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UTILIZATION OF PATIENT RESOURCES IN ERICKSONIAN THERAPY

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**Ericksonian hypnotherapy
resources in psychotherapy
strategy of utilization**

Summary

This article aims at presenting the rules for utilizing patient resources as a key strategy in Ericksonian psychotherapy. The concept of resource utilization under the Ericksonian approach and as defined by other schools of psychotherapy is outlined in the first part. Next, the strategy of resource utilization is explained and an individual short-term therapy case study, illustrating its practical application, is presented. The patient discussed in the case study was a 45-year-old man with adjustment disorders. Clinical hypnosis was used by the author to activate the patient's access to his inner potential and resources. Through the use of hypnotic communication methods, the healthy parts of the patient's personality were strengthened, including his ability to consciously identify his vital energy and integrate his internal, dissociated aspects. The patient discovered his own solution to the problem, gaining the opportunity to free himself from catalepsy and to proceed on a path of development. The described therapy process confirmed the author's experience that change achieved in individual work with the patient creates movement and transformation in his social system.

Introduction

Ericksonian psychotherapy is growth-oriented [1]. It takes into account the human life cycle – in that life is a process of constant change requiring adaptation to new circumstances and the achievement of development goals at consecutive stages. Patients frequently show up for therapy because they are stuck and unable to progress further; they are held back by symptoms that are at an earlier stage of development than their chronological age. The therapeutic process is contingent on resolving the question of how to initiate change in order to restore the patient's health, improve his life and well-being, facilitate the transition to the next developmental stage.

The therapist plays an active role, accepts responsibility for the process of change and for guiding the patient in the chosen direction towards the goal. From the very first meeting with the patient, the therapist seeds the concept of change with the all-embracing conviction that change is possible at any age and in all circumstances. The therapist's

conduct and suggestions, reflecting her inner, optimistic vision of the world, raise hope in the patient and arouse his positive expectations as to the achievement of the desired therapeutic outcome [2].

The therapist seeks ways to better utilize her own resources and those of the patient to conduct therapy in the lightest way and shortest timeframe as possible. The therapist's attention is constantly directed towards specific resources. The essence of this approach is to discover new possibilities and awaken the hidden potential in the patient's unconscious mind [3].

In the next steps of the therapeutic process the therapist directs the patient's attention to the solution of the problem while exploring the core issues which have already given the patient the basis for finding a solution. To this end, the therapist asks the patient to explain when he feels well, who offered him support, what difficulties he has overcome in life, what areas of his life are free of the problem, what helps him cope with the problem at present. The cornerstone of the Ericksonian approach to psychotherapy is the respect for patient's ability to find the best possible solutions for himself [4]. It was because of M.H. Erickson's personal experience of overcoming hardships caused by disease (he was twice stricken by life-threatening polio) that he attached particular value to the focus on the constructive aspects of human functioning that support the healing process. This explains why the psychotherapy offered by Erickson was both joyful and life-affirming.

The concept of patient resources

The concept of patient "resources" in psychotherapy was introduced in the early 1970s by Milton H. Erickson who actively propounded the concept of resources and their utilization as a basic healing factor in psychotherapy [5, 6]. Under the Ericksonian approach, the concept of resources is understood in diverse ways. Stephen Gilligan notes that "a resource is anything that is helpful in accessing supportive care or sources of support – such as the experience of being cared for or loved by others.

It refers to the connotation of the word 're-source' – which means 'anything that helps you return to your source'" [5, p. 348]. According to Gilligan, in the process of identifying the patient's resources, the therapist may ask the patient about the persons who showed him their support and love (living or deceased persons, real or imagined ancestors, spiritual beings, family members or teachers), and also inquire about the means used by the patient to regain a sense of inner security or reconnect with himself or harbour notions about anything that could help him achieve his goals and therapeutic change [5].

Klajs views resources as a set of patient characteristics or experiences upon which the therapist can build his interventions and therapeutic strategy. Thus, any inner patient experience elicited and recalled during a session that brings the patient greater flexibility (provides him more options) in therapy, may be regarded as a resource. "These resources may include events from the distant past, intense daydreams, future desires, touching emotional experiences, earlier solutions found, the memory of being restored to health or the disappearance of symptoms. Moreover, extraordinary situations – those parts of patient

experience that are the background to the problem – may also be regarded as resources [4, p. 288].

The therapist may identify such patient resources as:

- patient-specific resources;
- systemic resources;
- resources built in the therapeutic relationship [5].

Patient-specific resources are all the experiences in the patient's current or past life to which he refers to in the course of a session, and which he views as important and valuable. They may also include the patient's physical characteristics (e.g., his physical fitness or looks) or his psychological traits (assiduity, boldness, self-confidence) which the patient prizes in himself and evaluates positively. Additionally, patient resources may include all of the skills acquired by the patient in a learning process, in particular (highly valuable) social skills. The sphere of the patient's activity that is symptom-free is also regarded as a patient resource, as well as the sphere of activity that brings success, promotes the pursuit of interests and achievement of self-fulfilment in close relationships with others. The patient's experience of surmounting his difficulties, overcoming his crises, recovering from illness is also regarded as a patient resource [5].

