Dedicated to:

...with great appreciation
Acknowledgment

This presentation came to be through the encouragement of a former clinical psychology doctoral student, Matt Hahn, now of Adler University.
“Wax on, Wax off”: Lessons Mr. Miyagi* Taught Us about Psychotherapy and Hypnosis

* The Karate Kid, 1984
Disclaimer

“Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professional standards.”
Marc I. Oster, PsyD, ABPH
Clinical Psychologist

The Landstrom Center
1933 N. Meacham Rd., Suite 750
Schaumburg, IL 60108 USA

mailing address:
331 Redbird Rd
Bloomingdale, IL 60108 USA

(847) 962-4086 direct
(708) 665-5170 office
marcost@yaho.com
www.landstromcenter.com
Mr. Miyagi (The Karate Kid, 1984) taught his student, Daniel, many things. Among them, things are not always as they seem and about functionality. Simple day-to-day activities can also be karate moves, which Daniel wanted to learn. Milton Erickson, a Western version of Mr. Miyagi, introduced us to his concept of utilization or functionality in psychotherapy. So important was his discovery that that concept is now part of virtually every form of talk therapy and in healthcare fields in general; it is now common sense. This presentation will focus on applying the utilization principle to enhance the alliance, focus on strengths rather than pathology, reinforce the patient’s sense of competence, and encourage hope.
The presentation will include various therapeutic and educational stories aimed at meeting the patient’s needs and the student/clinician’s needs as they evolve. I will address how to create such stories and how to apply them to achieve the above goals. For example, Mr. Miyagi shows Daniel how to trim a Bonsai tree. He tells Daniel to close his eyes, picture the tree, open your eyes and make the picture. This is how I teach karate skills – you know how the skill is supposed to end up, picture that, now let your body make the picture. This is also how I create therapeutic stories. I know the outcome I’m looking for based on the patient’s presentation, then I search for a story that completes the picture.
Objectives:

At the end of this presentation, participants will:

• Be able to explain and demonstrate a method for creating educational or therapeutic stories.
• Be able to explain the various sources of their stories.
• Be able to explain some differences between a seasoned practitioner (Master) and a novice and how they can move down the continuum toward mastery.
• Demonstrate/explain how utilization applies to both the clinician as well as their client/patient.
Introduction

• Ted Sarbin, …we live in a story shaped world. Every aspect of our mental and social lives from our dreams and nightmares through rituals of work, family, and worship is fashioned by Story. Mehl-Madrona, L. (2007) p.123.

• Our lives are stories that serve to teach us lessons and help us remember those lessons far better than simply stating the facts.
But, why use stories?

