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Ericksonian Therapy

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Ericksonian therapy is broadly classified as any goal-oriented, problem-solving endeavor grounded in methodology inspired by the teachings and casework of Milton H. Erickson (1901–1980). It is a perspective on learning, healing, and growth that fosters flexibility in an ongoing, adaptive way. The core of Ericksonian influence is the very permissiveness that paradoxically makes it difficult to define. While the roles of clinician and client remain distinct, neither is constricted by orthodoxy or protocol; rather, each is free to explore any ethical direction or possibility elicited through the process of therapeutic discovery.

Historical Context

Erickson is considered the architect of innovations in psychotherapy that parallel those of Sigmund Freud (1856–1939). Whereas Freud is known as the father of modern theories of psychotherapy, Erickson is considered a landmark pioneer in the practical techniques of intervention and change. This pioneering spirit and willingness to take risks is part of his life story. Born in a dirt-floor log cabin in a silver-mining town in Nevada, 5-year-old Erickson moved with his family to a farm in Lowell, Wisconsin. The journey began with a trip [p. 357 ↓] east in a covered wagon, an irony that Erickson used to illustrate moving forward by doing things in a backward fashion.

Farm life provided Erickson with many opportunities for problem solving for everyday necessities, patiently waiting for crops to grow, and for carefully observing the processes of nature. These qualities—pragmatism, patience, and close attention—are evident in the practice of Ericksonian therapy. Tales of accepting hardship, overcoming adversity, accomplishing substantial work in increments, as well as using leverage for change became a standard part of his teaching techniques and are now used by therapists around the world.

At 17 years of age, Erickson was stricken by poliomyelitis. While lying in bed paralyzed and fading in and out of consciousness, Erickson overheard the doctor advising his mother, “The boy will be dead by morning.” This statement had a profound effect on Erickson and yielded a powerful emotional response. He did not believe anyone had the right to say this to any mother, let alone his mother. In a state of defiance, Erickson

found sufficient physical energy to not only survive the night but survive the illness as well. The polio virus affected his entire body, and for a while his only voluntary control was over his eyelids. Erickson recalled this time as one of intense awareness — awareness of his own limitations and of his surroundings. He used the months of tedious rehabilitation to learn about the interplay between mind and body, and during this period of confinement, he became astutely aware of the patterns of behavior of those around him, such as recognizing who was coming by the sound of the footsteps and anticipating their emotional state prior to actually seeing them.

To complete his recovery, Erickson embarked on a 6-week canoe trip down the Mississippi River and back upstream. He was barely able to stand without crutches, incapable of portaging the route unassisted, and had minimal financial resources. Rather than asking for assistance directly, Erickson found that he could stimulate the curiosity of others and evoke unsolicited offers of help. Many nights, he “earned” his supper by telling stories to fishermen along the river. The practice of indirect suggestion and evoking resources as well as storytelling remain prominent features of the Ericksonian approach.

After earning an M.D. and M.A. in psychology, Erickson took a series of positions in state hospitals working with seriously mentally ill patients. It was within the institutional setting that Erickson recognized the importance of humor and hope. He found ways to benevolently confront patients with their own symptoms by either watching them performed by others or having the patient intentionally perform the symptom behavior. This created a more detached perspective, which served as a springboard for additional therapeutic progress.

A prolific writer, Erickson’s contributions to the professional literature were ongoing; he became known for his ideas and work—ideas and practices that were considered revolutionary by some and alarming by others. After moving to Arizona in 1948 and starting a private practice, his reputation grew both nationally and internationally, and other professionals sought to learn from him. Despite debility from the severe aftereffects of polio and his increasing age, Erickson continued teaching up to the time of his death in 1980, leaving a broad influence on the field that has continued to thrive over the subsequent decades.

Theoretical Underpinnings

Self-Organizing Change

Erickson viewed the human organism as a complex, ever-changing, organized collection of intellectual, emotional, and biological processes, which have both conscious and unconscious dimensions. He taught that all humans possess impressive self-organizing, adaptive abilities that should be evoked and brought into service in therapy.

He believed that change can and does take place on an unconscious level. This deep form of healing and growth involves unseen processes of reorganization, re-association, and adaptation. Ericksonian interventions are often targeted to the realignment and reorganization of preexistent internal resources, an awakening of previously unknown capabilities. Erickson encouraged his patients to “trust the unconscious mind.” This suggestion helps clients rediscover intuitive knowledge and engage parts of the mind that cannot be consciously understood.

