2a. Pre Erickson and Erickson

The Naturalistic approach to therapy, and to Hypnotism, can be summed up in a few words. It is the "utilisation", that is, the use by the therapist of whatever capacities and kinds of responses the patient has."
Foreword to the Second Edition Yapko Trancework 1990

The nature of the Ericksonian approach to effective psychotherapy was not to separate the use of hypnotic patterns of communication from therapeutic communications in general. We would certainly agree that effective communication is the key to both the skilled use of hypnotic phenomena and to effective psychotherapy. It might well be that we could go further and suggest that all influencing communications constitute hypnosis, and, to quote Yapko "If there is a more dynamic and potent means of empowering individuals than by working hypnotically, I am not yet aware of it." We all have degrees of responsiveness. Psychotherapy is perhaps about presenting ideas so that patients can respond constructively in, and of, their own accord. A situation where the therapist helps the patient to empower himself to do something possible that he did not have the wherewithal to do himself without help. Psychotherapists/hypnotherapists make the improbable possible – or make the improbable, do-able. Paraphrasing, in Erickson terms, psychotherapy is creating a matrix for a reassociation of inner strengths.

However, consensus within psychotherapy and hypnotherapy is a rare commodity. As Yapko says, the field of hypnosis remains an eternally conflicted one. Perhaps is the natural, pragmatic and progressive evolvement in therapy that causes difficulties. Psychotherapists and hypnotherapists have difficulty in shifting their perspectives in the same way as the rest of the world. Sometimes we can be victims of what we learn.

There is no doubt that in the last fifty years therapy has evolved at enormous speed. It has become an American export. Prior to the Second World War psychotherapy was rooted in European philosophy. It assumed an orientation to analyse the past with self understanding as its goal. European cultures tended to be more private, and past tradition much valued. American culture has tended to be more extrovert and oriented in the future, and certainly since the 1950's the therapeutic world has reflected American pragmatism and oriented towards intervention.

Carl Rogers developed the client centred approach which heralded the Humanistic tradition. Psychotherapy was no longer purely based on the search for understanding but rather the goal became 'awareness'. As a natural outcome, expression was encouraged – especially expression of feelings. What followed was the emergence of 'growth-oriented' therapies, such as gestalt, where the main purpose was to be more aware of the here-and-now.

The development of the Behavioural stream of psychotherapy came next with its theoretical understandings based on the experimental work of Skinner, Wolpe, and followers. The goal now became the change of behaviour rather than increased understanding or awareness. This spawned cognitive approaches which aimed to change behaviour by revising thought patterns.

In the 1960's perhaps the most important development was the idea of systems. No longer was the individual the unit of treatment. Now a therapist would concentrate on relational aspects – what happens between human beings rather than inside them. The goal was 'systemic change'.

Unfortunately, to re-iterate Yapko, development took place in separate streams. Analysts talked to analysts; behaviourists talked to behaviourists; cognitive therapists talked to cognitive therapists; and even more restrictive, Freudians with Freudians; Jungians with Jungians; Rogerians with Rogerians. However, we know, that on a day to day basis most psychotherapists use all these areas of activity either knowingly or unknowingly, overtly and covertly.

It was Erickson who, in furthering the cause of pragmatism, harnessed all the various streams. In his 'communications approach' he used whatever was necessary to maximise 'therapeutic responsiveness'. He explored the vast parameters of communication and became a pivotal figure of change.

Until Erickson psychotherapy was purely based on uncovering details – deficits in the person's behaviour awareness, or understanding, or in the way a person reacted within a system – now the culture of 'utilisation' flourished. What does the patient bring to the therapy? What is the reality of the situation now? How can the patient use their resources in more effective ways?

The first century of psychotherapy can be seen as one of theory. The second century, which we are in, elevates application. Jeffery Zeig elucidated the psychotherapeutic development through to Erickson by using a metaphor of trees;

> "The analytic approach would be directed at uncovering and examining roots; the awareness method would subscribe to the philosophy of sitting back and revelling in the inherent beauty of the tree; the behavioural school would say: If you don't like the way the tree's developing, shine light in the direction you want it to grow; systems adherents would observe trees in the ecosystem and some Ericksonians would maintain that you can best influence trees by beating around the bushes".

b. Post Erickson – Yapko's assessment paraphrased

Clinical hypnosis has been the subject of serious scientific inquiry for only about 70 years, but as we said it has been the source of fascination for students of human experience for more than two centuries. Only in the last two decades, however, has hypnosis research reached a level of sophistication that offers some objective evidence for its clinical value.

