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## THE RIVER OF LIFE MODEL – TIMELINES IN PSYCHOTHERAPY

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**ericksonian hypnotherapy  
timelines in psychotherapy  
The River of Life Model**

### Summary

*This article discusses the River of Life model proposed by Peter Nemetschek, a hypnotherapeutic method using timelines. First, it outlines the strategy of individual or family systemic therapy (using futuring) on which this method is based. Nemetschek made the assumption that the goal of therapy is to restore the individual's and system's adaptive capacity to cope with unavoidable crises by utilising the resources within the system. He further assumed that the outcome of therapy would be reinforced if the patient's attention were shifted to building up hope and developing a positive attitude to the possible future achievement of the goal. Next, the article explores the method itself: its structure, basic steps and application. A family brief therapy case study is then presented and the practical application of the method is explained. The patient, a four-year old boy with an elimination disorder (encopresis), was signed up for therapy by his mother. In the last part of the article, focus is given to the characteristics of the method which effectively facilitate change in the therapeutic process. The method can be applied in individual, couples and family therapy to address various clinical problems. The therapist uses a nondirective approach to induce a hypnotic state in all family members and involve them in a parallel therapeutic process. His role is both active and creative in that he provides space for the patients' hypnotic projections of their course of life and also introduces rituals, and makes use of metaphors, symbols and the family's resources.*

### Introduction

Milton H. Erickson pioneered the therapeutical approach in which the patient's futuring and movement along his timeline were used in therapy. The classical schools of psychotherapy in his time focused primarily on the examination of the impact of past events on the patient's later life. Erickson believed that the main purpose of therapy was to have the patient begin to function in a way that was congruent with reality. The framework of reality is defined by simple activities that factor in the present reality and the anticipated future [1]. Erickson was the first to use hypnosis<sup>1</sup> to change patients' subjective perception

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<sup>1)</sup> Hypnosis – a unique and complex, though normal, form of behaviour which may probably be induced in all people under proper circumstances. Functioning on a specific level of consciousness is characterised

of time. The purpose of Ericksonian hypnosis is trance induction, i.e., the stimulation of a constructive inner process leading to the awakening of sensitivity to the internal reaction of positive aspects of the unconscious mind.

Among the most distinguishable features of the Ericksonian approach are the therapist's future orientation and the creation of a positive vision of the future (the goal of therapy) together with the patient. The therapeutic strategy is based on the assumption that the final effect of therapy will be enhanced if the patient's attention is directed to building up hope and a positive attitude to the prospect of achieving the goal in the future,

"Futuring is understood as the capacity of the mind to generate future possibilities through the process of the visualisation of images of the future. It includes anticipations, expectations, planning, dreams and decision-making" [2, p. 355]. People have the obvious ability to plan something and assess the probability of experiencing it in the future, nonetheless, they often make ill use of this ability by imagining the worst possible outcome (worst-case scenario). Watzlawick, who spent most of his professional life studying the mechanisms of human behavioural change, identified the power of negative suggestion in so-called self-fulfilling prophecies. "The future (not the past) determines the present; foretelling the event leads to the foretold event" [3, p. 105]. Negative thinking about the future and the anticipation of misfortune, especially when it is detailed and perceived as threatening and unavoidable, may provoke fear and cause thinking about the problem to be avoided on a conscious level. However, on an unconscious level, it will create an internal program that generates behaviour which prompts the anticipated misfortune to occur.

The focus on a positive future has become the basis for developing solution-oriented brief therapy. Many therapists, in elaborating this approach, devise futuring strategies together with the patient to obtain solutions for the ongoing problem [4-6].

