

Introduction to Contemporary Psychotherapy

**“Each person is an individual.
Hence, psychotherapy should be formulated to
meet the uniqueness of the individual’s needs,
rather than tailoring the person to fit the
Procrustean bed of a hypothetical theory of
human behaviour”**

Milton Erickson 1979

The Contemporary Psychotherapist

Contemporary Psychotherapy is an integrative solution focussed model that combines and utilises the commonalities of the main contrasting and effective models of psychotherapy. To remain truly 'contemporary' the model's theory resists static definition so that it may be constantly updated according to the progresses of research and achievement in the field, and in tandem with the practitioner's unending personal and professional growth.

The aim of CP training is to develop in the Practitioner a sensitive and informed adaptability to diverse practice contexts and variety of client needs. The CP Practitioner develops a honed technical eclecticism, guided by robust understanding of the sameness and differences in the key theoretical mainframes of our age. To this end, the practices and principles of Neuro-Linguistics are mastered by the CP Practitioner. This provides a meta-discipline through which they may develop a logically levelled appreciation of theory and behaviourally clear and authentic communication skills and process facilitation.

Some common features of Contemporary Psychotherapy include facilitating the client towards:

- Affect regulation, called in this model "state management"
- Relating openly to the present moment through positive sensitisation to somatic intelligence
- Alignment of cognitive and somatic self
- Attuning behavioural patterns to own desirable beliefs and values
- Conditioning healthy responses and choices in the place of problematic reactions
- Establishment of values-driven, manageable goals
- Resolution of past through linking current cognitive and emotional resources to past episodes and safely processing trauma
- Integration of "parts", sub-personalities or aspects of a fractured identity
- Development of a meaningful self-narrative
- Opening and developing ecological relating systems, intimate, social and spiritual

The Contemporary Psychotherapist must adapt to the needs and resources of a diversity of individuals and practice settings. To be both adaptive and ethically consistent the CP Practitioner is required to attend to 6 Key Considerations in the delivery of ethical and effective treatment protocol.

- They remain aware of and respond to current advances in their own and other fields of knowledge pertaining to the client's best treatment
- They are sensitive to current sociological, cultural and political issues that may affect the client's issues
- They are able to work with the full life trajectory - past, present and future - of the client as relevant to the client's presenting issues
- They respond flexibly to different stages and cycles in the client's progress
- They utilise the naturally occurring cycles and altered states of the human physiological system
- They recognise the differing time requirements and time constraints affecting the treatment of each client, according to the client's level of need and available resources

Contemporary Psychotherapy regards no single model of psychotherapy to be complete or superior to other models and therefore the Contemporary Psychotherapist welcomes opportunities to be exposed to different models and to form collegiate relationships with those propounding a diversity of theory and praxis.

Defining Contemporary Psychotherapy

Pamela Gawler-Wright, May 2004, Updated July 2005

Updated by Dr Ernest L. Rossi in April 2006 (In Bold)

Whenever we speak of psychotherapy we have to ask “which psychotherapy?” as the numerous and divergent modules of theory and practice are confusing even to the professional practitioner. Leaders in the field of psychotherapy, from Alfred Adler to Jeffrey Zeig, have reached beyond the confines of their subjective perceptions and specialisms to flexibly combine and build upon their treatment practice and principles with the benefit of other complementary and contrasting schools of psychotherapy, attempting to integrate divergent theories (Lazarus, A. A., 1985). The last two decades has seen a greater integration of various denominations of psychotherapy, resulting in a “post-schoolist” movement where positive similarities are embraced more than negative differences are fought over (Balick, A. et al, 2004). For the purpose of this document, Contemporary Psychotherapy shall be referred to as a product of this movement, defined generally below.

The word “con-tempo-rary” means literally “*with time*” or “*moving in time*”. There are many ways in which this title can refer to some of the defining principles of Contemporary Psychotherapy.

The Six Defining Principles of Contemporary Psychotherapy

1. For psychotherapy to be described as moving with time, or in the times, it must show a flexible yielding to the progression of knowledge over time, acquired within its own field and a variety of related fields from philosophy, the arts and cultural studies, to social politics and psychobiology (Varela, F.J., Thompson, E. Rosch E. 1991). In this post modern era, psychotherapists need to display a willingness to build on traditional wisdom and experience with new developments in thinking, practice and appraisal, harnessing a confluence of development from European, American and Eastern models (Fenner, P. 1995). Therefore, Contemporary Psychotherapy is such that is aware of and responds to most useful current advances in the understanding of and practice with individuals, families, communities and organisations, while bringing a multiple perspective to assessment and treatment protocols. To this end, Contemporary Psychotherapy teaches the advanced modelling skills from the work of Albert Bandura (1977), developed further by Richard Bandler, John Grinder, Robert Dilts and Judith DeLozier (1976), whereby practitioners may observe and absorb from the most successful approaches to psychotherapeutic treatment, resulting in a model of psychotherapy that is constantly evolving, and a practitioner’s self attitude as life-long learner.
2. A psychotherapy that is with, and in, its time is a psychotherapy that is sensitive to the moving historical and cultural influences that shape the challenges and resources of the users of psychotherapy, namely, individuals, families, organisations and society. Contemporary Psychotherapy seeks to adapt itself to best serve the most pressing needs of society and individual. Therefore a Contemporary Psychotherapy embraces challenges and needs experienced by people through current prevalent circumstances as providing focus to its methodological and theoretical aspirations. Current examples at the time of writing may be considered as increasing prevalence of addiction, work-related stress, non-conformist family units, gender-influenced challenges, minority group

experience such as racism and cultural displacement and various political perceptions and anxieties such as global instability and conflicting positions resulting from wars and other major political conflicts. At the place of writing, East London, 2005, there is a greater experience of neighbourhood tension and post traumatic shock following the 7/7 bombing in Whitechapel and across London.

