

# Comments on Effective Psychotherapy and Presentations, and a Passion for Hypnosis

For Erickson Conference Dec. 2019.

Topical Panel 10 (12/13/19), 1:15-2:15, Sundance Room

“Maximizing Your Impact: Tips for Being an Effective Presenter”

Co-Panelists: Michael Hoyt, Dan Short, Scott Miller, & Roxanna Erickson Klein

**Rubin Battino, MS, Mental Health Counseling**

(rubin.battino@wright.edu      10/16/19)

## Introduction

Under my hat as an Emeritus Professor of Chemistry I recently published a paper entitled “Comments on the Teaching of Chemistry, Doing Chemistry Demonstrations, and a Passion for Chemical Thermodynamics” (2018). A psychotherapy colleague who read this paper suggested that it would be useful to write a parallel paper about doing psychotherapy with clients, and also doing presentations. I have been a chemistry lecturer since 1957 and a psychotherapy presenter and lecturer since 1978 when I earned my master’s degree in mental health counseling. The first part of this essay will be devoted to presentations and the second part to psychotherapy with clients, and the third to a passion for hypnosis.

## Presentations

This part is divided into a number of sections.

### A. Passion

For me the most important part of being an effective presenter is to obviously and overtly be passionate about your subject. If you are not openly committed to your subject, why should anyone listen? As a professional you have spent many years studying and practicing your particular field and specialty. You must have started out in this field with a sense of excitement and wonder and even awe. Think back on the teachers and presenters who influenced you most. Their enthusiasm for their subject was open and infectious. (On the other hand, we can all recall those lecturers who were just going through the motions, and were possibly even bored by it all.) Dare I single out here Scott D. Miller as perhaps the best exemplar of a passionate presenter? He is constantly moving about and making contact with the audience. His passion and energy are daunting. I also dare write at this point that we all have the capacity and ability to convey the mystery and magic of psychotherapy as a way of *guiding* clients to change their lives in ways in which they wish. (I deliberately italicized one word in the previous sentence for I believe that effective therapists essentially function as guides.)

Being polite and considerate of the audience is always helpful. I have found that when I get to a meeting room early that it is useful (once I have set up what I need) to move out into the audience and chat up as many people as I can, saying hello, and even thanking them for being there. With that contact I am no longer a remote lecturer.

### B. Eccentricity

In an early chemical education paper was on the importance of being eccentric (1982). In that paper I suggested that chemistry professors not only were sometimes naturally eccentric, but also had the *obligation* to be so. One of the hallmarks of an eccentric is that s/he is unpredictable in behavior. Some lecturers are known for their unusual clothing, and others for odd mannerisms. Somehow, this is always accepted. Of importance here is the word “unpredictability.” This keeps the audience on its toes - what is s/he going to do next? And, in many ways, we all like surprises. A few come to mind like: telling a joke, inserting a short relevant (or non-relevant story!), or reciting poem or part of a poem.

A long time ago I learned from a fellow chemistry demonstrator of the importance of chuckling from time to time. A chuckle is a signal that the presenter is ready to do something odd or funny that s/he is pleased with. What will s/he do next? Of course, chuckling is not to be overdone! While doing a chemistry demonstration this would precede a particularly different demo. In a psychotherapy session I might chuckle to myself before something quite different like suggesting to a client that we switch chairs since I was stuck and did not know what to do next. That is, he was the expert about himself and I would play him while he played me.

### C. The PA System and Speaking

Being heard by your audience is, of course, essential. In most venues there is a PA system using cordless microphones. They need to be positioned on your clothing as close to your mouth as is reasonable. If you are using a hand-held microphone, then be sure that you speak directly into it when it is positioned a short distance from your mouth. (The best position is imagining that the mic is an ice cream cone – hold it close at that position.) Always check out the PA system as soon as you can, and from time to time ask you audience if they can hear you.

Be careful to enunciate and speak carefully. Do not swallow the end of sentences. It is useful to make eye contact with the audience and individual members. Speak slowly and deliberately to be sure the audience understands and keeps up with you. If you have had some experience in the theater that makes a difference for you are literally on stage. It is okay to move around rather than be chained to the podium. It is even okay to go down into the audience from time to time.