- Information/Fact Focused vs Experientially Focused
- Story: Maggie May
- Story: First hypnosis lesson
- Exercise: Go around the room and tell me about yourself.
Who remembers what they had for lunch yesterday? Me neither. When I was about 50 years old, I went to the gym one morning. I happened to be arriving at the same time as a much older gentleman. We happened to put our clothes in lockers nearby one another. Similarly, we happened to finish exercising at about the same time and found ourselves back in the locker room together. He arrived first and was changing. When I arrived, I looked around confused. He laughed, saying, “can’t remember where you put your clothes, huh?” Right! After a few minutes of struggle, I found my clothes, commenting about getting older. He assured me I wasn’t having memory issues. By age 50, one has a lot of stuff stored in their head and sometimes it takes time to search it out. He assured me that I need not worry, unless I cannot find my way home. That’s a problem.
So, around 1971 Rod Stewart released the song, “Maggie May” (https://www.youtube.com/watch?v=ZY5eTP6fCmA).
https://www.youtube.com/watch?v=pBlrMtFprKs&list=RDZY5eTP6fCmA&index=5 (with Ron Wood) Do you, if old enough to remember “Maggie May”, remember what was happening in your life that summer? I remember the car I drove, its color, the girl I was dating, where she lived and how to get to her home, a favorite pair of pants, etc. Also, the song “Maggie May” was about Stewart’s coming of age, albeit with a much older woman, which is what we were doing at that time. And, now you will remember and appreciate how simple aging doesn’t mean you’re losing your mind. I could have simply told you that fact, but you’d likely not remember it. Further, now some of you will be singing “Maggie May” in your head all day! Then you’ll start thinking about what you were doing that summer, the car you drove, and so forth.
How many of you here do hypnosis? How many of you can remember your first hypnosis training workshop? If you do remember your first hypnosis training workshop, can you remember anything you learn from that experience? Let's go back to 1979. It's around April or May of that year and I'm attending my first hypnosis training experience. I've had my Master’s degree for about 2 years and I'm working in a youth services counseling agency. After the introductory academic portion of the workshop we get into learning how to do hypnotic inductions. And we practice them. And we feel about as comfortable with that as a person can be. In case you don't recall your own experience, that means very uncomfortable. Someone, not me, asks the instructor, “what do you say to the person after you do the hypnotic induction?” What is being asked here is how do you tailor the intervention to the problem or they symptom that the person is presenting to you. In response to the question the instructor looks at the questioner and says to him, “are you a therapist? Yes, I am. Do you see patients? Yes, I do. Do you talk to your patients? Yes, I do. Do you help them with their problems? Yes, I hope I do.” From here, the instructor goes on to say, by way of helping this student understand how to design interventions, “Well, as far as what do you say to the person after you do the hypnotic induction, you are only limited by your lack of intelligence and lack of creativity.” Any further questions?
“Scientists have recently determined that it takes approximately 400 repetitions to create a new synapse in the brain - unless it is done with play, in which case it takes between 10 and 20 repetitions.”

Dr Karyn Purvis

Evidence that human physiology is fine-tuned for learning through play. All children know that, can we catch up?
• Learning is functional, utilizing personal experiences.
• Trauma, habit establishment is functional (previous slide)
• Erickson said the most important skill you can develop to be a good therapist is the ability to observe.

Story: Me, Kammie and the lying cop
What I hope to share with you this morning is an integration of lessons that I have learned over some 35 to 45 years of psychology and martial arts experience. I've come to take this position of integrating these two areas of my life in part because I have found during that time that these two areas overlap and integrate nicely with one another. Of course, they also integrate and overlap with lots of other areas as well. I hope to share with you how it is I come to be able to use these two tools together both in training graduate students in psychology and also teaching the martial arts. An integral part of both my passions is the use of educational or therapeutic storytelling. Both my psychology graduate students over 31 years as well as martial arts students over the past 46 years often ask me when I share an analogy or a story that's intended to teach them a lesson, “How do you know all that information? Where does it all come from? And, how can I learn how to do that? Will it take me 35 to 45 years of experience to learn how to do what you do?” These are questions I hope to answer today and to show you how to do some of what I do in these two areas.
Sources for Therapeutic/Educational Stories

- Intuition
- Written Sources
- Oral Sources
- One’s Own Life as a Source
- Films, Media, etc.
- Other Sources of Communication (e.g. law, research, sports, etc)
Mozdzierz, et al. (2014), “How are master therapists different from novice therapists?”

Their answer lies in the concept of **nonlinear versus linear** thinking.

We may also recognize these terms in other forms such as content versus process thinking, meta-cognition, or critical thinking. Basically, it involves one’s ability to read between the lines of their client’s communications, to see and understand the meaning at a deeper level. Story: asking Master Jansa how he wants a form done.
The Level I practitioner is new to the experience of being a therapist.
They work to translate what was learned in the classroom, into the treatment setting having to navigate the world of real patients and real problems. Those patients or their situations seldom look as they did in the classroom or in books.