Hypnotic age progression is a trance phenomenon used by Ericksonian therapists in their work. D.C. Hammond notes that in source literature the term "age progression" is often used interchangeably with such terms as "time projection", "the imagination process", "imagining the goal", "imagining success", and "imagining the end result" [2]. The author describes hypnotically induced mental rehearsal<sup>2</sup> as a technique in which the patient is asked to picture the anticipated future event in his mind and inner experiencing. In a publication on the power of the imagination in the healing process, Lazarus, a therapist of the cognitive school, describes a method termed by him "time travel" [7]. It is a method of guided visualisation in the course of which the therapist offers the suggestion that the patient travels into the future in an imagined time vehicle. The purpose behind the conscious cognitive effort made by the patient is to have him imagine the process and means by which he will achieve the desired final result (a process of "imagining the final outcome"). Hammond points out the difference between the method of guided visualisation first used by Lazarus in cognitive therapy and the methods based on age progression induction in future-oriented

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by a state of susceptibility, sensitivity and receptiveness/responsiveness in which internal learning through experience and comprehension may have a comparable or even equivalent value to that generally given to stimuli received from the external world (definition written for *Encyclopaedia Britannica* by M.H. Erickson and published therein between 1954 and 1973).

<sup>2)</sup> mental rehearsal – a term used in medicine and psychology to describe the practicing of a specific task in a subject's imagination

hypnotherapy. In hypnotic age progression, the patient can relive (the experience) in an internal encounter with the anticipated situation. Hammond comments that the difference between "imagining the final outcome" and age progression is similar to that between the conscious recollection of childhood experiences and full age regression under hypnosis accompanied by reinvigoration and the re-experiencing of past events [8]. Age progression is intended to lead the patient to experience the future in which he has "the opportunity to experimentally experience the consequences of his newly made choices, integrate suggestions at a deeper level and test new patterns of thought, feeling and behaviour" [9, p. 515].

Erickson described his own, hypnotically induced, age progression technique which he called "pseudo-orientation in time" [2]. The attention of the patient when in a hypnotic trance was directed to travelling through time and space to a future in which he would be able to find a solution to his problem. Next, Erickson gave the patient the suggestion that he accept the future as the present, and proceeded to inquire what the patient had learned and what he had done to facilitate the resolution of the problem. Information from the patient was then used by Erickson in his therapeutic strategy.

There are many hypnotic techniques that make it possible for the patient to pursue time travel. Yapko describes techniques which rely on the patient's imagination where the patient can use a "special vehicle", i.e., a time vehicle, spaceship or aeroplane to project himself into the future in which important events are to take place and where he will be able to see the consequences of the changes occurring in the present" [10].

### **The River of Life Model – a description of the method**

The River of Life method was created by Peter Nemetschek, a German family psychotherapist and hypnosis teacher. He spent more than twenty years of his professional life applying, developing and enhancing the method [11]. In the 1970s, Nemetschek took part in a seminar led by Milton H. Erickson in Phoenix. He learned and experienced trance under the guidance of his master teacher in this formative period of his career, Nemetschek used those learnings as a basis for developing his brief therapy, hypnotherapy and family therapy practice in Germany.

The River of Life is a therapeutical method providing patients with the opportunity to move around their timelines in the course of a therapy session. The strategic assumption of the method is that the goal of therapy is to restore the individual's and/or system's ability to cope with unavoidable crises through the use of resources found within the system itself. The therapist moves around the patient's timeline together with the patient – from the place that symbolizes the past to the place that orientates the patient to the here-and-now on the timeline – and then from the present to the imagined and desired future (the place associated with the achievement of the goal), only to return once again to the past in order for the patient to harness the resources needed for the achievement of the goal.

The technique may be used in family therapy, as well as in individual and couples therapy. Here is a description of the basic structure of the method, and its necessary steps, as described by its author, using family therapy sessions as an example [11].

1. The family's basic genogram is quickly drawn at the beginning of the first session (in approximately 5 minutes). The family's emotions are stirred up. Now that the genogram

has been drawn, the family members have the notion that something has been done without undue deliberation over internal conflicts. The therapist stands up unexpectedly and says: "Let's do something about this. Shove these stacked chairs away. We need lots of space ..." Families that normally show up for therapy in a negative emotional state and are prepared for problem talk, get confused when presented with an unexpected proposal; their curiosity is aroused and a feeling of lightness appears. A naturalistic state of everyday family trance<sup>33</sup> is induced. The therapist points to several coloured ropes on the floor and addresses one of the parents: "If these are lifelines, life paths, life rivers that flow, which is your colour? ... Take it into your hands ..." With this, the ropes are transformed into colours and each family member holds his/her life in his/her hands, so to speak.