Theory of Mind

While the concept of an unconscious mind, capable of independent perceptions, attitudes, memories, emotion, and even reason, is shared by psychodynamic practitioners, there are diametrically opposing ideas about the role of the unconscious in healthy living. In contrast to the Freudian unconscious, Erickson viewed the unconscious mind as a vital resource, a reservoir of life experiences in which one’s experiential knowledge is stored and available to facilitate adaptation to ongoing needs. Erickson described the nature of the unconscious as benevolent and protective of an individual’s conscious personality. While working with a single individual, Erickson would address two psychological systems: “You are sitting here in front of me with your conscious mind and your unconscious mind.” Of these two, the unconscious mind is assumed to have greater access to memory and a greater capacity for processing

internal and external stimuli. In this way, the unconscious mind has awareness of needs and experiences that are unknown to the conscious mind. Therefore, in Ericksonian therapy, addressing needs on an unconscious level is paramount, while problem resolution may or may not be needed on the conscious level.

Problem-Solving Orientation

Erickson believed that human beings are purposeful organisms oriented toward survival and growth, with an innate need for mastery of internal and external life experiences. This results in a striving to overcome obstacles and challenges while drawing from organic knowledge and a lifetime of learning. Erickson believed that people are naturally altruistic and thrive while helping others and contributing to society at large. Thus, enduring health occurs through expanding self-awareness, the cultivation of interpersonal relations, meaningful labor, exposure to novelty, and continued learning.

Individualization of Treatment

Erickson viewed the individualization of treatment as an imperative and objected to protocols of how therapy should proceed. Instead, Erickson emphasized the importance of observation and flexibility as he used the immediate knowledge of the client to guide intervention, rather than theoretical knowledge derived from a diagnosis.

Ericksonian practitioners recognize the importance of assessment not only during the initial visit but also throughout the duration of the therapy. However, the goal of assessment is not to arrive at a diagnosis but rather to collect as much information as possible about the unique needs, resources, and perspectives each person brings to therapy. While the first priority is to learn the client's conceptualization of needs as expressed with language, it is assumed that explicit knowledge provides an incomplete picture. Observations of unconscious processes such as implicit logic and unconscious emotion are made by studying innuendos, patterns of behavior, and nonverbal expression. This information is used to formulate a carefully tailored approach to therapy.

Collaborative Partnership

In Erickson's approach, the relationship revolves around cooperation and can be described as reciprocal and self-reinforcing. Here, the therapeutic relationship exists for the sake of meeting the client's needs. During this cooperative endeavor, the therapist accepts and encourages the client's attempts to direct and influence the therapy process. In turn, the client is more open to the influence of therapy.

Nonlinear Paradigm of Change

For Erickson, cause and effect were seldom linear. Rather, transformation is viewed as a paradoxical process that begins with absolute acceptance of clients. Erickson explained that sometimes you must go backward to move forward. For example, you can show a person how to be normal by acting crazy. Or sometimes, relapse is required for progress.

Major Concepts

The following key concepts are therapeutic principles that underlie all Ericksonian techniques and are therefore essential to the process of conducting Ericksonian therapy.

Utilization

The concept of utilization is considered by many to be Erickson's key contribution to psychotherapy. Simply put, utilization is a psychotherapeutic strategy that engages circumstances, habits, beliefs, perceptions, attitudes, symptoms, or resistances in service of problem resolution. The general idea is that one uses everything at hand. An example of utilization with a client who is refusing to talk during therapy is the statement "As you sit there in silence, you will find that a lot of important thoughts come to mind,

thoughts that are not easy to think about but that deserve your full attention.” This is utilization of behavior and of the total situation for the good of the client.

Destabilization

Erickson believed that learning new patterns of thought and behavior required a period of destabilization during which conditioned responses are denied expression. New, more adaptive patterns of thought and behavior come about as the unconscious mind reorganizes with new associations and perspectives. Often referred to as the confusion technique, destabilization temporarily destabilizes conscious tracking by disrupting orientation to time, place, person, movement, or the meaning of events. An example of the latter, with someone who insists that therapy cannot help, is the question “Are you certain you have not already made progress without knowing it? You are confidently insisting that you have not become more assertive?” These questions disrupt the normal train of thought, thereby creating space for new ideas, new ways of viewing one’s self and future possibilities.

Suggestion

Ericksonian approaches integrate an assortment of therapeutic suggestions ranging from strongly directive, to exceedingly permissive, to obtusely indirect. Hypnosis and hypnotic suggestion were so woven into Erickson’s communications that, at times, his students could not distinguish whether he was or was not performing hypnosis. Similarly, contemporary Ericksonian practitioners communicate from beginning to end of the therapeutic encounter suggestions such as “Change is possible,” “Help is available,” “The resources you need are inside you,” “You can do more than you realize,” “Change can occur without conscious effort,” and “You can continue to progress even after you leave therapy.”