The hallmark of a Level I therapist is their focus, their preoccupation with their own performance and ability, or lack thereof, rather than on the client.
• **Level II practitioner** is more at home in clinical settings, is more at ease with clients, and genuinely understands (and has experienced) the value of establishing rapport, developing therapeutic relationships, and even creating positive and enduring therapeutic alliances.
• The Level II practitioner’s listening skills, both linear and nonlinear, and ability to more effectively read between the lines of what a client is saying have also improved markedly. Level II practitioners listen not just mechanically but also with the enthusiastic understanding that such listening serves the therapeutic relationship. What does that mean? Perhaps the therapist is more “into” their experience in session. Level II clinicians can operate with enough competence to calm any of their own fears or anxieties about themselves.

• In addition, a Level II practitioner can see a client’s behavior as separate from (and not a reflection of) their own performance or abilities.
Level III practitioner begins to understand that human experience is truly integrated—a person is a functional unit, not a conglomeration of disparate parts or systems. This is not mere speculation but rather is demonstrated in the experience of everyday living and in research from neuroscience. Hence, an informed understanding of cognition and emotion emerges as being part and parcel of the process of integrating human experience.

Story: Client struggles with his failures as a parent and husband comes to see his worth as a whole package and not just a part or two.
Novice vs Master Therapist


characteristics of Japanese master therapists:
certain personality traits (e.g., modesty, warmth, sincerity, absence of self-centeredness, and resilience), ability to build trustful relationship with the client, exceptional ability to perceive and process various cognitive and emotional information during therapy, high level of therapeutic effectiveness, are main important characteristics.
cross-cultural comparison between Japanese and American master therapists:

many characteristics of Japanese master therapists have similarity to those of American master therapists. Meaning at the later stage of therapist development, master therapists could possibly transcend cultural differences and share more similarities, just like differences of actual therapy among different theoretical orientations become obscure as therapists become more experienced.
Is mastery a function of time spent practicing?

• Some researchers found (Lambert and Barley, 2002) that clinicians with more than six years of experience seemed to get better results. Others did not find (Duncan, et al., 2010) age or number of years as a clinician did not correlate with outcome.

• Story: Not Diplomate vs. Diplomate

• Story: Master Wheeler says examiners can tell if a candidate will pass the exam within minutes of beginning.
• Experts, vs. novices, tended to reason forward from the problem (vs. backward following a fixed formula), as if cues or signposts for potential solutions to problems are embedded in the problem itself. This held true for experts across multiple fields. In other words, experts tend to find a solution embedded within a problem itself, which allows them to “see deeper, faster, further, and better than the novice (Skovholt & Jennings, 2004, p. 4). The conclusion drawn from such studies of expertise is that experts think differently.

• Story: the non-Master vs. the evolving, masterly Master
In his Book of Water (warrior attitude and strategy), Musashi explains, “your main purpose as a warrior is to defeat the enemy. Do not be side-tracked by the appearances of the enemy or yourself. Do not be conscious of the technique you will use. This causes hesitation. If you understand this mentality, you will never be beaten. …they will prefer to fight someone else. The aim of the martial arts is not having to use them.” You must become, “one with the attack.”

Story: me and Kelsey at the store
Deliberate Practice

- Anders Ericsson (2016) deliberate practice = you try to do something you cannot do – taking you out of your comfort zone, isn’t just for elite athletes. It can be used for most anyone.
• find a good teacher, one who is willing or able to give ongoing feedback aimed at improving your performance. Story: Gary Elkins and my ABPH report.

• Characteristics of a good teacher – mostly they have to have evolved or trained others to have met or exceeded your level of competence. An unknown or unrecognized concept here is that as you improve, you might need to change teachers.

• Story: our issues with classes instructed by our assistant instructors as it pertains to deliberate practice.
• You must be engaged in the practice, meaning
• The practice must be purposeful, not simple repetition of skills. If your mind is wandering or you’re having a lot of fun, you’re not being purposeful. Story: Sara learning forms.
• As a therapist, you have to be fully present with your client/patient. If your mind wanders, etc. your therapy activity isn’t purposeful.
• Motivation, one of the hardest features of practice to maintain. Regardless of your activity, you must find your motivation.

• You could have a group of “students” together, each participating in the same activity. They all will have different motivations.

