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## HYPNOTIC STRATEGIES TO ENHANCE PATIENTS' NATURAL RESILIENCE

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### ABSTRACT

In this article I first introduce the concept of resilience, followed by some hypnotic strategies and their use in three cases that show my personal approach of using Ericksonian strategies to elicit patients' natural resilience and hope.

Since editing Dan Short's book *Hope and Resiliency* (2004), I have started to strengthen my therapeutic alliance in order to elicit the natural resilience and hope of my patients. The therapeutic alliance is a wise use of honest empathy and pure emotional resonance; a kind of bond formed through a deep understanding without any judgement, balanced between activity and receptivity, to using therapeutic strategies with heart and soul (Hubble et al., 1999). The therapeutic alliance is an alignment of the patient's and the therapist's ways of thinking through which the objectives, the time needed, and the best way to fulfil them, are agreed upon. The therapeutic alliance is a way to mediate the commitment and responsibility of the patient and the therapist, to awaken their creativity, and, as a result, to trigger natural resilience as a healthy reply to adverse circumstances. Finally, I use the patient's cooperation to share commitment and responsibility, so that they can take the credit for their own transformation (Gilligan, 1987).

Trained mainly in Ericksonian hypnotherapy, I primarily use hypnotic strategies—such as fragmentation, progression, distraction, re-orientation, utilization, and suggestion—in a frame of indirect communication that has proved itself useful in eliciting patients' natural resilience (Short & Casula, 2004). I make use of hypothesis rather than interpretation, of questions rather than statements carved in granite, of flexibility rather than rigidity, to help patients to find their own voice. I show my own positive emotions instead of wearing the cold mask of professional neutrality, and encourage joyful, emotional manifestations—curiosity, hope, trust, generosity, forgiveness, compassion, prudence. I also create and tailor metaphors to awaken flexibility, to transmit values, and to infuse reasonable courage to live (Casula, 2002).

To patients' unproductive opposition or stubborn insistence that reality is not what it is, I respond with reassuring patience so they can halt false certainty and cultivate curiosity. To patients' limited use of their intelligence locked in sterile rigidity, I respond with loving doubts so they can be stimulated into exploring new panoramic paths adorned with fresh opportunities. To patients' attitude of refusing to accept the irreversible, I respond with metaphors and suggestions, underlying that all we have is on loan, has a term, and eventually ends, so they can accept the adversities and injustices of life and move on.

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*Key words:* resilience, Ericksonian strategies, emotions, cases, metaphor

## RESILIENCE

Resilience (from the Latin word *resilire* meaning 'to bounce back') is a process fed by the conviction of being in control of one's reactions and being able to influence future events. It is a process that leads to working hard on existing activities and transforming pain into a challenge: if pain forces one to lower one's head, challenge instead helps to lift it up. Resilience helps to relate and contextualize, to transform adversity into the development of one's potentiality, to realize that one can overcome desperation and discover in suffering an important agent of change and self-realization (Cyrulnik, 2005).

It indicates not so much an aptitude for happiness but a stimulus to react with empathy, courage, and optimism to the suffering imposed by ill luck (Seligman, 1990, 2002). This stimulus leads to abandoning sad passions, negative emotions, and destructive beliefs, and instead adapting positive emotions and creative thoughts, as well as flexible and sound behavioural and cognitive strategies (Benasayag & Schmit, 2003; Dalai Lama & Goleman, 2003).

Resilience is the ability to bounce back after a breakdown, stronger and more stable than before; it is the ability to overcome the injustices of life without giving up. It means regaining the strength to face the pain, suffering, and traumas that life sows, together with the will to rebuild and to start again, even after the severing of trust and with little energy remaining (Cyrulnik, 1997).

Resilience triggers a cognitive, emotional, behavioural, and spiritual re-evaluation of the pain suffered. Through this re-evaluation, the subject distances him/herself from the pain itself, without emphasizing it but rather using it to strengthen his/her character. Resilience helps one to feel empowered and, most of all, to feel grateful for the time offered: one gains a new awareness of being alive and discovers the need to give ethical meaning to one's life (Cyrulnik, 1999).