Three powerful forces converged in the 1990s and continue to the present, that re-shaped many of our understandings of clinical hypnosis. The first of these forces has been the growing emphasis in the field of psychotherapy on proving its worth with empirical data affirming its effectiveness. The drive for developing so-called empirically supported psychotherapies has pushed and pulled the field in different, and sometimes even contradictory, directions, taking hypnosis along with it since hypnosis is most commonly applied in the psychotherapeutic domain. A direct result is the division within the field of those who see hypnosis as a vehicle for delivering "standard" psychotherapies (e.g., cognitive-behavioural, psychodynamic etc.) and not a therapy in its own right, and those who see hypnosis as a special form of therapy reflected in the self-defining term "hypnotherapy". Regardless of one's position, the salient research questions have been, "Does hypnosis enhance research results?" and, "Can hypnosis correctly be considered an 'empirically supported' style of intervention?"

The second force re-shaping clinical hypnosis in recent years directly and explosively collided with the first. We are referring to the so-called repressed memory controversy. In the mid 1990, the controversy reached its zenith, bitterly dividing the mental health profession over the presumed role of repressed memories of childhood sexual abuse as the underlying cause of a client's current symptoms. Extreme positions by "experts" dominated the field, encouraging clinicians to either believe all memories excavated in treatment through hypnosis and other suggestive memory retrieval techniques, or to disbelieve all such memories as fabrications in response to untoward influence by therapists or others. (The controversy has since quieted as evidence for both/all points of view helped define an informed clinical practice.) Suddenly hypnosis and the phenomenon of human suggestibility was in the centre spotlight as experts in persuasion, interrogation, memory, trauma, and hypnosis squared off to each other, both in the journals and the tabloids, further confusing an already confused public about what it all meant. Meanwhile, each day's headlines blared a new story of some trusted figure being accused of abuse on the basis of memories being recovered in hypnosis. The field of clinical hypnosis was forced to redefine itself more scientifically while directly addressing and correcting many of the common myths held about the nature of human memory and how it is affected by hypnotic procedures.

The third major force re-shaping the field has been the advances in cognitive neuroscience. There is something about the experience of hypnosis that invites careful neurophysiological inquiry. After all, unusual things happen. A person has normal bodily perceptions one minute, then focuses on suggestions for experiencing a dramatic change in bodily sensations, and the next minute the person actually experiences those suggested changes. How does the mind influence the brain in hypnosis, and vice versa? Newer scanning technologies, such as functional Magnetic Resonance Imaging (fMRI), have made it possible to begin investigating the brain during hypnotic procedures in ways that simply were not possible years ago. The possibilities in this new domain of research are very exciting and will help us focus our clinical efforts. Much of what we do in the modern consulting room is a reflection of this ability to be able to "see" the brain. A good deal of guess work has now been made redundant along with many erroneous assumptions. Certainly an exciting time for hypnotherapy has been created.

c. Therapy: what is it, then, that works?

Researchers from Brigham Young and Ohio universities tracked over 1800 students who attended for counselling at a large university counselling centre, and whose severity of problems at the start of treatment was similar. The students were allocated to any of 56 possible therapists.

The researchers found that the type of therapy had very little impact on whether students recovered quickly or not. What did have enormous impact was the therapist that they saw. A student who saw one of three particular therapists was likely to feel dramatically better within weeks, whereas a student who saw one of three other particular therapists was likely to feel as bad or worse after three times as much treatment.`

The authors conclude, "Something about these (successful) therapists and the way they work, independent of the amount of time spent with clients, has a significant impact. There is an urgent need to take account of the effectiveness of the individual therapist and it is time for clinicians to welcome such research."