3. A psychotherapy that is “with time” works with the full life trajectory (“timeline”) of the subject and the internal representation of past, present and future that is present within the human mind. This promotes attending not only to past analysis and etiology, but focussing especially on motivational factors present in current experience of life – decisions, behaviours, stresses, resources and health – reaching progressively into time by attending to recovery outcomes through expectations, plans, future challenges and goals (Erickson, M. H. 1954). Therefore Contemporary Psychotherapy focuses not just on causation, but especially on the immediate needs of the client and their short and long term well-being, concerning the client’s management of their condition or situation, recovery and personal development, for now and in the manageable future.
4. A psychotherapy that is flexibly responding “with time” observes that people and their conditions are never static but in constant process. Therefore a person’s identity is an evolving entity, for better or worse, and a condition, situation or circumstance is seldom constant, but moving either further to or away from health and equilibrium. A person is as they are in this moment and locating and accepting the client’s experience of “this now” is a key skill operating from the practitioner’s trained acuity and authentic personhood. Psychotherapeutic activity nurtures this acuity in both client and practitioner, engaging them in a co-created process of emergent possibilities through ever-changing states. These processes often follow patterned cycles, with these states under constant redefinition. Contemporary Psychotherapy must be equally fluid in its response to the client’s progression, especially where progressive states require different approaches necessitated by evolving priorities, evolving dangers and evolving realistic possibilities. Similarly, recovery and personal development are not single events, but a series of processes that may go through several stages over time. Treatment is likewise required to be responsive, appropriate and synchronised with the client’s progress. The Cybernetic Theory of Mind of Gregory Bateson offers the key body of theory in support of these goals of Contemporary Psychotherapy, but they are by no means confined to this. The Contemporary Psychotherapist is trained in the practical skills of cognitive, linguistic and behavioural modelling offered through the work of Robert Dilts and Judith DeLozier in Systemic Neuro-Linguistics, to enable them to be accurately adaptable to the unique experience and functioning patterns of the client, constantly evolving their model of the client’s world according to the client’s progress and communication.
5. A psychotherapy that is responsively pacing the development over time of the client, is aware of the “biological timepiece” that is the human body and the crucial engagement of the somatic intelligence in affecting positive psychotherapeutic change. Effective treatment is sympathetic and sensitive to the innate circadian and ultradian rhythms of the human biological and affective systems that are observable to the trained practitioner who is able to synchronise to and utilise these cycles, also called “trance”, “hypnosis” or

“altered state”, to facilitate the client’s process of change (Rossi E.L. 1982, 1986). Therefore Contemporary Psychotherapy approaches treatment with a consideration of psychobiological components of distress, recovery and development. Treatment recognises and utilises the natural biological and behavioural cycles of the client, such as the rhythm and sequence of affective and somatic experiences, the pace set by behavioural routines and the utilisation of naturally occurring altered awareness states (Rossi, E.L. 1992).

This therapeutic utilization of psychobiological cycles is a way of accessing and facilitating the new neuroscience of gene expression and brain plasticity to optimise the client’s health and well-being at the most fundamental molecular-genomic levels of mind-body healing, memory, learning, consciousness, and creativity (Rossi, 2002, 2004, 2005, 2007).

6. Contemporary Psychotherapy responds flexibly to the time requirements and time restraints pertaining to each case and the clinical context that provides the environment for treatment. Therefore, frequency and duration of treatment are determined through discussion and agreement with the client, considering the client’s needs and resources, and clinical context, to best achieve the agreed outcomes of therapy. Therapeutic projects may usually be brief (up to 12 sessions), sometimes mid-term or, less commonly, long-term (over one year) according to needs, co-created choices and available resources.

Bibliography

Balick, A., Weaver, M., Brown, M.M., Lask, J., Totton, N. (2004), Plurality in Psychotherapy, *The Psychotherapist*, Vol. 22, UKCP

Bandler, R., DeLozier, J., Dilts, R., Grinder, J. (1976) *NLP Volume 1*, Cupertino, California, Meta Publications

Bandura, A. (1977) *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall

Bateson, G.(1979), *Mind and Nature: A Necessary Unity*, California, Dutton

Dilts, R. B. (1998) *Modelling with NLP*, Santa Cruz, Meta Publications

Erickson, M. H. (1954/1980) *Pseudo-orientation in time as a hypnotherapeutic procedure*. In E. Rossi Ed., *The Collected Papers of Milton H. Erickson on Hypnosis IV; Innovative Hypnotherapy* pp.397- 423, Irvington, New York

Fenner, P. (1995), *Reasoning into Reality; A System-Cybernetics Model and Therapeutic Interpretation of Buddhist Middle Path Analysis*, pp.2-5 Wisdom Publications, Boston

Hubble M. A., Duncan B.L. , Miller S. D. (2006), *The Heart and Soul of Change; What Works in Therapy* American Psychological Association, Washington