Resilience is the talent we have to respond to the suffering forced by life and adapting to it in the best of ways. When a traumatic event takes place, those who are resilient move away as fast as possible from what has happened—to recover from the shock and the horror and to concentrate on their own reactions; they tune in, as fast as possible, on the present, which is already different from the events which, at that point, belong to the past (Cyrulnik, 2007).

By shifting rapidly they avoid being overcome by sloth, regain vitality, and re-awaken their attachment to life, understanding once again its value (Siegel, 1999). They can even look around to see if others need their help and they project themselves into the future, asking what they can do and must do to overcome the trauma and cooperate with fate which has granted them another chance.

To face up to a traumatic event, those who are resilient make use of defence mechanisms such as dissociation, intellectualization, sublimation, and denial. When these defence mechanisms have fulfilled their function of protecting the individual from excessive pain, those who are resilient are grateful to be still alive. Thus they reach an awareness of having received the gift of additional time in which new horizons can open up—even some that before the trauma seemed non-existent (Cyrulnik, 1992).

A traumatic event provokes profound reflection and forces one to find the significance of what has happened and to concentrate on what can be learned from it. The subject concentrates on him/herself, on his/her own emotions, thoughts, and actions. The control point is internal and, as such, permits the beginning of the change from the only point possible: from themselves, from their own way of reacting, from their own way of looking rationally at what has occurred. The change starts from the fact that they are alive in the here and now (Levine & Frederick, 1997).

From that moment on the search begins for consistency, for comprehensibility, for manageability, for meaningfulness, for what is significant and valuable that can be managed and controlled (Antonovsky, 1987). Resilience means being able to pay attention to one's internal and external resources, to comprehend the mystery of life that deals out pain as well as granting joy. This attention develops a particular emotional intelligence that turns into awareness: dealing with the wound becomes an occasion for evolutionary transformation.

When instead the painful event repeats itself or persists through time, the defence mechanisms of those that are resilient are tied to active hope as the principal ally in the management of time. They learn to endure the painful moment as temporary and to concentrate their attention on a future of freedom, autonomy, and deliverance, as Nelson Mandela, among many others, has taught us (Berg & Dolan, 2001). The more the resilient person encounters painful situations the more they adopt strategies of autonomous detachment: they create this detachment, accepting what cannot be changed, but relishing in the present a future of freedom. They know how to wait for the right moment and, in fact, help create that *kairos* (supreme moment) in which their ordeal comes to an end and they can start on a new path. They know that even the most stubborn pain ends: they know that, in general, life changes and individuals evolve, mature, and experience novel events that stimulate new learning.

The passing of time blurs the intensity of colours, dims the tones, and weaves new connections that interact with the threads of memory in different ways. Those who are resilient do not become passive, they do not become dumb with pain or helpless in the face of the difficulties, but rather push out their chest, straighten their back, and lift their head to look about themselves, knowing that they have made it: from that moment on, they begin to ask themselves what they intend to do with their lives. Thus they start the job of managing what has happened, beginning with the awareness that there are options available: they can look at the future, not as a menace, but as a promise.

## HYPNOTIC STRATEGIES

In order to select the best hypnotic strategy to elicit the patient's natural resilience, I begin by weaving three temporal threads—past, present, and future—with the nature and quality of the wound and with the fragility and vulnerability of the patient and their resources. Starting always from the patient's resources while they are in front of me, I scrutinize the past only to discover the nature of the wound and in order to select the best hypnotic strategy.

It makes a difference whether the trauma has been provoked by a natural disaster or by human wickedness, by an evil stranger or by a relative or friend. It makes a difference

whether the loss was caused by a natural disaster, whether it was intentional or not, or whether it happened again and again. It makes a difference if it is a mother who loses her daughter or if is a daughter who loses her mother, or if the loss takes place when the patient was 5 days old, 5 months old, or 5, 15, or 50 years old.

In addition, measuring the patient's structural fragility or sturdiness combined with their contingent vulnerability helps one to choose the best hypnotic strategy. Patients who are usually strong and efficient can become vulnerable when they get sick, when they lose their job, their house, a friend, a loved one, or when they lose faith (Malaguti, 2005).

By awakening the patient's current resources, by underlining that they are alive, that they have survived their past, I suggest that they take their lives into their hands and create their own good luck, and point the arrow of life towards the future. The best hypnotic strategy usually balances harmoniously ingredients such as acceptance of reality, emotional control, sense of responsibility, ego-strengthening, confidence in others, as well as evolutionary beliefs and metaphors.