I have had the privilege of being a speaker at hypnosis meetings in Mexico on six occasions, and generally doing three presentations each time. I do not speak Spanish and most of the audience was not fluent enough in English for me to do that. So, I worked through an interpreter on each occasion. The “trick” is to speak in very short sentences or phrases, i.e., no more than ten or fifteen words per time. I was fortunate in having interpreters who were also expert in using hypnosis, and could incorporate the ways that I put in pauses and emphasized words or phrases. It is also good to meet your translator in advance to give them a chance to get used to your speaking style, and to clarify any questions about word choice, what you are saying, practice telling a joke with them, etc. If they have seen, for example, the Power Point of your presentation, they have some questions about items in it, i.e., particular words or phrases or ideas.

### D. Utilizing Power Point (PP)

Almost all presenters now use Power Point or a similar presentation program. Here are a list of things to do and avoid:

1. Density of Slides: When I first started doing presentations using slides (35 mm) the dictum was to *never* put more than *eight* lines of information on a slide. Otherwise, the slide is too dense and difficult to read. (I was recently at a presentation where the speaker generally had only a few words or one sentence per slide!) I always *bold face* the text of slides and use the largest font size available to make them more readable. Also, bulleted information is easier to process than straight text.
2. Do not spend your time reading to the audience what is printed on the slides – they can read that. Also, many presenters now hand-out a printed version of their talk: use no more than four images per page of the hand-out. (You can also print out four images per page with room for the recipient to add notes.) Listeners can then take relevant notes since they already have the content of the slides.
3. Do not stick rigidly to the content of a slide, rather use it as a starting point to discuss whatever points you wish to make at that time. You can paraphrase and expand on the content. I always tell my audience that I like to tell stories and will wander from time to time as a thought (hopefully relevant!) enters my mind.
4. You can do a lot of gimmicky things with PP. I find that the simpler the better with maybe one non-intrusive background. I have even used simple black on white slides, too.
5. The B key can be used to blank the screen, and the W key makes it all white. I sometimes blank the screen when I have set up things too far in advance.
6. Use an inexpensive remote controller to change slides. This allows you to move around. (If you do not have one of these remote devices, a wireless mouse also appear to work.)
7. Check projectors and connections in advance, and bring along your own cables and mice and presentations on flash drives or CDs or DVDs. Check that they work before you start, and that a tech can be contacted if there is a difficulty.
8. I own a video projector that will accept a flash drive which means I do not need to have my laptop along. (Most venues do not have such projectors.) However, I need to convert my PP to JPEG slides beforehand by going to “Save As” in PP and selecting “JPEG Interchange Format.” That creates a file that is all JPEG slides which my projector accepts.
9. If your venue does not have a projector that uses the full screen, then move the projector so that the full screen is used for the images.
10. When your presentation is in several segments, it is useful to break the continuity by inserting special slides. I have a collection of “odd” slides that I use. Some are more or less relevant cartoons, and I have also used my collection of slides of tulips and other nature scenes.
11. Generally, it is not good practice to push your own books or services.

## E. Volunteers and Clinical Demonstrations

Here is another list, but relating to volunteers and the demonstrations.