Lazarus, A. A., (1985), *The Need for Technical Eclecticism: Science, Breadth, Depth and Specificity*, In *The Evolution of Psychotherapy*, Ed J. K. Zeig, The Milton H. Erickson Foundation, Phoenix

Rossi, E. L. (1986) *Altered States of Consciousness in Everyday Life: The Ultradian Rhythms*. In B. Wolman and M. Ullman (Eds.) *handbook of Altered States of Consciousness* pp. 97 – 132, Van Nostrand New York

Rossi, E. L. (1992). *Periodicity and the Ultradian Healing Response*, *Hypnos* 19, 4 – 11

Rossi, E. L. (1993) *The Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis* pp 50 –53. Norton, New York

Rossi, E. (2002). *The Psychobiology of Gene Expression: Neuroscience and Neurogenesis in Therapeutic Hypnosis and the Healing Arts*. N.Y.: W. W. Norton Professional Books. ISBN: 0 – 393 – 70343 – 6.

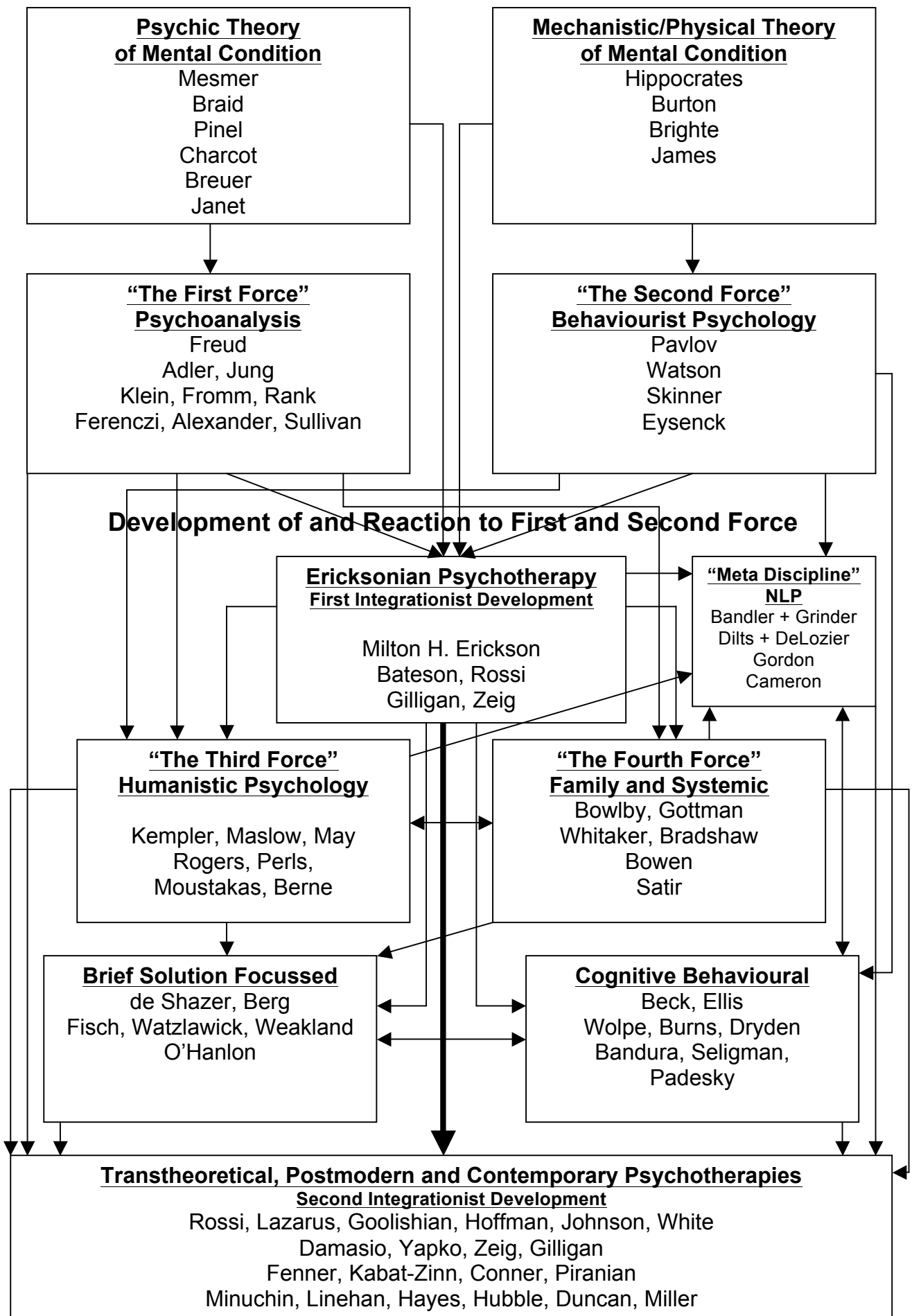
Rossi, E. (2004). (Translator & Editor, Salvador Iannotti: Saiannot@tin.it) *Discorso Tra Geni [Italian]. A Discourse with Our Genes: The Psychosocial and Cultural Genomics of Therapeutic Hypnosis and Psychotherapy*. Benevento, Italy: Editris SAS Press. [Available in Italian and English editions] ISBN 88 – 89396 – 01 – 6.