#### ACCEPTANCE OF REALITY

Resilience begins by accepting reality for what it is and in the way it has manifested itself. Resilient people, well aware of their powerlessness, become powerful by accepting reality and finding in it the road map for change. Simple factual truth is sometimes difficult to accept. It is, however, an indispensable ingredient in starting out on the road to recovery through resilience. An ancient Zen proverb states: inclement weather does not exist, only unsuitable clothes exist. And Homer points out that not even Zeus can change what has already happened.

When something serious happens to my clients, in order to enhance their natural resilience I don't let them wonder, 'Why did this happen to me?' or 'What have I done to deserve such suffering?' Nor do I encourage complaints about the unfairness of life. I do not search for explanations that cannot be found because life deals out ambiguities, mysteries, and uncertainties which need to be accepted with equanimity. As a therapist I do not allow pain to stun my patients. I concentrate on their attitude and reactions and on their efforts to act efficaciously in the changed situation offered to them by life.

Through hypnosis I start awakening dormant resources and through age progression I elicit emotions based on future expectations, so that they are ready to travel towards the future with their bags packed full of hope (Haley, 1990; Phillips & Frederick, 1992; Rossi, 1980; Yapko, 1992, 1995, 2003).

#### SUSANNA

*Susanna was a young woman and an only child, who in less than one month lost first her father and then her mother. While she was accompanying her mother towards a tranquil death of cancer of the jaw, her father died unexpectedly of a fulminating cancer. Susanna came to me complaining of a severe pain in the chest and of pressure that was taking away her breath and preventing her from sleeping. She was also suffering from the loss of her parents and thinking of joining them: without them her life no longer made sense.*

*I did not let myself be frightened by the menace of suicide and thought that the priority was to first give her back her sleep and then have her regain some strength to let her face her*

sorrow. During the trance I urged Susanna to concentrate on the pain, on its location, and on its characteristics: intensity, duration, weight, colour, temperature, form, dimensions. I then asked her to shift the pain, just as she felt it on her chest, to other parts of the body. Slowly I mentioned every part of the body, asking her to notice the changes brought about by the shifting. Finally I asked her to put the pain on the palm of her right hand. At this point I suggested that she imagine that she was in her own home, in her own bed, and asked her to place the pain on the night table, so as to be sure to be able to pick it up the next day upon awakening.

This hypnotic technique helped Susanna to sleep and she came to the next session more relaxed. At this point we tackled her sorrow and her desire to join her parents. However, her feeling of loss was stronger than her wish to live: now that she was an orphan and she had no one, she was totally alone. She felt guilty being alive while her parents no longer were.

After touching on the simple law of nature that rules that grandparents die first, then parents, then children, I provoked Susanna into maintaining that she had never really loved her parents, that they were awful parents and that she wanted to take revenge, to which she replied that actually they were wonderful parents whom she had loved. I continued to express my doubts, saying that I could not understand why she wanted to kill them. She was confused. I added that, if she opted for death she would forever kill them. If instead she chose life, she would allow them to remain alive in her memories and in her actions. Only by staying alive could she be the living testimony of her parents' existence: her every action and accomplishment would reaffirm their existence and their having been good parents, having inculcated in her the joy of living. I ended the hypnotic session imitating Milton H. Erickson who, during a demonstration, spoke about the laws of nature with a woman who wanted to kill herself (Rossi, 1980).

## EMOTIONAL CONTROL

To help patients become resilient I usually ask them: 'What will you do with your wound? How can you manage it? What and how can you or must you change?' I help patients to start with what has happened, gather their resources to find a solution, and not look for explanations but for action. I help patients to attenuate their suffering by transforming sad passions or destructive emotions (such as fear, regret, resentment, rancour, and self-blame) into evolutionary emotions (such as desire, hope, curiosity, trust, and self-confidence). Negative emotions represent unresolved issues and feeling states not adequately expressed, while positive emotions are the basic structure of a person's strength and power (Dalai Lama & Goleman 1997, 2003).