2. The therapist says: "There is the past ... it is the wall opposite the window... and there is the future..." (indicating the wall with the window). The room is transformed into time-space, and the ropes become mental timelines. The family therapist's task is to transform the floor into a projection area and then into a sort of family landscape (it is important for him to make brief pauses during induction to allow for visual imagery to be produced and to wait for the deepening of the trance state).
3. Before the patients awake from the naturalistic trance, the therapist asks the oldest person – normally the father: "Will you allow me to take your lifeline? ... I will be careful with it!" The therapist then begins to lay the end of the rope in the *early past* on the floor. "It is here that you were conceived ...". Nemetschek cites Virginia Satir's (his family therapy teacher's) words: "Always begin with the love story. A positive, constructive mood swing is an important first goal. A second – to build up the willingness of the family members to cooperate"[12, p. 25]. According to Nemetschek, talk on love and sex will draw the attention of the entire family. Talking with children as adults will resonate with their deep need to grow up and become an adult woman or man. In the course of the trance work, the therapist will come across such trance phenomenon as time distortion "where clients recreating their past will in no time at all experience compressed time flow, but when exploring their timeline in the future will experience the expansion and lengthening of time flow" [9, p. 307].
4. The family therapist continues to lay the rope representing the father's lifeline on the floor. He notes that "When Dad was born, he was a little baby ... learning to walk ... speak ... and ride a bicycle." Next, he refers to the father's early years and continues briskly: "... he gets bigger and bigger ... goes to school ... on his way to becoming a young man ... and here he meets a wonderful, attractive woman! Can you guess who? ... That's right, it was Mum ... She, too, was in a holding pattern, etc. ..." Their lifelines meet in a Y form continuing the love story to another highlight that lifts the general mood of the session. The family which had come to the therapy room troubled, irritated and prepared for rounds of accusations, suddenly finds itself

<sup>33</sup> trance – a naturalistic, altered state of consciousness that is either self-induced by the subject during daytime or induced in the course of communication with another person, as a result of a heightened reaction to ideas and impressions [1, p. 517]

in another time, space and state. The hint of love which runs through the family story (positive regression of the family system) is anchored with the symbol: “Here (the therapist turns to the parents) are all sorts of heart-shaped objects – choose one and place it here ...” [11, p. 239].

5. The parents’ timelines are now running parallel into the future. The therapist continues laying down the larger course, noting the nonverbal signals of the family members. “Is this all right ...?” he asks. “Or would you like to correct something?”. Frequently, the issue of relationship crises is then brought up – with the comment that “Crises are normal”. Women are more prone to plot large curves for crises or to pull their lifeline and that of their partner further apart. The therapeutic intervention here might be: “It would be helpful if we kept this on a small scale because what we have in the middle of the room is *today* ... We could go to the moment when your first child was conceived ... and you were together ... very together ...” [p. 243]. If the patient insists that they had a lot of serious crises, this can be humorously reframed: “Then you are already masters at solving difficult crises – and that without any professional help!”. Turning to the children, the therapist may say: “Mum will show you the place on the lifelines where you were born ... And put your lifelines between Mum’s and Dad’s lines lying so close to each other ... And over there you will find a crystal ball, a precious thing, a heart-shaped object or whatever you wish to choose, and place it at the beginning, the source of your life, Now you are going down the river of your life ...” [11, p. 242]. Bit by bit, the landscape of the river of life will unfold. It is very important for the therapist to observe how the process of constructing the clients’ inner world is started and to give them ample time. He should be mindful of the patients’ reactive signals.
6. The members of the family are asked to stand on the crisis curve and point their fingers to the place in the future on their lifelines when they expect to find a solution to their crisis situation and when external professional help will no longer be needed. They are further asked to stand in that place, close their eyes (thus deepening the trance) and imagine in great detail what they saw, heard and felt *there*. The therapist asks the patients specifically how they are experiencing the future, as if the future was present.
7. From that place on the timeline, patients may identify another future point on the ropes. The therapist says: “There is still one exciting point in the far future. Time has passed and you have forgotten the stress of the crisis long ago. Find that point on the line ... And now you can smile about it (laugh at it) ....” [11, p. 240]. The patients are asked to choose colourful objects that are attractive to children, such as crystal balls, shining stars, smiles, etc., to mark that point.
8. What follows is a return to the starting point (the crisis situation) and the therapist may, if he finds it useful, search in the past for the resources of all of the family members. These may be marked in a variety of ways – by placing something in the chronological past on the timeline, such as a drawing, pebble, shell, toy, postcard, plushie or scarf. The patient may be led to the place associated with the resources in order to re-experience the resource abundance situation there – and may take these resources along to use them to resolve the problem.