Rossi, E. (2005). (Laurent Carrer, Translator & Editor). *Cinq essais de psychogénomique – Exploration d’une nouvelle démarche scientifique axée sur l’interaction entre l’esprit et la molécule [Five essays on psychosocial genomics: Exploration of a new scientific approach to the interaction between mind and molecule]*. Encinitas, CA, USA: Trance-lations, ISBN : 0-9767350-0-8.

Rossi, E. (2007, In Press). *The Breakout Heuristic: The New Neuroscience of Mirror Neurons, Consciousness and Creativity in Human Relationships: Selected Papers of Ernest Lawrence Rossi*. New York: Zeig, Tucker, Theisen.

Varela, F.J., Thompson, E. Rosch E. (1991) *The Embodied Mind; Cognitive Science and Human Experience*, pp. 212 – 214, MIT Press, Massachusetts

A History of Theoretical Convergence



A Brief History of Western Psychotherapy **Part One: Hypnosis, Psychoanalysis and the** **“First Force”**

**Macbeth: Canst thou not minister to a mind diseas'd,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?**

**Doctor: Therein the patient
Must minister to himself**

Macbeth, V. iii

The experience of individuals with mental and emotional distress has been recorded since the beginnings of human civilisation. Tribal cultures often have a very different interpretation of the experiences of a person's departure from the reality "norm" of the collective, or of experiences of extreme emotion, and consequently the interpretations and treatments suggested of such phenomena are very different in such societies.

A person who in Western Culture could be diagnosed as "mentally ill", might be revered as a visionary in many other cultures. Minorities who are often persecuted in so-called more civilised societies, like gay or disfigured people, might be esteemed as shamans with a more enlightened perspective to the collective norm. These cultural filters can account for both discrimination or failure to recognise and appropriately treat psychological distress.

Western Civilisation's history of mental health care has strained across the body-spirit dichotomy. The Ancient Greek medical philosopher Hippocrates sought a physical explanation for mental distress, contending with dramatic depictions of madness in the Greek tragedies as spiritual and moral decline. Biblical references vary from interpretations of symptoms as being visited by God to being possessed by demons. Subsequently, treatment of mental and emotional distress was seen as the realm of the priest more than that of the physician. This placement of mental illness within spiritual care however did not necessarily inspire compassionate care but made an emphasis on physical restraint, incarceration and treatments designed to brutally expel the offending alien energy.

The Renaissance brought about renewed debate as to whether mental illness was a physical, mental or spiritual condition with more enlightened approaches to treatment

including diet and exercise – both now recognised as important components to restoring mental health according to our 21st Century paradigms.

The depiction of what we would recognise as Psychosis and Obsessive Compulsive Disorder in Shakespeare's *Macbeth* and of what is today called Bi-Polar Affective Disorder in *Hamlet*, may have been drawn from contemporary physician's treatises which began to record descriptive, medical accounts of mental illness and recovery. Macbeth's plea for treatment for his wife is strikingly aware of the influence of past experience and recurrent memories in the experience of mental illness.

Unfortunately these more compassionate interpretations did not influence the continuing treatment of disturbed individuals with fear, ridicule and cruelty as Hogarth's early eighteenth century picture of Bedlam Hospital (the priory of St Mary of Bethlehem hospital, opened in London in 1247) depicts. This picture was intended as a moral warning as mental illness was still regarded to be a kind of degeneracy, justifying the treatments of manacling, whipping and dropping in icy water.

Later in the eighteenth century more humane care of the mentally ill began to emerge across Europe and 1792 saw the first institution for humane care of the mentally ill in York, England, called the York Retreat, set up by William Tuke, a quaker. Soon after, similar projects and philosophies were springing up all over Europe, including in France and Eastern Europe, often offering entrepreneurial opportunities to their founders. The "Lunacy Business" was born.

It is in this climate that hypnosis, or "mesmerism" began to re-emerge in people's awareness from the lost traditions of pre-Christian paradigms, although it was claimed to have been newly discovered by Anton Mesmer. This first presentation in the industrialised West of the human relationship as an environment for psychological treatment was explained as the sharing of "animal magnetism", a kind of life force that was seen as a "subtle fluid", "aided by the impulse of one mind to another" which decongested and revitalised the stuck or depleted life force within the stricken patient.

Hypnosis offered the basis upon which psychoanalysis emerged and the concept of the dialogue between conscious and unconscious mind. Its popularity as a treatment for emotionally troubled people spread to the USA where in the mid nineteenth century it offered a secular option for those who had no religious sense of confession as spiritual medicine.

As the scientific age of the nineteenth century gathered momentum, the medicalisation of mental health progressed. The discovery of microbiology revealed the causes of syphilis, which carried with it the mental condition of "general paresis", ironically still linking moral degeneracy with madness. The work of the great early hypnotherapists such as Braid, Liebeault, Bernheim, to mention but a few of the pioneers across Europe. brought hypnotism to the modern world, focussed much on the power of the mind over the body, for example Braid's extensive use of hypnosis during medical operations where no other form of pain control was required. Jean-Martin Charcot, celebrated Parisien physician and budding neurologist, offered extensive work in treatment of mental disorders such as "hysteria" with the use of hypnosis and positive suggestion.

These models were all based on a notion that the therapist was of superior mental strength and psychic energy to the subject (almost always depicted as a woman), however

Charcot also practiced on many men, particularly soldiers, whose co-operation he attributed to conditioned obedience.