1. When asking for a volunteer be explicit as to the nature of the volunteer and your expectations. That is, would you like a volunteer who has a particular concern (or concerns) for which they can use help. (You may arrange for a volunteer before your session starts.) I generally choose the first person who raises their hand as this indicates (hopefully!) that they are ready and eager to work, and are most likely open to change.
2. Protect the privacy of the volunteer.
3. Be courteous and appreciative throughout the demonstration.
4. Obtain permission to touch the volunteer if that is an important part of your demonstration. If this touching involves holding a hand, let your hand be passive.
5. Be sure that each of you has a microphone that is easy to use and is positioned so the audience can hear clearly what each of you says. Lavaliers or headset versions are preferred.
6. Use lots of pauses in what you do so the volunteer has time to process what s/he hears before s/he responds.
7. Subtly observe body language and speech patterns.
8. Your style maybe directive or non-directive, so note how the volunteer responds to the way that you work.
9. Ask for permission at the beginning to make comments to the audience if that is something you wish to do during the active part of the demonstration.
10. Your responsibility is always to the client and not the particular method you may be demonstrating. That is, follow the client's lead and do not force your approach on them. (I have seen clinical demonstrations where the presenter continually tried to move the session to demonstrate a particular style.) If you cannot finish the work in the allotted time, then arrange to continue it after the formal session is over.
11. Offer to keep in contact with the volunteer for feedback.
12. Position the chairs so that you are at about a 90 degree angle with the volunteer. This lets the audience observe both of you while allowing direct contact.
13. If there is time for comments and questions from the audience, be sure to repeat what is said or asked so the entire audience can hear. Protect the volunteer by telling him/her that they do not have to answer questions from the audience. Sometimes it is useful to advise the audience that they can, with the volunteer's agreement, ask a question about what has occurred, but they cannot attempt to advise or continue doing therapy. At the beginning of the demonstration task the volunteer if it would be okay to make comments to the audience from time to time. However, do not make such comments to the audience if it interrupts the flow of the demonstration, i.e., your focus is always on being with and helping the volunteer.
14. Since these clinical demonstrations are teaching opportunities, it is some times okay to explain to the volunteer (who may be another professional) what you are doing and why.
15. For me protecting the volunteer is most important, and it is some times appropriate to offer to continue the work later if you have run out of time or give the volunteer a way of contacting you.

## F. Jokes and

To be able to and one's condition tension and fear and comic sides of your release. This is I do not mean to Going to a comedy watching one on TV even if it is know about Norman laughter (1981) to a crippling disease spondilitis, a disease connective tissue in disintegrating). This singular event, yet

that laughter can be healing. As far as I know there have been no scientific studies of this phenomenon: we do know that laughter helps and maybe that is sufficient.

So, in psychotherapy sessions and in presentations consider adding humor at appropriate times. I have a collection of cartoons I insert into my presentations to provide "comic relief" and also to separate segments of the talk. Jokes can also be appropriate. The support group I facilitate is for people who have life-challenging diseases and it is also for caregivers. This, of course, is serious stuff and we are all aware of the anxiety and depression and sadness that accrue to life. Yet, in this group we always find opportunities to laugh together and even be a bit silly. (I am inserting one of them here.)

## G. Expectation

I have written a book about expectation and psychotherapy (2006), and all that I will briefly mention in this section is that in doing presentations it is important that you overtly and openly expect to have fun, and that your audience will be attentive and learn from you. That is, your enthusiasm for your subject needs to be contagious.

## H. Involve the Audience

There are several ways to involve the audience. This is important because it is known that "straight" lecturing is not as effective as engaging the audience in experiencing whatever it is



## Laughter

laugh at one's self releases lots of angst. To find the life can be a great difficult to do, and minimize this. at the movies or can bring relief, momentary. We Cousin's use of fight and get over (ankylosing in which the the spine is was a remarkable what it tells us is

that you are teaching. One effective way is to use group exercises. Generally, depending on the exercise, the group size is two to four. The instructions for the exercise need to be simple and clear, and can be in a hand-out, on the screen, or just told to the audience. One good way is to have A, B, and C persons where A carries out the suggested intervention on B, and C is an observer. They then switch roles so all can experience each part. Sometimes, C is the subject and leaves the room while A and B work out what to do. When C returns A or B is the practitioner and the other observes, or both work together as a team. A representative of each group may present to the group at large what they have experienced and learned. You need to time limit each segment of such a group exercise. There are many variants.

In my small Gestalt Therapy training group we all had the opportunity on many occasions of being the group leader. This, of course, can be used in all kinds of group training. Feedback is always important. An elaborate group exercise is something I call “Guided Metaphor.” (The details for this are in my book on metaphor: Battino (2002), pp. 177-190.) Briefly, I guide individuals to write down a short life history, a brief desired new life history as if they had the opportunity to “edit” their life history, and assuming that new life history how that would change their future. Then, I do a group induction leading them through these three parts with appropriate suggestions. (Guided metaphor is also something I do with individual clients.)