9. The River Flow work ends with future pacing<sup>4</sup> [12]. The suggestion is made by the therapist that all of the members of the family present at the session remain open to their emotions, images and thoughts, and to the energy and mood of the session. He encourages them to make future use of everything they had experienced during the session. That should be a good starting point for finding a solution later. The session ends without any further discussions. Fig. 1 shows the standard River of Life workflow.

The River of Life Model is diversely and broadly used as a therapeutic technique. It may be modified by the therapist in a number of ways depending on the therapeutic goal, the patient's individual characteristics and the specific setting in which treatment is offered.

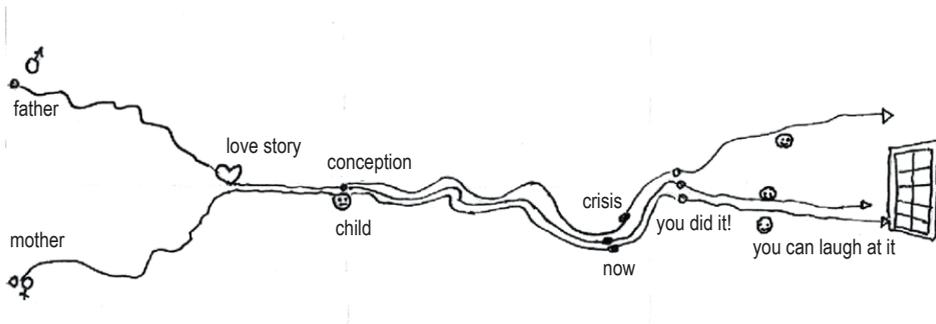


Fig. 1 – A diagram of the workflow of lifeline family therapy

**Case study** A 36-year-old woman showed up for therapy reporting that she had a problem with her 4-year-old son Jasio. The boy had elimination and fecal smearing problems. The childhood disorder had a retentive aspect – the boy refused to empty his bowels. The difficulties appeared only after he had completed his third year. It seemed that Jasio had regressed, i.e., backslided to an earlier developmental stage. The woman was acutely aware of his suffering and felt helpless. She consulted a paediatrician and tried different diets – with no effect. Jasio ate only a few favourite foods, mainly toast and ketchup.

During the first session, the mother described her family situation. She had been in a relationship with another man for a year and had left her husband, taking her son with her. Soon she divorced the child's father. The woman, her new partner and the boy moved into a new house bought on credit. She married her partner six months later. She claimed that Jasio's father had gone abroad for an unspecified time in search of a job. The boy and his father had lost contact with each other. The therapist's further questions about the boy's father only annoyed the mother. She claimed that her first husband refused to stay in telephone contact with her or the child but had been paying child support. She added that Jasio had an excellent rapport with "his new Dad". Before the natural father had

<sup>4)</sup> future pacing – so-called adapting to the future – is actually bringing the hypnosis session to a close with a posthypnotic suggestion. The therapist offers the suggestion that the experience gained from hypnosis be used by the patient at some time and place in the future.

left the country, he saw the boy regularly three times a week, as allowed by court order. The therapist, therefore, interpreted the mother's anger towards the father as rather a sign of unresolved emotional problems and a conflict between the parents of the child.

The second session was attended by the mother and the child. Jasio walked into the therapy room hiding behind his mother. He was a calm, slight and slim blonde boy with pensive eyes.