Psychoanalysis – “The First Force”

The acclaimed public lectures of Charcot were attended by a young Viennese neurologist named Sigmund Freud. Freud soon abandoned hypnosis (it is argued, because he was not very good at it) and developed free association, or “talking cure” and developed the notion of schism in communication between the “conscious” and “unconscious” minds caused by the repression of sexual libido. The influence of Freudian thought cannot be overestimated in post-Darwinian, modernist paradigm.

As well as analytic technique, psychopathology developing from early childhood experience, the significance of dreams and metaphor and the three-part structure of the psyche (id-ego-superego), Freud extended the concept of the therapeutic relationship and its importance. The dominant scientific paradigm demanded that he spoke of a neutral “blank screen” position of the therapist, however in his cases he demonstrated a greater depth, exemplifying interpersonal processes such as transference and countertransference, rapport and “sympathetic understanding”. His current academic climate did not afford the freedom or vocabulary for these concepts and processes that later schools of psychotherapy enjoy, and it is important to understand Freud as a pioneer of his day who lead the way for others to enjoy a greater liberty in speculation and articulation of the psychotherapeutic experience.

At first, Freud invited many other pioneers within the field to join him in his quest, most notably Alfred Adler, an established visionary in his own right to whom we owe the model of Individual Psychology and terms such as “inferiority complex” wherein arrogance and overbearing behaviour are understood as the individual’s attempt to counterbalance a fear of not being good enough.

Adler was an astonishingly forward thinker, favouring the view of the psychic journey, and its accompanying symptoms, as expressions of the individual’s creative forces working towards self-realisation. Unfortunately, Freud’s need to be seen as teacher to pupil in his relationship with Adler, precluded a long-term relationship of mutual influence. Adler split from Freud’s Vienna group in order to develop more freely, calling his community “Society for Free Psychoanalysis”. However, in Freud’s own “History of Psychoanalysis” he lampoons the character of Adler as a younger, overly ambitious, though somewhat gifted, speculator who could not cope with the complexities of the conscious/unconscious relationship.

The first of many notable runaways from Freud’s stable, Alfred Adler also extended analytic theory beyond the individual, embracing the social and cultural context of personality development. Adler was a refreshingly optimistic and holistic theory of human nature, with emphasis on development from self-protection and self-indulgence to social acts of contribution. An often under-recognised contributor himself, Adler is deeply, and often unconsciously, influential in the Humanistic Psychology movement.

Central to the modern Freudian paradigm is the therapist’s action of bestowing interpretation upon the client’s subjective experience, a notion founded on a belief in the greater insight of the practitioner-expert, one of the major objections from the critics of psychoanalysis. This status mirrors that of the rabbi, the spiritual master figure of Freud’s Jewish heritage and he similarly ran his small group of followers in the manner of a set of followers judged for their loyalty to a new radical tradition, having respect bestowed

according to their adherence to the master's message. This impeded the development or addition to Freud's theory, while offering it an opportunity to become set, established and enduring. Unfortunately this tendency towards militating against convergence and pluralism has also caused much strife and conflict throughout the history of psychotherapeutic development.

One of the first of Freud's disciples to leave the fold was Carl Gustav Jung. A student of both comparative religion and science, Jung was keen to draw a link between the psychological and the spiritual. Working with severely psychotic patients, Jung's holistic approach embraced the universal and a connective, collective consciousness. His Analytic Psychology drew heavily on the religious wisdoms of diverse cultures, supporting his theories of "psychic energies" that manifested in archetypes and culturally, rather than just individually, potent symbolism. The basis of personality typing is afforded by Jung's work.

Others who built the staircase between the Psychoanalytic/Humanistic storeys include Ferenczi who emphasised the ethical and healing importance of emotional attunement and empathy, arguing that therapist and patient must meet as equals, communicating across an exchange of warmth, activity and authenticity. Others to develop and champion the interpersonal component of psychotherapeutic activity were Rank, who favoured an early brief therapy model, Alexander and Sullivan, who independently both offered the notion of therapeutic relationship as corrective of earlier developmental and separation trauma. British contributors, such as Klein and Winnicott further emphasised the maternal relationship and infantile experiences as the seeds of pathology or mental health, while Bowlby provided neuro-scientific bases for his hugely influential Attachment Theory.

Adapted from *An Historical Overview of Psychotherapy* by Sarah Hamlyn, in *A Short Introduction to Psychotherapy* Edited by Christine Lister-Ford

Additional Material from

Hidden Depths: The Story of Hypnosis by Robin Waterfield
An Introduction to Counselling by John McLeod

Ericksonian Psychotherapy - The Foundations of Solution Focussed and Contemporary Psychotherapy

Work with clients using Ericksonian Psychotherapy has its main theoretical origins in:

The Extensive Papers and Cases of Dr. Milton H. Erickson, psychiatrist and psychotherapist who rejuvenated the use and conceptualisation of hypnosis as a co-created phenomenon within the psychotherapeutic alliance. "He was to the *practice* of psychotherapy as Freud was to the *theory* of human behaviour" (Battino and South, 1999).