Although I recognize a patient's distressing and incessant pain, through hypnosis I help them not to waste energy in sterile complaints but to confront the challenge as an ordeal that is both character-forming and ego-strengthening: in this way they become ready to cooperate with circumstances. By projecting what has happened to them onto a screen I help them to detach themselves from what has happened, and with their 'inner observer' they monitor their own reactions, watching the effect of their thoughts on emotions and behaviour (Watkins, 1978, 1992).

With these two hypnotic techniques patients learn the ability to fight back and acquire the reflective awareness that what matters is not mere survival, which is only an extension

of being alive, but how much they thrive emotionally. Patients learn that growth conditions become an object of reflection where suffering and pain are considered relative, contingent, and temporary.

These hypnotic techniques help patients to understand the complexity as well as the mysteries of life, and to use them to reinforce compassion, gratitude, joy, and wisdom, as I show in the next case.

### CECILIA

*Cecilia and her husband were in Peru during the earthquake of 2007. They were about to go into their hotel when the earthquake struck and they ran to take cover under a tree. There she stayed for two never-ending minutes, overwhelmed by panic, repeating to herself: 'I will die, I'll never come out of this alive.' Those two very long minutes turned into an occasion that life offered her to learn resilience.*

*Under hypnosis I asked her to return to the tree, knowing full well that she was back from Peru, safe and sound, and aware that she was fully alive and in my office in Milan. She saw herself once again overwhelmed by panic, unable to do anything other than feel despair while others around her helped each other. I reminded her of her phrase, 'I'll never come out of this alive' to point out that she had come out alive, that she had mustered the resources to do it.*

*I used the tree as a metaphor to explore the deep roots of her hidden resources: the trunk, which testifies to stability and solidity; the branches, which are emblematic of flexibility; and the fruit, which would mature in due time. Returning to the horror of the earthquake helped her to admit the existence of a time distortion: the two minutes, which in Peru seemed a lifetime, interweaved themselves with the twenty minutes of hypnosis in which she relived once again not only the earthquake, but its aftermath and the return home, safe and sound.*

*It took several sessions for Cecilia to find again her resources and her capacity to deal more knowingly and maturely with an event as powerful and unexpected as an earthquake. The fear of dying had blocked her, while others all around her were doing their best to help. The difference between her reaction and that of those around her made her comprehend that it was time to make a change in her life. She realized that she wanted fully to use her talents, her energy, and her resources: to look about her and help those that could use her skills.*

Through hypnosis Cecilia understood the value of compassion and altruism. Compassion means understanding that no one is immune to the twists of fortune, that everyone is subject to misfortune occasionally. Compassion means being able to identify with the suffering of others: it is a precious means to extend ethical awareness and comprehend the value of painful events.

In addition, Cecilia discovered that altruism, generosity, and dedication to others stopped her from concentrating on herself and made her ready to help others. After having helped Cecilia to accept reality and manage her own emotions, in hypnosis I shifted her attention, detached her from the situation, and made her concentrate on her only true power, which was to react intelligently and to take good and appropriate decisions. I channelled Cecilia's energies in the direction of feasible change, striving to transform adversity into realistic objectives. She realized that her future began after deciding what to do and how to use her resources and energy (Siegel, 2007; Spiegel, 1993).

The future begins with a leap of faith and an act of hope, as well as with planning what we want to become. Hope is, however, both a passion and a virtue directed towards an important goal. It is a passion because it shows the many possibilities of an open future. It is a virtue, independent of its realizations, because it make-believes that good always wins over evil (Natoli, 1997; Ravasi, 2005). In hypnosis hope can be elicited as an intrinsic value allied with courage and imagination—a positive attitude full of trust, possibility, and aspiration. In hypnosis hope can be elicited as an anticipatory emotion through which, even though the worst is feared, the best is strived for. In hypnosis hope can be elicited because it awakens a patient's indignation and courage: indignation for things that are different from how they should be and courage to do whatever can be done to change them.

### SELF-DETERMINATION AND CONFIDENCE

When the aim of the therapy is to enhance the patient's resilience my task is also to elicit their sense of responsibility, self-determination, and confidence; to cultivate an optimistic attitude so that they can overcome difficulties and turn them to their advantage (Walsh, 1998). In hypnosis I help patients to recognize that courage is stronger than despair and that pain can be entrancing, and to understand that stupidity, blindness, and deafness may not matter in routine situations but are absolutely out of place in dangerous circumstances.

