

Milton Erickson (1901-1980) although primarily a hypnotherapist was a brilliant innovator whose ideas formed the basis for many different therapeutic schools. Some of these include Family therapy, Systemic therapy, NLP therapy, Brief Solution-focused therapy, Self-Relations therapy and Possibility therapy. His followers include Bill O'Hanlon, Ernest Rossi, the Palo Alto Group, Jeffrey Zeig, Steve Gilligan, Richard Bandler & John Grinder, Michael Yapko, Steve de Shazer, Steve & Carol Lankton and many others. The fact that Erickson's work gave rise to so many different approaches attests to the richness and depth of his work. It also creates a problem in trying to summarize it. What could all these different conceptions of therapy have in common? The answer is like trying to look at a series of Venn diagrams: some circles have much in common, some have a little, and some have nothing in common with each other. Rather, they are united by overlapping themes with. And each of these is emphasised in different ways according to the client, the therapeutic contract, and the opportunities of the moment.

Erickson never tried to theorize his work and, indeed, declared that this was impossible. He felt that his work was too personal, too much tailored to the individual client to be capable of summary. Even so there have been good works which have offered frameworks for understanding Ericksonian therapy. Some of these are given at the bibliography at the end of this essay.

In this article we explore how Erickson's ideas inform the practice of Brief therapy. We do this by looking at some of Erickson's principles of work and show how they can assist clients in resolving problems, achieving insight, releasing symptoms and achieving goals.

**Brevity.** Erickson in the 1940s was a pioneer in brief approaches to therapy. He showed that one could get quick results by focusing on goals, looking for things the client was already doing to improve, utilizing opportunities, and applying common-sense.

**Empathetic.** The therapist does not seek to change what the client thinks or does. Instead she paces what is going on now as an adequate comment on the client's reality. Wherever possible she seeks to get inside the client's map of the world and then mirrors it back to the client in words, images and metaphors. This fosters rapport, validates the client's perspective, and builds a solid working alliance.

**Trance.** Erickson broadly defined trance as focused attention, meaning that subjects created tunnel vision for internal thoughts, reactions and sensations. Using trance enables clients to access the emotional meaning of symptoms and promotes that inner resynthesis of experience which Erickson thought was the object of therapy.

**Symptom coherence.** Erickson thought the unconscious mind usually had good reasons for what it did. Many of the things labelled problems by the conscious mind were in fact the best solution the unconscious mind could come up with, given the existence of conflicts, fears, environmental limitations, ignorance, or overwhelming trauma.

**Paradox.** Many of Erickson's puzzling interventions were based on the recognition that the symptom often served a purpose. Thus, getting the client to do more of the symptom, but in a different way, teaches the client how to control it, redirect it, or reframe it.

**Utilization.** Ericksonian therapy assumes clients have all they need to transform the problem. It is a common-sense approach that utilizes life-experiences, skills, knowledge and practical opportunities to change the way clients feel, think or act on problems.

**Ideodynamics.** Erickson used trance to help clients change the emotional meaning of the symptom by engaging their unconscious minds to review, reframe and reintegrate emotion. Ideodynamic responses (changes in motor activity or sensation, such as hand levitation or the emergence of feelings in the body) confirm trance, deepen absorption and call upon the client to participate in the work. Ideodynamic responses are then linked to unconscious communication via signals. The therapist looks for spontaneous healing and uses ideodynamic signalling to confirm that change is occurring.

**Non-Pathology.** Symptoms are not viewed as evidence of illness. Instead they are seen as signs that the client has unresolved issues that are fuelled by needs, desires and intentions. Working with the unconscious to find other ways of servicing these purposes does not necessarily result in the elimination of the symptom. Sometimes clients learn to work better with their symptoms rather than as seeing them as defects.

**Action-focused.** Ericksonian therapy is evidence-based. It considers therapy a success when clients change what they do. Right from the start, Ericksonian therapists ask about what will be different when the client has changed. Sometimes this involves formal goal-setting procedures but need not.

**Inclusiveness.** Assuming that symptoms make sense in some map of the world means we look at ways to include them in the clients life rather than destroying them. Symptoms often make complete sense once we uncover what it is they do (or are supposed to do) for the client. Instead of thinking either the client has the symptom or she doesnt we suggest you could have the symptom in that particular way but you dont have to. Troublesome symptoms can be reframed as useful signals that tell the client to take productive action.

**Participative.** In this approach change does not occur as a result of suggestion, interpretation, or theory. Change happens when the client learns something new. For this happens the client actively participates in the work of therapy. As Erickson used to say: it is not suggestion that is important; it is what the client does with the suggestion. In therapy clients, consciously or unconsciously experience changes in emotion, thought and perception. They integrate new learning and rehearse new activities.

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