I have slowly evolved away from lecturing to using group inductions for whatever it is I am presenting. After a brief introduction I ask the group to get in a comfortable position, to close their eyes if they feel comfortable doing so (or just stare off into the distance), and just listen. I then guide the group in experiencing: guided imagery, the Miracle Question, story-telling via a metaphor selected by the group by a vote on three choices, an As-If experience, or relaxation/meditation, as a few examples. In one workshop I guided the group to experience the Gestalt Therapy two-chair approach by just turning to one side or the other in their seats while they held an internal dialogue between two parts of themselves, or themselves and another person. I usually close a workshop with a group healing meditation in which everyone holds hands.

Another way I use group inductions is to have four to six volunteers come to the front of the room and to briefly tell (while holding up a small polished stone they pick from a bowl) what personal characteristics got them through difficult times like the death of a loved one, emotional concerns, or a personal health problem. At the end of their description they say, “I put in this stone for you love/strength/family/willpower/faith in God, etc.” The stones are put back in the bowl, mixed up, and each of them picks another stone. We then hold hands with the stone in one hand and also hold hands with audience members, asking the audience to all hold hands, too. In my group induction I guide them through this experience and tell them that each and everyone of them now has available to them the characteristics named by the volunteers.

(In times past at the Milton Erickson international conferences Kay Thompson and Jim Auld used to do dual group inductions on various subjects. They were always well-attended and were a strong influence.)

I. Some Concluding Comments on Presentations: Overtly enjoy what you are doing. Tell relevant (or irrelevant) stories as you think of them. Have fun being unpredictable.

### **Comments on Being an Effective Therapist**

I received my master’s degree in mental health counseling in 1978 and have been in private practice since then. I have also done training and workshops on a variety of areas, here in the U.S. and abroad. In this section I will briefly discuss a number of ways that are relevant to the subject of being an effective therapist.

### A. Expectation: The Essence of Effectiveness

I tell all of my clients that I work as a very brief therapist, and rarely see clients more than one time. I also tell them that it is their choice as to whether to come back for additional sessions. So, this is in the area of single-session therapy (SST). Two recent books are Hoyt & Talmon (2014) and Hoyt (2017). (My book on expectation (2008) is subtitled “The Very Brief Therapy Book.”) Expectation has also been called “seeding” and “lining up the ducks.” If my expectation is that we will be able to successfully help this client in one session (my sessions are open-ended), then the client is put into the mind frame of “this is it” and we get right down to work. My intake form is short and only asks the client to give a brief statement of concern(s) and what you want out of counseling. This, then, sets the agenda for the session. Here are some opening statements and queries I use:

- ② What are you willing to change today? Just let this rattle around in your mind for the rest of the session. [Note: I learned the question from Mary Goulding.]
- ② Please withhold anything you do not want to tell me. [Milton Erickson]
- ② What has changed since you called to make this appointment (or the last session) that you want to continue? [Solution-Focused Therapy opening.]
- ② When are you able to control the problem rather than it controlling you? [Michael White’s Narrative Therapy question.]

After this opening I listen and take notes and make appropriate short statements or words to indicate that I have heard what the client is telling me. We go on from there.

### B. Various Effective Ideas

Here are a bunch of them:

- ② Establishing Rapport - Subtly match speech patterns and body postures.
- ② Pay attention to body language and content of speech.
- ② Unpredictability - These include confusion techniques, paradox, assigning the symptom, being a bit off-the-wall, switching roles when stuck, non sequiturs, jokes, puns, and inclusivity (“What would it be like to be energetically depressed/anxiously calm/hopelessly hopeful/ calmly panicked?") I also think about Erickson’s opening comment to a partially paralyzed woman in a wheel chair whose friends told her to talk to him first before killing herself. His comment to her was, “You may not believe this, but romance is just around the corner.” The ending was pure Erickson in that she ends up marrying her doctor and having children.
- ② Proffer “experiments” like ambiguous function assignments and various relevant (and even irrelevant!) bits of homework.
- ② Anchoring and Touch - With permission it is frequently important to touch a client like holding a hand (passively!) and suggesting that via that contact they will *somehow* be able to get whatever they need from you *and* through you. You can “set” anchors by touching parts of a hand or shoulder or knee so that you get reproducible responses and also establish various states. Clients can rehearse their own anchors like clenching a fist,

touching two fingers together, or touching an ear to remind them after they leave about what has changed for them in that session, or what they need to recall from that session. I have a collection of small polished stones and a client may select one to keep to remind them of such memories and changes.