Research Article
Waiting for supershrink: an empirical analysis of therapist effects
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Correspondence to Michael J. Lambert, Department of Psychology, Brigham Young University, Provo UT 84602, USA. Improving the effects of psychotherapy has been accomplished through a variety of methods. One infrequently used method involves profiling patient outcomes within therapist in order to find the empirically supported psychotherapist. This study examined data collected on 1841 clients seen by 91 therapists over a 2.5-year period in a University Counselling Centre. Clients were given the Outcome Questionnaire-45 (OQ-45) on a weekly basis. After analysing data to see if general therapist traits (i.e. theoretical orientation, type of training) accounted for differences in clients' rate of improvement, data were then analysed again using Hierarchical Linear Modelling (HLM), to compare individual therapists to see if there were significant differences in the overall outcome and speed of client improvement. There was a significant amount of variation among therapists' clients' rates of improvement. The therapists whose clients showed the fastest rate of improvement had an average rate of change 10 times greater than the mean for the sample. The therapists whose clients showed the slowest rate of improvement actually showed an average increase in symptoms among their clients. Use of this information for improving quality of patient outcomes is discussed.

d. Spare capacity

A necessary condition for being a good therapist or counsellor is that you must have spare capacity. One way to develop some spare capacity is to be able to do something well that gives you a confidence and an ease of operating in that particular area of your life. This applies to all fields of endeavour. When you do something well, a craft, skill or trade, you don't have to think about it, or boast about your achievements.

People who are skilled are often surprised when other people comment on it because the skill is naturalised in them. Losing vanity is a requirement of developing spare capacity, and vanity tends to fall away when you are competent and confident. This releases the energy you need and spare capacity is like spare energy.

When you want to operate well in a situation you must have the spare capacity to see what's going on. You must have confidence and not be put down by *anyone*. You must be 'on top of your work' to have spare capacity to see, understand and perhaps influence events.

If you are too pleased, anxious, or depressed, you have no possibility of developing the spare capacity you need in order to do therapy well. Excessive emotion - whatever the emotion - happy or sad - exhausts you, uses up energy you need to hold in reserve for creating the capacity to observe objectively. *You* are not in control if your emotional life is too strong.

At the Clifton Practice, we emphasise the need to have practical skill. We make use of the many practical sessions to ensure our "house is in order" both from a practitioner and a "client" perspective. Any practitioner anxiety in the consulting room will reduce our effectiveness. Remember, anxiety makes us stupid! When practitioners have control in their lives, when skilfulness becomes second nature, then we are able to make use of our inherent intuition.

A Solution Focused Hypnotherapist

Solution Focused Hypnotherapy is a model of excellence that uses interventions that work.

A Solution Focused Hypnotherapist is a psychotherapist of the James Braid (1840) tradition i.e. Using the very best procedures that science and research illustrates and in addition uses trance.
A Solution Focused Hypnotherapist is someone who is themselves a model of excellence and is fully equipped to respond fluidly and naturally to the needs of the client and who continues to seek to understand the principles of the mind to underpin the efficacy of their work.

- will explain how the brain works in a succinct and easy-to-grasp way enabling clients to make practical sense of neuroscience and its application within their everyday lives.
- will help clients find useful change and, more often than not, amplify it.
- would operate from a 'not knowing' stance having as few assumptions about the client as possible.
- would always deem the client to be the 'expert' on their own lives.
- would emphasise resources rather than deficits.
- would accept that the client is always the best judge of how and when the problem is resolved.

- would know that sometimes only the smallest of changes is necessary to set in motion a solution to the problem.
- would understand that problems do not represent underlying pathology. They are just things the client wants to do without.
- Understands that solution work is 'the same whatever problem the client brings' although the process emerges differently each time based on what the clients say/do/want.

- would be seeking useful change and positive difference in all phases of the process, from before the first session, between sessions and afterwards.
- would promote descriptions in specific, sometimes small, interactional and positive terms (presence of solutions rather than the absence of problems, start of something new rather than stopping something)

- would help clients build a description of their 'preferred future' using scaling, the miracle question and other 'future perfect' oriented questions
- would use trance to enable the client to access their 'inner rehearsal' default mode.
- would help the client identify and take small constructive steps in the direction of the desired change.