The use of hypnotic strategies encourages patients to govern themselves with caution, to grasp the value of life and its limitations, and to use moderation and trust. Moderation aids the resilient person to bear losses and grief without transforming them into resentment or envy. Trust and confidence stimulate a positive approach to the future, build tolerance in ambiguous situations, and activate appropriate behaviour. I elicit a patient's gratitude for the extension that life has offered them, so that they become ready to set realistic and feasible short- and long-term objectives, and to make a serious commitment to reach them. I help patients not to feel downcast but to march on with an uplifted spirit along the new path of life.

Age regression and affect bridge techniques are helpful in understanding that some emotions are vestiges of the past which are no longer needed in the present, as the next case will show (Phillips and Frederick, 1992; Watkins, 1978).

### TERESA

*Teresa is a young woman who undertook therapy because she had decided to leave her husband after many years of an unhappy marriage. Her father had taken the side of the son-in-law and had opposed her decision. Her father's attitude had re-opened old wounds not completely healed. Teresa recalled that as a child, when she did things that her father disapproved of, he would put her in a dark and cold closet, under lock and key, where she would have to stay for as long as he saw fit. After having re-awakened the resources of the present during a session of hypnosis, I asked the grown-up Teresa who was facing me to go back inside the closet to keep company with the little Teresa of the past. The encounter of the adult Teresa of the present and Teresa the child was very moving: the two had much to say to each other.*

*During the session, the closet became a secret room where little Teresa could hide: a private shelter to which no one had access without her consent. It became a secret hiding place filled with light, books, and toys; a safe place to let loose the fantasies of a child who dreamt*

*of a better world, where she could play with her dolls undisturbed, read her favourite books, or just fantasize.*

*After the first tears of anguish, Teresa slowly became calm. The transformation of the closet from a place of punishment chosen by her father into a room selected by her to enjoy her freedom turned her tears of anguish into the tears of a happy ending, mixed with a sweet and determined smile.*

*Under hypnosis Teresa realized that to shelter bad feelings towards the father who had made her suffer, to live again the harms endured, or to rehash old wrongs, were destroying her mental wellness. She discovered that destructive emotions were of no use to her or to her father: to become aware of that was a sign of resilience. With hypnosis Teresa was helped to realize that not to forgive her father would keep her bound to the little girl's suffering and perpetuate her adult anguish. She was also encouraged to disinfect and cure thoroughly the wounds, to make them heal and relegate the offences to the past. At that point Teresa was able to tune in to the present and plan the changes that she wanted to make, as she wanted to make them.*

Forgiving is often a useful therapeutic tool that soothes the emotional and cognitive suffering derived from the pain incurred. It makes us regain our faith in our self and in others, and re-establish positive relations with those that have done us harm. The enhanced willingness to forgive is the result of a successful therapy, which is a magic occasion to redefine one's identity: no longer being the ill-treated daughter of an insensitive father but a mature woman free from the restraints of the past. Forgiveness has a cathartic value connected to clemency, to compassion, to generosity, and, most of all, to recognizing that one's legitimate right to harbour anger and resentment is pointless and unnecessary (Dalai Lama & Chan, 2005; Giulianini, 2005).

By forgiving Teresa was twice set free: she liberated herself from the rancour/fear that she felt towards her father, and disconnected the father from the picture of what he had done when she was a child. By forgiving Teresa freed herself from being locked up in a closet, which had been the basis of her relationship with her father and which limited her vision of him to that single act. To admit that her father had made errors helped to heal her memory and her wound. It led to an acceptance of the past as a part of her story, leaving no trace of resentment. By forgiving Teresa broke away from the sterile sense of injustice, injury, and rancour, released herself from the prison of the closet, and went on to live in freedom and acceptance of the memories of that remote past. In this way she took command of her right to separate from her husband and start a new life.

## EVOLUTIONARY BELIEFS

As we have seen in the preceding cases, hypnosis awakens the patient's ability to revisit traumatic events of the past and reframe their cognitive and emotional representation. I place an emphasis on the learning triggered by the events and on the resources the patient discovers through suffering, together with the hypnotic–therapeutic effort of developing mindfulness (Siegel, 2007). I help to separate the strong from the weak points, consolidating the former and reframing the latter. Increased knowledge of one's self leads to a greater awareness of one's worth as a person and as a professional.