Key influences on the theory and practice of Erickson and Ericksonian Psychotherapists are: Braid, Janet, Charcot, Coué, Freud, Jung, Bettelheim, Rank, Cheek, Overton, Fischer, Hilgard and Hilgard, Hull, Huxley, Buddhist and Taoist Philosophy, Bateson, Watzlawick, Rossi, Wernitz, Benson, Wolberg, Libault, Bernheim, and Heidenhain. G. Stanley Hall, William James, Morton Prince, William Crookes. Wolpe (Erickson 1934a – 2006)

Main recent thinkers and researchers include:

Dr. Ernest L. Rossi, David B. Cheek, Kay Thompson, Dr. Stephen Gilligan, Dr. Michael Yapko, William O'Hanlon, R. Battino, Dr D. Short, Dr. R Erickson Klein, Dr. J. Zeig, Y. Dolan, B. Geary, S. D. Miller, Dr. J. Haley, D. Gordon and many more.

Specific key concepts used are:

- **Conscious/Unconscious relationship** within mind
- **Cognitive/Somatic relationship** within experience, learning and intelligence (1934b)
- Life involves a process of **Reciprocal Determinism**. Human experiential reality is impacted by the physical universe while at the same time human thinking provides perception and meaning of physical experience and impetus for the events of the external world (Erickson and Rossi 1979)
- **Co-created State of Rapport** between client and therapist (Erickson 1941)
- **Naturalistic Hypnosis** is a range of different states of awareness experienced by all human beings through the course of everyday activity. These natural rhythms of altered attention can be observed and utilised or intentionally inducted. (Erickson 1952, 1958)
- **Interspersal** of language marked by voice tone, rhythm and location can simultaneously engage both Cognitive and Somatic intelligence in experiential evocation of possibilities (Erickson 1966a)
- The many different states of hypnosis, such as internal attention and absorption in activity provide opportunities for internal **Reorganisation and Synthesis** (Erickson, Rossi and Ryan 1992)
- Motivations regarded by some models as "resistance" are utilised as forces of strength and self-protection to inform the processes of **client's unique system of teleology** (Erickson 1952)
- **Utilisation** of all that occurs, including naturalistic trance states, "resistance", client/therapist relationship, client's resources and past experience and feedback from temporary declines in condition (Erickson 1954)

- **Increments** of problem can accumulate to severe difficulty over time. **Increments** of change can add up over time to considerable favourable change. (Erickson 1966a)
- Challenges the traditional perception of the objective of hypnosis being suggestion, other than the core suggestion that **desirable change is possible** (Erickson 1960)

Fundamental assumptions of Ericksonian Psychotherapy are that:

- Perfection is not a human attribute, uniqueness is (Erickson 1965a, 1977)
- Pain in life is unavoidable but all suffering can be reduced through perception, for example regarding difficult experiences as a problem to solve, a challenge and even an opportunity to grow and embrace pleasure in new ways (Short, Erickson and Erickson Klein, 2005)
- Every person is an individual, therefore psychotherapy should create the environment for the client to accomplish their objectives in their own way (Erickson 1966b)
- The environment for change is relationship, be that the client/therapist relationship, client's social system, behaviours within the physical environment (including the physical body), or infra-personal relationships between parts such as conscious/unconscious or child/adult (Bateson, 1967)
- The Psychotherapist can exert no lasting power over the Client to make them change, indeed such an attempt will result in greater actions from the client to resist such an assault (Erickson 1962)
- The philosophy of change comes from the client's own beliefs, experiences and abilities (Erickson 1964)
- Symptoms are solutions and have function in some context, often as metaphors for the client's experience (Erickson and Rosen 1954, Erickson 1965, Yapko 1990)

The origins of client's difficulties and problems are consequences of:

- **Living the Human Life - which is for all a process of constant change and new challenges** (Gilligan 1999)
- **Loss of Internal Discourse between Conscious and Unconscious Problem-Solving Processes and Teleological Actions** (Bateson 1971)
- **Experiential Learning that results in conditioned responses, rigidity of behaviour and paucity in processes of meaning-making** (Erickson, 1959)
- **Biologically and Environmentally Influenced Differences in Sense Perception and Responses within the Nervous System to Environmental Stress and Stimulation** (Erickson and Rossi, 1977)
- **Double Binds** Created by cognitive misidentifications of experiential reality that generate conflicts between multiple goals, values and priorities (Bateson 1971)
- **State Dependent Learning**
- **Schisms within personality structure** developed as a problem-solving process in response to double binds, state dependent learnings and teleological conflicts (Bateson, Jackson, Haley and Weakland 1956) (Bateson 1959)

The main therapeutic goals of Ericksonian Psychotherapy are:

- **To increase choice and facilitate choice-making processes** (Erickson, 1950s)
- **To provide an environment, intra- and interpersonally, within which a client may reorganise and synthesise their meanings according to their own experiential life**

- **Affect Regulation**
- **Personality Reorganisation in a manner meaningful to the client**
- **Enhancement of the quality of Intimate, Social and Spiritual Relationships**
- **Reversal of Neurotic Processes** (Erickson 1973)
- **To Increase Personal Effectiveness**
- **To Generate New Frames of Reference**
- **To Heal the Brain and Nervous System of Patterning caused by Trauma, Compulsion, Dependence and Emotional Atrophy** (Rossi 2005, 2006)

These goals may be achieved via:

- **Cognitive Yielding to Creative Process** – Utilisation and Stimulation of states conducive to cognitive restructuring such as wonder, curiosity, early learning state, confusion, resistance, deep inner attention, somatic awareness, playfulness and experimentation (Erickson 1965b)
- **Somatic Receptivity to Creative Cognitive Forms** (Gilligan S. 1999)
- **Utilisation of naturalistic and auto-hypnotic states**
- **Visual Rehearsal of New Possibilities** (Erickson and Rossi, Ed. 2006)
- **Pseudo Orientation in Time** progression and regression in time, providing new frames of reference from different neurological states (Erickson 1954)
- **Provocation of Transference Patterns** (often through humour) (Erickson 1964a)
- **Cognitive and Behavioural Experiments through Client Tasking**
- **New Identifications of Experience through Proper Naming** (i.e. non-pathological) (Erickson in Gordon and Meyers Anderson 1981)
- **Recruiting and Redirecting existing Resources and Generating New Ones**

The main claims for benefits of this theory and use of hypnosis are from:

- Thousands of experiments conducted by Milton H. Erickson and his students in University and Hospital settings (Erickson 1964b, 1967) published over many decades within the American psychiatric press.
- The extensive Case Studies of Milton H. Erickson
- Studies in the psychobiology of gene expression and brain adaptation (Rossi 2007)
- Continued Research for the Milton H. Erickson Foundation
- Extensive body of Research in Solution Focussed Therapy, especially Hubble, Duncan and Miller

The main aspects of the therapeutic process involves:

- Client and Therapist Co-align in a Learning Process (Erickson, 1948)
- Information gathering that models the Client's unique system of experiential reality, beliefs, values and identity and their history of application of resources in different life contexts
- Expressions of "pathology" are redefined into their distinct somatic components and as expressions of latent teleological and healing processes
- Somatically experienced exploration of resolution of current stresses and challenges
- New metaphors, narratives and frames within which the client can synthesise and reorganise their identity and meanings given to their experience
- Client introduced to altered states of awareness, their uses and access to them
- Client tasked for behavioural and cognitive experiments outside of the therapeutic encounter

Developments in, and connections to Ericksonian Psychotherapy include:

- **Brief Strategic Therapy and Strategic Family Therapy** (Haley 1955- 2001)
- **Solution Focussed Therapy** (Watzlawick, Weakland, Fisch 1974)(de Shazer and Berg, 1982, 1985, 1986, 1988, 1991, 1994)
- **Ericksonian Language Patterns** (Bandler, DeLozier, Grinder (1975, 1977)
- **New Code Neuro-Linguistic Programming** (DeLozier, Grinder 1987) and **Systemic Neuro-Linguistic Programming** (DeLozier, Dilts, Epstein 1991)
- **Self-Relations** (Gilligan 1999)
- **Language of Change** (Watzlawick)
- **Psychobiology of Gene Expression** (Rossi 2002)
- **Transtheoretical Approach** (Lazarus 2001) and **Contemporary Psychotherapy** (Gawler-Wright 2004, Gawler-Wright and Rossi 2006 and 2007)

References

Battino R. and South T.L., (1999) *“Ericksonian Approaches”* Crown House Publishing

Erickson M. H. *“The Collected Papers of Milton H. Erickson MD: On Hypnosis, Psychotherapy and Rehabilitation”* Eds. Rossi E. L., Erickson-Klein R., Rossi K. L. The Neuroscience Edition 2006

Erickson M. H. (1934a) *“A Brief Survey of Hypnotism”* *Medical Record* for December 5,

Erickson M. H. (1934b) *“Concomitance of Organic and Psychologic Changes During Marked Improvement in Schizophrenia—A Case Analysis”* *American Journal of Psychiatry*, Vol. XIII, No. 6

Erickson M. H. and Rossi E. L. (1979) *“Hypnotherapy: An Exploratory Casebook”*

Erickson M. H. (1941) *“Hypnosis: A General Review”* *Diseases of the Nervous System*, Vol. II, No. 1.

Erickson M. H. (1952) *“Deep Hypnosis and Its Induction”* *Experimental Hypnosis*, Leslie M. LeCron (editor). New York, Macmillan pp. 70-114

Erickson M. H. (1958) *“Naturalistic Techniques of Hypnosis”* *The American Journal of Clinical Hypnosis*, July, 1, 3-8.

Erickson (1966a) *“Interspersal Hypnotic Technique for Symptom Correction and Pain Control”* *The American Journal of Clinical Hypnosis*, January, 8, 198-209.

Erickson M. H., (1992) *“The Seminars, Workshops and Lectures of Milton H. Erickson Volume IV: Creative Choice in Hypnosis”* Eds. Rossi E. L. and Ryan M. O., Free Association Books

Erickson M. H. (1952) *“A Therapeutic Double Bind Utilizing Resistance”* Unpublished manuscript from the Collected Papers.

Erickson. M. H. (1954) *“Pseudo-Orientation in Time as a Hypnotherapeutic Procedure”* *Journal of Clinical and Experimental Hypnosis*, 1954, 2, 261-283.

Erickson (1960) A lecture by Milton H. Erickson, Boston March 21, Audio Recording No.

Erickson M. H. (1965a) *"Hypnotherapy: The Patients Right to Both Success and Failure"* *The American Journal of Clinical Hypnosis*, 7, 254-257.