Although there are an unlimited number of ways in which suggestion can be embedded within communication, common Ericksonian approaches include indirect, metaphorical, and permissive suggestion. Of these three, permissive suggestion best exemplifies the principle of self-organizing change. An example of a permissive suggestion, offered to a

client who is reluctant to share information, is the statement “You can tell me only what you are ready to reveal, and you can keep secret the things that are not important to your therapy.” This type of statement covers all possibilities, soliciting a response but without dictating what that response must be.

Reorientation

As stated by Erickson, all of psychotherapy involves some form of reorientation. It can occur as a change in *perspective*, such as when a person develops new attitudes or beliefs; a change in *frame of reference*, such as when a person gains new life experiences or has new information; or a change in *central nervous system activity*, such as when intense anger is aroused, relaxation is induced, or pent-up tears are released. Then, there are also changes in key *situational factors*, such as when a person decides to get a new job, get married, or go back to school, which can stimulate a reorientation in all the domains listed above.

Whereas many therapeutic approaches emphasize a reorientation in emotional experiencing or cognitive processing, Ericksonian practitioners often employ experiential, physical, or situational activities to achieve reorientation across numerous domains at both conscious and unconscious levels. Most famously, Erickson invited his patients and students alike to climb to the top of a nearby mountain to gain a broader perspective and reorient to life events.

Techniques

In Ericksonian therapy, cognition, emotion, and behavior are not divided and singled out for intervention. Rather, changes that facilitate growth in [p. 360 ↓] any domain of experiencing are viewed as possible catalysts for continued development across all domains. Any experience by which the client can achieve new learning is potentially an important psychological intervention. Learning and forming new associations occur at different levels, many of which exist outside conscious awareness. Therefore, therapeutic communication is conducted on multiple levels, some intended for conscious processing and some intended for unconscious processing.

Hypnosis

While the use of hypnosis is not synonymous with Ericksonian approaches, there is a close association. Clinicians often use formal and informal hypnosis to precipitate a shift in consciousness. This is in keeping with Erickson's belief that hypnosis offers an avenue to deliver suggestions and to evoke internal resources. At times, the trance induction itself may be used to catapult a client into a state of destabilization and provoke internal reorientation.

Emotional Impact

Shock and therapeutic ordeals are experiential events that alter the prevailing subjective reality. Shock may be used to either stimulate an emotional response or defuse problematic emotional states. Erickson sometimes used brazen confrontational language to paradoxically bring about a lowering of defenses and a willingness to discuss troubling realities. In a typical therapeutic ordeal, an assignment is given in which an uncomfortable task the client has deliberately avoided is paired with unintentional symptom occurrence. For example, a person who is frightened of the dentist may be given the task of sitting in a dentist's office, with nothing to do, until the fear is diminished. Thus, deliberate and nondeliberate actions become pitted against one another.

Double Bind

The double bind technique employs a dichotomy in which either of two options represents progress. This technique obscures the possibility of negative outcomes by linking therapeutic progress to actions in either direction. For example, the statement "You can understand this concept now or remain confused and achieve deeper insight later" both validates freedom of choice and creates an expectation of progress regardless of the response. When only one of the two options is explicitly stated, and the implicit alternative is subsequently chosen by the client, then a form of unconscious

commitment is activated—for example, “I don’t know when you will begin to notice that change is beginning to take place. You may have made a lot of progress and didn’t even notice it yet.” The alternative option, which was not mentioned, is that the client can choose to have immediate conscious awareness of progress.

Seeding and Presupposition

Techniques such as seeding and presupposition are used to stimulate awareness of future possibilities while avoiding overwhelming clients with memories or ideas that are emotionally intolerable. Seeding can be used for purposes of desensitization or as a form of priming. For example, when seeking to help a woman who is in denial about her husband’s diagnosis of terminal cancer, the therapist might ask the client about a favorite trip she took with her husband, how enjoyable it was, and how she is certain to hold on to those good feelings for a lifetime. The therapist can then ask if she was sad when the trip had to come to an end and what she did to get over the sadness. In this way, the client is exposed to the larger reality in a metaphorical way and engaged in adaptive thinking that will serve her at a future point in time.

Presuppositions also introduce ideas that summon a future orientation in time. For instance, asking a client what she will do when she is healed interjects an implicit presupposition that healing will occur. The purpose of using a form of communication that points to a meaning beyond the stated words is to stimulate unconscious reasoning and/or mediate implicit emotions and attitudes.