For patients who have changed their perception of the pain caused by trauma through hypnosis, it becomes natural to reinforce the change and acquire evolutionary beliefs. No longer thinking of themselves as passive, as unprotected against the whim of events, as helpless in the face of the quirks of fate, they realize that they can control and influence the events of their experience and feel involved and engaged in the many activities of everyday life: they see this change as a challenge to develop further. They take or re-take the reins and busy themselves with driving the chariot of life with steady hand in the desired direction.

Patients that become resilient are able to appreciate the change and to view it as an evolutionary challenge, as a learning experience that allows them to discover universal values and the deep meaning of living, the profound and unexplored facets of their potential, which they had never before had the opportunity of exploring. They begin to feel the pleasure and satisfaction of feeling involved, engaged, and responsible, by way of a process that transforms adversity into an opportunity to develop their own potential.

To manage this process, the therapy aims for the patient to recover faith in his/her own faculties and in those of others. Without this basic faith, doubts and mistrust work against the therapy, stress dulls the mind, and at each session we must start from the beginning and spin again the web that patient Penelope undoes between one session and the next.

A good way to achieve this is to use anecdotes connected with resilient figures, such as the painter Frida Kahlo, the musician Ivo Perelman, the sportsman Oscar Pistorius, and the politician Václav Havel. Metaphors that speak of the laws of nature, having to do with differences, changes, and mysteries, or that are specifically devised to stimulate resilience, can also be used.

## METAPHORS

I like metaphors because they give me the opportunity to send hypnotic suggestions that are the fruits of a combination of scientific reasoning and therapeutic intuition, of magical and philosophical thought, to strengthen in patients the resilience needed to overcome pain and regain enough self-confidence to undertake new actions (Casula, 2002). I like metaphors because they are impertinent and are outside the realm of logic used by patients. They also are irreverent and provoke a mental elasticity that stimulates patients to set aside their ideas, convictions, and rigid emotions. Therefore they provoke renewal and create new views, destabilize habits, and bring forth unusual but plausible comparisons. I like metaphors because they are both a method and an enigma. They are a method because they open up a new path which leads elsewhere and beyond; they are an enigma because they stimulate magical and mysterious awareness of other possibilities. They offer an exercise in mental creativity and vitality in that they show similarities and generate something that did not exist before.

Here is a simple metaphor that I created for a patient who often regretted something from her past.

### *THE GRANDSON AND HIS GRANDFATHER*

*Once upon a time a boy was very surprised by the transformations of his grandfather. The old man used to go to the town square every day to sit on a bench and talk with his friends. The*

strange fact was that sometimes the grandfather came back agile, straight, tall, and flexible, as if he were dancing and vaulting instead of walking. Other times he came home old, slow, small, bowed by age, as if he were the oldest man in town.

One day the boy decided to get to the bottom of the strange phenomenon and he asked his grandfather what happened that had the power to change his attitude so much. The grandfather thought for a while and then gave his grandson this answer: 'When I come back like the oldest man in town, it is because we have spent all of the time regretting the old days, regretting what we could have done but didn't; when I come back looking young and fit, it is because we have spent our time making wonderful plans for our future.'

### CONCLUDING REMARKS

The three cases reported above illustrate the usefulness of hypnosis in helping patients to drop their familiar and reassuring defences and appreciate the emotional and cognitive advantages of resilience. The three cases are connected with remote or recent traumas caused by the cycles of life (Susanna), of nature (Cecilia), and by relationships with loved ones (Teresa). In each case, acceptance of what took place and the awareness of the resources the patient had in the present were the starting points for the processes of overcoming the trauma. Several hypnotic techniques were used: displacement of pain, paradox, reframing, naturalistic approach, future orientation (Susanna); perceptual alteration, time distortion, compassion, altruism, generosity, and the metaphor of the tree (Cecilia); reframing, age regression, affect bridge, dissociation, observing what happened in the past with the resources of the present, and the therapeutic use of forgiving (Teresa). These techniques, based on solid therapeutic alliances, helped the patients to find their natural resilience as an evolutionary component in their suffering.

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