Short D., Erickson B. A., Erickson Klein R. (2005) *"Hope and Resiliency: Understanding the Psychotherapeutic Strategies of Milton H. Erickson MD"*

Erickson M. H. (1966b) *"Experiential Knowledge of Hypnotic Phenomena Employed for Hypnotherapy"* *The American Journal of Clinical Hypnosis* 8, 299-309.

Bateson G. (1967) *"Cybernetic Explanation"* *American Behavioural Scientist* Vol. 10 No.8

Erickson M. H. (1962) *"The Identification of a Secure Reality"* *Family Process*, September 1, 294-303,

Erickson M. H. (1954) *"Utilizing the Patient's Own Personality and Ideas: "Doing It His Own Way"* " Unpublished manuscript from the Collected Papers.

Erickson M. H. (1964) *"Burden of Responsibility in Effective Psychotherapy"* *The American Journal of Clinical Hypnosis*, 6, 269-271.

Erickson M. H., Rosen H. (1954) *"Hypnotic and Hypnotherapeutic Investigation and Determination of Symptom Function"* 107th Annual Meeting of the American Psychiatric Association.

Erickson M. H. (1965) *"Use of Symptoms as an Integral Part of Hypnotherapy"* *The American Journal of Clinical Hypnosis*, 8, 57-65.

Yapko M. H. (1990) *"Trancework: An Introduction to the Practice of Clinical Hypnosis"*

Erickson M. H. (1959) *"The Basis of Hypnosis: Panel Discussion on Hypnosis"* Annual Meeting of the Washington Academy of General Practice.

Erickson M. H. and Rossi E. L. (1977) *"Autohypnotic Experiences of Milton H. Erickson"* *The American Journal of Clinical Hypnosis*, July. 20, 36-54.

Erickson M. .H. (circa 1950s) *"The Abortion Issue: Facilitating Unconscious Dynamics Permitting Real Choice"* Unpublished manuscript, circa 1950s.

Erickson. M. H.(1973) *"Psychotherapy Achieved by a Reversal of the Neurotic Processes in a Case of Ejaculation Praecox"* *The American Journal of Clinical Hypnosis* 15, 217-222.

Rossi, E. (2005). (Laurent Carrer, Translator & Editor). *Cinq essais de psychogénomique – Exploration d'une nouvelle démarche scientifique axée sur l'interaction entre l'esprit et la molécule [Five essays on psychosocial genomics: Exploration of a new scientific approach to the interaction between mind and molecule]*. Encinitas, CA, USA

Rossi. E. L. (2006) *How the Mind Heals the Brain: The New Neuroscience of Milton H. Erickson's Therapeutic Hypnosis, Psychotherapy, and Rehabilitation* Milton H. Erickson Foundation Press

Erickson M. H. (1965b) *"The Hypnotic Corrective Emotional Experience"* *The American*

Journal of Clinical Hypnosis, 7, 242-248.

Gilligan S. (1999) *"The Courage to Love; Principles and Practice of Self-Relations"*

Bateson G. (1971) *"The Cybernetics of "Self" Psychiatry* Vol.34 No.1

Bateson G., Jackson D., Haley J., Weakland J. H. (1956) *"Toward a Theory of Schizophrenia" Behavioural Science* 1 251-264

Bateson G. (1959) *"Minimum Requirements for a Theory of Schizophrenia" Archives of General Psychiatry* 1960 Volume 2

Erickson M. H. and Rossi E. L. (Ed. 2006) *"The Collected Papers of Milton H. Erickson M.D.: On Hypnosis, psychotherapy and Rehabilitation"* The Neuroscience Edition

Erickson M. H. (1964a) *"An Hypnotic Technique for Resistant Patients: the Patient, the Technique, and its Rationale and Field Experiments"* *The American Journal of Clinical Hypnosis*, 7, 8-32.

Gordon, G. and Meyers-Anderson, M. (1981) *"Phoenix, Therapeutic Patterns of Milton H. Erickson"* California, Meta Publications.

Erickson M. H. (1964b) *"Initial Experiments Investigating the Nature of Hypnosis"* *The American Journal of Clinical Hypnosis*, October, 7, 152-162.

Erickson M. H. (1967) *"Further Experimental Investigation of Hypnosis: Hypnotic and Nonhypnotic Realities"* *The American Journal of Clinical Hypnosis*, October, 10, 87-135.

Erickson M. H. (circa 1940s) *"Facilitating Objective Thinking and New Frames of Reference with Pseudo-Orientation in Time"* Unpublished manuscript, circa 1940s. From the Collected Papers

Hubble M. A., Duncan B. L., Miller S. D., (2006) *The Heart and Soul of Change; What Works in Therapy* American Psychological Association, Washington

Erickson M. H. (1948) *"Hypnotic Psychotherapy"* *The Medical Clinics of America in Milton H. Erickson MD: The Complete Works* Milton Erickson Foundation

Haley J. (2001) *"Changing Directives; The Strategic Therapy of Jay Haley"* Ed Jeffrey Zeig. Milton H. Erickson Foundation Press

Gawler-Wright P. 2004 *"Steps towards Defining Contemporary Psychotherapy"* Inaugural meeting of the Community for Contemporary Psychotherapy

Rossi E. L. and Gawler-Wright P. 2006 *"Further Steps towards Defining Contemporary Psychotherapy"*, Wider Mind, BeeLeaf Publishing

Gawler-Wright P. 2007 *"Only Connect" Prologue to "The Breakout Heuristic"* by Rossi. E. L., Norton Press