Linking

Linking is a form of suggestion in which new ideas are tied to existing behaviors or internal associations. For example, the therapist might say, “Each time that you come to therapy, you will notice that the therapy gets easier and easier and [p. 361 ↓] that you are gradually increasing the amount of progress that you make.” The client has already established his ability to come to the office, so the therapist simply links coming to therapy with making progress.

Reframing

Reframing is a technique used to reorient the client to the emotional meaning given to a particular event. It is a change in perspective in which the same sets of facts find new meaning by changing the contextual background against which they are interpreted. For example, a rabbit seems small and insignificant when standing next to an elephant but large and powerful when standing next to a fly. Similarly, a client can feel wretched and inferior due to his depression until the therapist points out that he is one of the most highly functioning depressed individuals he has seen. Furthermore, the therapist can point out how in a single session the client did at least two if not three sessions' worth of work. This reframe gives the client a new positive perspective on his depression and increases hope, the antidote to depression.

Symptom Prescription and Pattern Interruption

Essentially a technique of paradox, symptom prescription is an instruction for the client to intentionally perform some part of the symptom complex. Because most clients have been consciously trying to inhibit the behavior, this reversal creates an automatic disruption in patterns of behavior. For example, an anxious client might be told, "You need to keep some small part of your worry so that you are able to act carefully when needed. Before reducing your overall anxiety, we should have you spend at least one or two weeks practicing the useful type of worry." Once the client starts to wonder if she has worried enough during the week, the underlying belief that she is unable to stop worrying is transformed.

Therapeutic Process

Similar to a Zen koan, Erickson's ideas for therapy can be summed up as theory based on the premise that a theory of psychotherapy is not needed. Without the doctrine of a formal theory, there are no limits from which to distinguish proper or improper process.

Instead, practitioners are admonished to have a willingness to use whatever works. Or on the flipside, “If what you are doing is not working, then try something different.” The standard by which progress is measured is subjective and established by the client relative to his or her personal goals.

See also [Erickson-Derived or -Influenced Theories: Overview](#); [Hypnotherapy](#); [Integrative Forgiveness Psychotherapy](#); [Neuro-Linguistic Programming](#); [Palo Alto Group](#); [Solution-Focused Brief Therapy](#); [Strategic Therapy](#)

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Further Readings

Erickson, M. H., & Rossi, E. L. (1979). *Hypnotherapy: An exploratory casebook*. New York, NY: Irvington.

Erickson, M. H., & Rossi, E. L. (1981). *Experiencing hypnosis*. New York, NY: Irvington.

Erickson, M. H., Rossi, E. L., & Rossi, S. I. (1976). *Hypnotic realities*. New York, NY: Irvington.

Haley, J. (1993). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson, MD*. New York, NY: W. W. Norton. (Original work published 1973)

Haley, J. (Ed.). (1985). *Conversations with Milton H. Erickson, MD: Vol. 1. Changing individuals*. New York, NY: W. W. Norton.

Haley, J. (Ed.). (1985). *Conversations with Milton H. Erickson, MD: Vol. 2. Changing couples*. Harrisburg, PA: Triangle Press.

Haley, J. (Ed.). (1985). *Conversations with Milton H. Erickson, MD: Vol. 3. Changing children and families*. New York, NY: W. W. Norton.

Havens, R. A. (2005). *The wisdom of Milton H Erickson: The complete volume*. Wilshire, England: Crown House.

Lankton, S. R., Lankton, C. H., & Erickson, M. H. (1986). *Enchantment and intervention in family therapy: Training in Ericksonian approaches*. Wilshire, England: Crown House.

Rosen, S. (Ed.). (2010). *My voice will go with you: The teaching tales of Milton H. Erickson*. New York, NY: W. W. Norton.

Rossi, E. L., Erickson-Klein, R., & Rossi, K. (2010). *The collected works of Milton H. Erickson, M.D.* (10 vols.). Phoenix, AZ: Milton H. Erickson Foundation Press.

Short, D., Erickson, B. A., & Erickson-Klein, R. (2005). *Hope and resiliency: Understanding the psychotherapeutic strategies of Milton H. Erickson*. Trowbridge, Wilshire: Crown House.

Zeig, J. K. (1985). *Experiencing Erickson: An introduction to the man and his work*. New York, NY: Brunner/Mazel.

Zeig, J. K. (Ed.). (2013). *Teaching seminar with Milton H. Erickson* [Google eBook]. New York, NY: Routledge. (Original work published 1985)