- ② A certain amount of self-disclosure can enhance the therapeutic alliance.
- ② Have to hand your own collection of relevant metaphors and stories so that you can tell them. (Mention that you are a story-teller early in a session.)
- ② Following the client's lead is something I also call "chatting." I prefer this to systematically going through a list attached to a particular approach.
- ② The Narrative Therapy approach of the client not being the problem, but the problem being the problem is useful. For me this involves a kind of exorcism of the controlling inner force or demon.
- ② Avoid diagnoses since they are *nominalizations* that seem to concretize in a client self-descriptions of being a "depressive" or an obsessive compulsive" or ...
- ② I like inserting the Gestalt Therapy "So?" when a client appears to be stuck. It gets them to think of alternatives, especially if you keep them moving along their chain of thoughts.
- ② The Gestalt Therapy "two-chair" approach can quickly resolve conflicts and polarities.
- ② Hypnosis, particularly at the end of a session, can serve to consolidate what has come before and suggest additional realistic behaviors.

### **A Passion for Hypnosis**

I have a passion for using hypnosis to guide my clients into their desired way of feeling and living. I do not use hypnosis with all of my clients as it is not appropriate for some and others are either not interested or afraid of it. The international Erickson Congresses (usually held in Phoenix, AZ) are titled "Ericksonian Hypnosis and Psychotherapy" to separate the *two areas* to which Erickson made phenomenal contributions. It has been said of him that he single-handedly put hypnosis into the forefront of psychotherapeutic approaches in the twentieth century. He did this through his writings and workshops, and the many therapists he trained and influenced. When you study his work you also discover that he was a researcher who carried out many experiments. I italicized "two areas" above since Erickson made (and pioneered) working with families, couples, and groups, along with approaches like ambiguous function assignments, habits, ordeal therapy, paradoxical therapy, metaphors, pain control, dissociation, confusion, careful language usage, binds and double binds, and solution-focused and brief therapy to name a few. Although he died almost four decades ago his work continues in the many institutes affiliated with the Erickson Foundation.

So, when I am asked what sort of clients do you work with, I respond, "Anyone who walks through the door." (To be accurate, it is known that there were people with whom Erickson would not work, although they were few since he always enjoyed challenges.) Since I have been gifted with a "good" voice working with hypnosis has been relatively easy for me. One interesting thing about speaking is something I learned from Kay Thompson who was a superb hypnotist via her knowledge of and control of language. At one workshop of hers I recall her saying that she goes into trance when she lectures, and that she uses time distortion so that she has time to think about precise words and delivery before actually speaking them.



Remarkable! We can all learn by following in the footsteps of giants.

### **Some Closing Comments**

In this essay I have explored what I have learned in over 40 years of being in private practice and also in being a presenter and trainer in brief therapy and hypnosis. Much of what I have written above may be familiar to you, but I thought it would be useful to put all of these things in one place as a reminder and resource. Thank You.

### **References**

- Battino, R. (1982). "On the importance of being eccentric." *Journal of Chemical Education*, 59, pp. 584-585.
- Battino, R. (2002). *Metaphoria. Metaphor and guided metaphor for psychotherapy and healing*. Carmarthen, UK: Crown House Publishing.
- Battino, R. (2008). *Expectation, The very brief therapy book*. Carmarthen, UK: Crown House Publishing.
- Battino, R. (2018). "Comments on the teaching of chemistry, doing chemistry demonstrations, and a passion for chemical thermodynamics." *Journal of Chemical Thermodynamics*, 123, pp. 74-78.
- Cousins, N. (1981). *Anatomy of an illness as perceived by the patient. Reflections on healing and regeneration*. New York: Bantam Books.
- Hoyt, M. F. (2017). *Brief therapy and beyond. Stories, language, love, hope, and time*. New York: Routledge (Taylor & Francis Group).
- Hoyt, M. F. & Talmon, M. (Eds.) (2014). *Capturing the moment. Single session therapy and walk-in services*. Carmarthen, UK: Crown House Publishing.