

F E A T U R E R E V I E W

Hope and Resiliency

Understanding the Psychotherapeutic Strategies of Milton H. Erickson, MD

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"We stand on the shoulders of those who came before us not by working from the mold that they cast but by recognizing the function of their design." -from the preface of *Hope and Resiliency* (p.V).

"If after reading this book the reader is mostly excited about the new techniques that have been discovered, then the book should be read again in order to arrive at the main point." - *Hope and Resiliency*(p.3).

Two distinct models of psychotherapy are emerging in the 21st century: the empirically based, programmed models and the strategic, humanistic models. *Hope and Resiliency* will emerge as one of the texts that epitomize the emerging strategic humanistic movements.

In the *Newsletter* interview with Scott Miller in the Winter 2005 issue (Vol. 25, Issue 2), Miller pointed out that techniques and procedures represent only a small percentage of the therapeutic impact in psychotherapy. Instead, it is the therapist's underlying rapport and conviction that makes the difference. Consistent with this strategic humanistic *zeitgeist*, *Hope and Resiliency* is more than a mere analysis of Erickson's strategies and techniques. It is a guide in understanding Erickson's perspective on what it means to be human and on what humans can become. Each chapter is a window into the complexity and miracle of what Erickson saw when he watched people interact

with their environment and make conscious and unconscious decisions.

An implied assumption in *Hope and Resiliency* is that if a therapist's internal conviction is that the patient needs fixing, the patient views himself as being broken. If a therapist's internal conviction is that the patient needs curing, the patient views himself as being sick. If a therapist's internal conviction is that the patient already has everything inside that he needs with which to solve his own problem, the patient views himself as being a seeker.

While the Clinical Strategies section can be seen as an introduction to Ericksonian techniques, it is more a set of operational examples of Ericksonian philosophy-- behavioral metaphors that help us look through the eyes of Erickson. In the following six core strategies, the authors present some of the most important understandings taught by Milton Erickson:

Distraction: Unintentional progress impedes self-sabotage.

Partitioning: When everything cannot be made right, it is good to have something that is rectified.

Progression: It is not possible to cure every sickness but there is always some good that can be done for those who suffer.

Suggestion: All problem solving begins with the idea that change is possible.

Reorientation: The greater the complexity of a person's psychological problem, the greater opportunity to discover a simple solution.

Utilization: Whenever you try to make a person change, you encourage animosity, but, if you offer an opportunity, your energy is not wasted.

This core section of the book presents strategies for clinical problem-solving. It builds on the core strategies using delightful case examples followed by explanations and elaborations. As one who has read everything about Erickson I can get my hands on, I was happy to discover many previously unpublished examples. As with the first part of the book, the second section is more than a set of *how-to* techniques. It is an

exploration of the roots and branches of Erickson's philosophical tree as seen through concrete applications.

Each subsequent element is presented as though one were looking through a single multi-faceted window into the dynamic maelstrom of humanity. In this way, the authors have avoided having to choose between tactics or strategy by simultaneously presenting each element as both discrete and as an aspect of a larger whole.

I appreciate how the authors elegantly combined the easily readable philosophic elements with practical technique and strategy explanations. At the end of the book there is a summary of pragmatic guidelines that describe contraindications and caveats when applying the strategies with different populations or specific cases. Subsequently, there are concrete exercises that help the practitioner to internalize each of the six strategies.

In the introduction, the authors affirm that, "the content in these chapters is not meant to be memorized as a sort of stale doctrine but rather to serve as a spark for imagination and continued discovery." They are extremely successful in accomplishing their stated goal. It is impossible to read this book without one's mind immediately thinking of how to apply the learnings to one's own patients.

Most importantly, *Hope and Resiliency* helped me organize many of the learnings I previously internalized from Erickson but did not have pegs upon which to hang the concepts. This is a book I wish I had when I was just starting out. With it I would not have been as intimidated by the immense complexity of Erickson's worldview. To that end, I highly recommend *Hope and Resiliency* to anyone at any level who values both clarity and the joy of discovery.

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