• Each must find their motivation to keep going. Story: Melvin and me testing.
Why we practice fighting

• Johnson (2019) says, Living the Do (Way or Path) begins with character improvement through applying the physical lessons to life outside of the karate studio/school. Learning how to counter a punch to the nose is good, but what does that lesson teach you about life?

• Why we practice: not to win a competition or be invincible; rather, it is to understand how to be better versions of ourselves and to live better in our world.

• Story: Katie reaction to my essay

• Story: Kateri’s advice about training
Becoming an Expert

Ericsson and Pool (2016) studied the making of an expert and found the creation of an expert involved a number of stages.

- Starting Out or playing at the activity;
- Becoming Serious involves formal training from a coach or teacher who might be a parent.
- Commitment or the seeking out of the best teachers or schools. This might involve costs in the thousands of dollars and time investment going to competitions. This could, at the national level, reach some $30,000 per year.
• Pathfinder – someone who raises beyond expertise to create lasting changes in their field.

But what about natural talent, the prodigy? One who has a lot of innate talent and rides on that, often runs out of gas at some point. The long-lasting expert grew from years and years of dedicated practice. It was a laborious process without shortcuts. A Black Belt is a White Belt who never quit.

Story: talking to Floyd about our missing classmates.
The journey never ends: Karate and the practice/teaching of psychology

• Erik Erikson taught us that human development doesn’t end at age 18, as we long thought, but it continues throughout life. Even into our 70s and older, we negotiate developmental changes. Thus, it makes sense that there really is no endpoint to that continuum.

• What did most of our instructors tell us as we received our black belts? “Now the real training begins.” Now the journey begins….and the journey never ends….
Finally, we see this cyclical process, this unending journey, manifest in the appearance of one’s black belt. As the wearer acquired more knowledge, skill, and experience the appearance of their belt changes. As one’s experience and knowledge increases, the black color begins to fade and eventually the underlying basic structure of the black belt emerges. After many years journey, the black belt becomes white(r) as the wearer approaches full circle in their development.

Story: the expert’s office décor vs the novice

Giving Kateri my first award
Or, ........
Limitations of the Research and Potential Risks

• Limitations:
  Ed telling me how to deal with Steve during my Diplomate exam. One who knows the truth.

• Potential Risks:
  You might become a better person, clinician, or performer
References


List of Stories

- John, the Viet Nam veteran alcoholic.
- Me and Peggy at MSU being challenged. Saving face
- Me and Kelsey at Jewel confronting the crazy guy. Saving face situational awareness
- The speed skater. Speaking her language; when did you race
- Judith surviving the Holocaust. Why me!
- Mike at karate class having trouble remembering the skills, it’s like playing an instrument
- Bob, “I am the kick”.
- MB final session and my belief system.
- MB I have it on direct authority from God….
- Master J’s conclusion that falling isn’t so important. Mastery isn’t just doing cookbook techniques
- Diane Benjamin’s obese patient who couldn’t lose weight because of that oppositional part of him.
• Elgan reminding me that I earned entrance into the ABPH fraternity.
• 7 times down, 8 times up or getting into a doctoral program
• Coaching people to pass the licensing exam: you’ve earned this, deserve to be here.
• Guy with stroke, impatience about recovery being too slow
• Gary mentoring me for ABPH
• Sara learning purposeful forms
• Saving Private Ryan, “Miller says to Ryan, “use this!”
• Master Wheeler examiners can tell if a candidate will pass the exam within minutes of beginning.
• the non-Master vs. the evolving, masterly Master or Yapko’s “doing hypnosis vs being hypnotic
• our issues with classes instructed by our assistant instructors.
• Motivation: Melvin and me testing.
• Becoming a better person: Katie reaction to my essay & Kateri’s advice about training
• A Black Belt is a White Belt who never quit; talking to Floyd about our missing classmates.
• Me, Kammie, and the lying cop
• Client struggles with his failures as a parent and husband comes to see his worth as a whole package and not just a part or two.