The (female) therapist gave him time to adapt by starting a conversation with his mother about the games Jasio enjoyed playing and his interests. She believed her son was an intelligent child and had manual skills (built castles, overpasses, and other technical constructions). Some of his interests were uncommon – such as birdwatching with binoculars through the window of his room. He could even recognise some bird species. Utilising this information, the therapist showed him her collection of clay birds on the window sill in her office. Jasio played with the clay figures on the table. Encouraged by the therapist, he also made a drawing later (Fig. 2 – “My house”).



Fig. 2. Drawing made by the child – “My house”.

When asked what he had drawn, the boy said it was the house in which his Mum lived (he pointed to a figure in the window on the second floor) and in which his new Dad lived (he pointed to a figure standing next to his Mum). But where was he pictured in the drawing? – the therapist inquired. “Here I am” he answered pointing to a figure in the window on the first floor, and then added “and I’m here, too” showing a figure on the stairs in front of the house. “So you are both in the window and here on the stairs?” – the therapist asked to make sure. “That’s right” – the boy confirmed. It was very touching for the therapist to communicate with the child. She took a closer look at his drawing and noticed a tree standing near the house. A solid, tall tree with a hollow right in its middle and a large, dark green treetop. In her imagination, the therapist saw the tree as an important object for the boy (perhaps his absent father?), while the boy pictured outside the house could conceivably represent his unconscious desire to connect with that object.

The drawing may be an illustration of the child’s ambivalence – its wish to be inside the new house with its mother and also outside the house – in contact with its surroundings – perhaps symbolising the child’s conflict of loyalty towards its parents. During that very session, the therapist decided on an intervention intended to make the picture of the family real. She told Jasio that the man living with him and his Mum was not his father and that surely he must remember his father. The child nodded yes. “Your Dad – the therapist went on – ”is now travelling abroad. You have only one father. The person living with you and your Mum is your stepfather and you may call him that. He can be your friend and guardian, but not your Dad.” The boy smiled. His mother, accompanying him at the session, looked surprised at the twist in the conversation, but did not protest.

The next session in which the mother took part, dealt with several issues related to the unavoidable stress caused by the dissolution of the family, getting over the divorce, starting a new life and restructuring the family system. The child had disappeared from his mother’s sight because of her focus on her new partner and the setting up of her house. There was little emotional resonance to the child’s feelings on her part. She had to dissociate herself from her own feelings to handle the pace and scope of the changes that had taken place in her life. The woman was unaware of the fact that her son had been grieving after the loss of his father and had been missing him. The symptom displayed by the child, that of “holding his poop”, began to take on a symbolic meaning as an attempt to stop the course of events and return to an earlier stage of the system’s development.

The therapist observed that the most prominent trance phenomena in the family were: dissociation (the split into two subsystems – the father’s and the mother’s), the hallucination<sup>55</sup> (the father’s exclusion and substitution by the mother’s new partner), excessive movement (the plethora of changes in the family’s life) and regression (the child’s reversion to an earlier stage of development).

The therapist next made the assumption that the goal of the therapy meetings with the child would be to:

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<sup>55</sup> Hallucination phenomena are a characteristic feature of hypnotic imagery. The quintessence of the mechanism of hallucination is “the subject’s recognition of his inner reality as objective reality” [13. P. 132]. Hallucination may involve either the patient’s generation of perceptual experiences that are not there in reality (positive hallucination) or the patient’s failure to see something while looking directly at it (negative hallucination).

1. Create a space in which the child would have the opportunity to express his feelings and maintain the bond with his father by extending (making more flexible) the family boundaries to include the biological father as a parent collaborating with the child's mother and bearing responsibility for the continued upbringing of their son after the couple's divorce.
2. Clarify who is who in the family so that the mother can see reality and take the biological father into account as a parent in the reconstructed family with whom she can collaborate in the upbringing of their son.

