Mill and then William James after him. Each of these was a critical thinker who ventured outside the box while using their various systems of thought to make human consciousness more expansive. I hope to





do the same with hypnosis and the care of human consciousness, in general. While I do not expect to become historically famous, like these great intellectuals, I do like to challenge conservative, doctrinal thought. I like to invite people to look over the edge of their comfortable box and see what else might be out there. As a result, I have been told that some influential individuals, after listening to my lectures, have labeled me as being “dangerous.” I have had theoretical papers rejected because my line of reasoning is “hopelessly beyond repair.”

My position is that the moment something stops growing, it begins to wither, and will eventually die. I believe hypnosis is one of the most important tools yet formulated for healing and growth. So, I would like to help it continue to grow. This is what I sought to achieve with my latest book, “William James & Milton Erickson: The Care of Human Consciousness”. This book is now available in Italian (FrancoAngeli) and soon French (SATAS). Hopefully, a German version will also be released. More than anything else I have written; this book encourages us to be expansive in our thinking and to have an eye toward the future evolution of this important social construct.

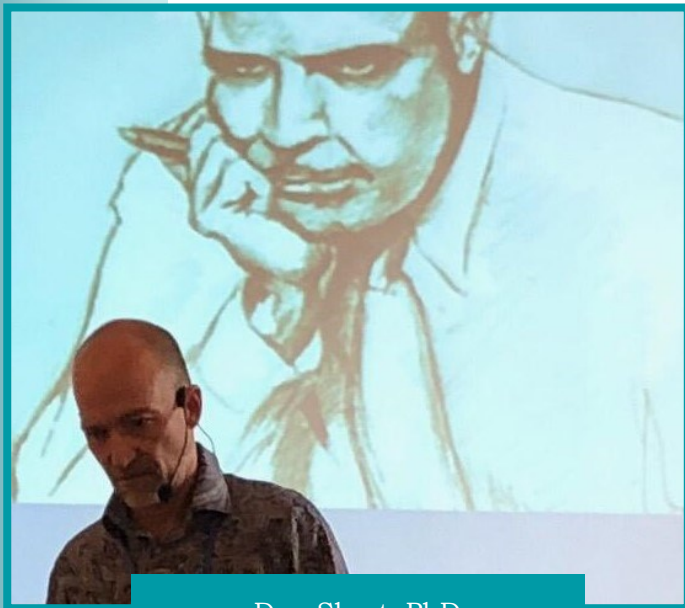
### **You believe that hypnosis is a social construct? How so?**

Hypnosis is not an object, like a rock. It is something that exists only in interactions between people. Objects have physical properties that remain unchanged across thousand of years. But social constructs are constantly redefined by those who use them. That is why our field, after 200 years, still cannot agree on a single definition for hypnosis. It really depends on who you ask and where it is being practiced. The same is true of justice. Justice is a powerful reality, but it does not exist in the natural world.

Furthermore, what justice is depends on where it is being practiced. Justice in Europe is very different from justice within the Zulu tribal nation, which is different from justice in China, etc. The same can be said of hypnosis.

### **Having defined hypnosis in this way, can you offer a single-word expression for summarizing the essence of “hypnosis/hypnotherapy”?**

“Extraordinary”. Hypnosis must be an “extra” (i.e., outside of) ordinary experience, otherwise it devolves into conventional mechanisms of social influence. As Erickson once explained, profound change sometimes requires a mystical experience. William James had also argued this same point in his celebrated book, *Varieties of Religious Experience*.



Dan Short, PhD

### **Any advice to our young colleagues for conducting therapy?**

I have asked many master therapists this same question. These highly creative individuals, who seem so effective in their work, ironically respond with some variation of, “quiet your mind and just be present with the patient.” I experience this state of mind as a sort of surrender, moving away from effortful consciousness towards something uniquely collaborative and organic—it grows on its own. Conversely, as soon as you start to think about what you must do, or should do, spontaneity and creativity evaporate.

**Thank you!**  
**Kata**