Bearing in mind that Jasio had the cognitive abilities of a four-year-old – the capacity for an imaginative perception of the world – and a compressed sense of time (to a child of his age "the future" means something that will take place "tomorrow or the coming night"), the therapist decided that she would use the River of Life Method at the next session to present the immediate future in which Jasio will be able to meet his mother and father in two separate locations. It ought to be mentioned that hypnosis in family therapy can be used with preschool children, utilising their developmental skills – their curiosity, creativity, pictorial and imaginary thinking abilities, as well as their ability to fantasise and daydream. Children easily go into a naturalistic trance during role-playing games and physical activities, while drawing, watching cartoons or listening to stories. [14]

During the subsequent session, the therapist asked the mother to choose the colours of the lifelines representing the lives of the grown-ups – i.e., hers, the father's and the stepfather's. On a cue from the therapist, Jasio chose a line for himself. As she laid down the ropes on the floor, the therapist reconstructed the life story of the father and mother, how they met and how their son was born. Turning to the child, she said: "Mum will show you the place on the line where you were born". Emboldened by the therapist, the boy placed his line between the lifelines of his father and mother. His mother marked that place with a red heart-shaped object. The therapist continued laying down the lifelines until she reached the place where the parents divorced (which she marked with a black stone). She then turned to the child saying: "This is when your parents split up – they could no longer be a husband and wife to each other. But they still love you and will always be your parents". Adding the rope of the stepfather, the therapist then said: "Here is when this man appeared; he became your stepfather and now lives with you and Mum together in your home."

The therapist continued laying the ropes into a curve reflecting the current situation. "Here we are now" – she said – "and here's the day your Mum came with you to see me here so we can find a way to make everybody in the family feel good." The therapist then asked the mother to stand in the spot marking the family crisis and to point to the place in the future where she would find a solution to the problem (the place the mother chose was quite distant from the crisis spot). The therapist decided that she would focus mainly on the child during the remaining period of that session. She asked Jasio to stand next to his mother (on the crisis spot) and declared: "Now you will have two homes in your heart – a house for your Dad and a house for your Mum. See, I have marked them with different colours." She laid one scarf on the mother's and stepfather's lifelines and another on the father's lifeline. After that, she added; "When Dad gets back from abroad, you'll be able

to visit him in his home. Today we can play being in your Mum's home and going to your Dad's home and then back again to your Mum's home." And turning to the mother, she said: "Your Mum will be happy to see you visit your Dad and then return to her, right?" The mother nodded and hugged the boy. Cued by the therapist, the boy began to hop from one line to the other and back, laughing and glancing at the same time at his mother to check her reaction. Before the end of the session, the therapist asked the boy to draw a picture of the house where he would visit his father. Jasio drew a house on a treetop [Fig. 3].



Fig. 3 The child's drawing: "Dad's house"

He said: "This is my Dad's house". The therapist placed the child's first drawing ("My house") on the mother's lifeline and its second drawing ("Dad's house") on its father's lifeline. She then played a few minutes with the child going from one house to the other.

The flowchart of the hypnotic trance is presented in Fig. 4

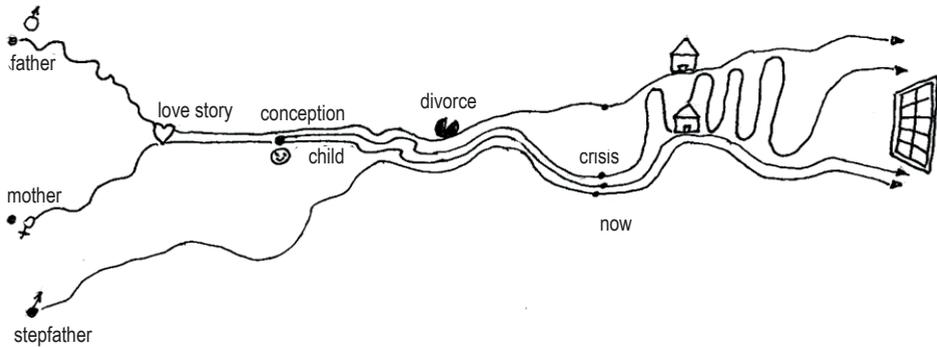


Fig. 4 Flowchart of the therapy session with the mother and child

The therapist met the mother and child at a therapy session once again. The session mainly involved play in which the mother also took part. The purpose of the session was to have the patients experience symbolic play and have them enjoyably and happily spend some time together, relaxing, and in rapport with each other. The therapist divided the therapy room into two areas (marked by different-coloured scarves) – the place where Mum’s house was and the place where Dad’s house was. She told Jasio the story of merry little ketchup stuffed into a tube, mustering all its strength to burst onto a sandwich in a bright red “poop” as soon the cap was opened.

Sitting in his Mum’s house, Jasio modelled “sandwiches” in plasticine together with his mother and squirted “ketchup” on them from a tube of red paint. When in his Dad’s house (the treetop house), he played together with the therapist with the clay birds she had brought along. The birds served as messengers for Jasio’s messages (or questions) to his father, such as: “Dad, I built a bridge with building blocks” or “Where are you?”. The boy answered the questions himself when the birds “flew back with an answer”. He was absorbed in those activities with both his mother and the therapist, he was lively, frolicking and full of laughter. The therapist made it a point that he spend an equal amount of time playing in both houses. She made the suggestion to the mother that she continue these activities when at home with her son.

A few additional sessions were held with the mother, focusing on her emotional problems. The child’s symptoms disappeared soon. The boy also began to speak of his mother’s second husband as his “stepfather”.

This example of brief, solution-oriented therapy shows that it is possible to relieve a child’s symptoms in a relatively short time. The approach in Ericksonian therapy is that change can be effected through the treatment of somatic symptoms, personality patterns

or social dynamics, or any combination of these factors [15]. The introduction of strategic changes brings repercussions in the entire system. The introduction of a single change can prompt further change and the system may gradually regain its balance. The therapist makes adjustments to the setting by taking into account the family's real possibilities and meets patients who are motivated to change and physically available. The therapist may therefore work with the entire family or its subsystems – such as the parents themselves or a single parent and child. The decisive factor in the success of the therapeutic process described above was the therapist's flexibility. She adapted the setting and structure of the described method to the nature of the problem, the family's developmental stage, and to the child's cognitive and emotional competencies. Moreover, the therapist made use of her knowledge of the child's interests and preferences to develop a solution. She also demonstrated her decisiveness and directiveness in putting forward suggestions that accentuated the child's right to belong to two systems – that of his father and mother – and which built hope and positive expectations for the future.

### **Contraindications**

The River of Life Method should not be applied in any of the cases in which hypnosis is not recommended, i.e.: in life-threatening situations requiring crisis intervention, in psychotic states, in the first stage of trauma therapy, in severe borderline disorders or when it is impossible to establish a therapeutic alliance with a family in which there is conflict and violence.

### **Concluding remarks**

It would be worthwhile to single out those aspects of the above-mentioned method that are characteristic of Ericksonian therapy:

- The River of Life Model is a systemic strategy based on futuring that can be used to work with individuals or families.
- The concept of the river formulated in this method is metaphorical – the flow of life is described as a river bank of a flowing river. The energy of life is mirrored by the movement and current of water incessantly flowing from the past (the source) to the future.
- Therapeutic work is conducted simultaneously with all members of the family in nondirective hypnosis. The therapist observes the nonverbal signals and confirms that unconscious processes have been induced.
- The therapist makes nonverbal interventions by encouraging the patients to touch one another and to look each other in the eyes. He performs therapeutical rituals and makes use of symbols.
- The therapist uses metaphors, storytelling and humour in therapy.
- When objects are used as material anchors during sessions, it is easier for patients to make a record of their key emotional experiences and to recall them later.

- The therapist makes an effort to develop an improved multi-sensory projection space and a setting that is beneficial to the patient from the perspective of the therapy goal.
- The patient is involved in action (in doing something) during the session. The patient is in motion – standing, moving, and in touch with the rhythm of his/her breath.
- The perspective of the session participants changes – from narrow, problem-oriented tunnel vision to a broader solution-oriented perspective. The adult session participants see the ongoing crisis in the context of the entire course of their life.
- As a result, the patients' resources are reactivated and their entire input during the sessions is utilised. The therapist foments movement symbolising inevitable change, maturity and stepping into the future.

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