Each human being's individuality and resources associated with its uniqueness were a salient consideration for Erickson. "Remember, you are an exceptional person. All you have to do is let other people see that" – he told his students [1, p. 17].

Systemic resources can be defined as various aspects of the functioning of the patient's family or other social system of which he is a part (such as school or work) to which the therapist refers to in the course of individual or family therapy. For instance, family resources may include the means used up to now by the family to overcome developmental crises, its social status, its emotional/intellectual/financial potential, the patterns of responsibility within the family, the ability to effectively perform family roles, long-lasting and happy marriages, the set of social skills and education gathered in the family, the feeling of emotional closeness and possibility of receiving support in difficult situations, the cultural heritage preserved in the narratives, symbols and value system passed on from one generation to the next.

It became apparent during the COVID-19 pandemic that patient social support networks built outside the family system (i.e., friends, neighbours, volunteers) were an extremely important systemic resource for patients enabling them to endure life-threatening situations.

As to the resources developed in the therapeutic relationship, the ability of the patient and therapist to liaise with each other is certainly one of the key resources. The therapist actively identifies experiences in the patient's life that can later be used to build a relationship in which both work together towards a common goal [4, 5].

Just how the patient experiences the therapist in the course of therapy sessions may also be regarded as a resource to be utilized in therapy.

Klajs stresses that the therapist's search for patient resources "imbues" the patient with the conviction that he is an absolutely worthy individual – and this restores his strength [4]. By directing the patient's attention to the potential and opportunities to be exploited, the therapist sends out the message: "I believe in you" and "I trust you" (the corrective

messages of a good parent). By examining himself through the eyes of the therapist, the patient may internalize that positive object and build his self-confidence. The therapeutic experience thus strengthens the patient, upholding his faith in his own capabilities, restoring his self-esteem and self-efficacy. It becomes a healing agent in its own right [4, p. 288].

Erickson valued the unconscious mind – that of the patient, as well as his own. He conceived it as reservoir of all the experiences gained throughout life and considered it a resource (a source of creativity and human potential). He realized that it often employed symbolic language and therefore used metaphor, analogy and symbolic tasks as valuable tools in the therapeutic process.

Erickson's activity had a significant impact on the development of new trends in psychotherapy which rested on the basic assumption that therapy should focus on the resources, not deficits, of the patient. The resource-oriented models include solution-focused brief therapy [7, 8], neurolinguistic programming [9] and hypnotherapy [10-13]. The therapist using these models focuses on exploring how the patient's capabilities and resources can help him achieve the therapy goals or on how to jointly build up these resources.

The concept of resources has become so widely known since Erickson's time and has proved its usefulness that it has been introduced in the practice of many therapeutic approaches. This can be most easily observed in positive psychotherapy, which is rooted in positive psychology (the origins of which can be traced to the address given by Martin Seligman in the 1998 annual report of the American Psychological Association). Positive psychotherapy focuses on identifying and developing the human potential for improving one's own well-being and the well-being of others [14]. Concepts that were important for understanding therapy and therapeutic activity, such as the salutogenic health model (emphasizing the processual nature of health and broadening the understanding of health problems by including their positive aspects [15]) and the conservation of resources (describing the rules for building up and utilizing different sources of individual stress resistance) were created within the framework of this approach [16]. The emphasis in positive psychotherapy is on having the patient "make easier and fuller use of the virtues he possesses and on developing them in harmony with his own individuality and the conditions in which he lives" [14, p. 347]. The concept of building up the patient's mental strength through therapy is based upon the assumption regarding the so-called conservation of resources, i.e., the invulnerability to hardship of people afflicted by traumatic events as observed in psychological research. The therapist looks closely at the three types of patient resistance to stress: resistance – where traumatic experience does not impact the patient's present functioning, resilience – which is the patient's ability to regain equilibrium, and reconfiguration – an illustration of which is post-traumatic growth [15].

The cognitive behavioral therapy for depression proposed by Martin Seligman offered techniques for modelling the patient's cognitive style, thus promoting the evolution of an optimistic thinking style of the patient. Seligman introduced hope-building methods in therapy as an essential attribute in the depressive patient's thinking process and a resource enabling his recovery [17].

The somatopsychic (Somatic Experiencing) approach, combining neuropsychological research and body-focused therapy, gives considerable attention to connecting with feelings in the body and to finding resources. Rothschild notes that in working with trau-

matized persons it is important to “take into account the best and most healing aspects of memory. Almost all people have good memories. They are often numerous and rich in resources that can be cultivated and used in the present and can be so mighty as to serve as an antidote to the undesired effects of traumatic memories” [18, p. 170]. She adds, referring to Antonio Damasio’s somatic marker hypothesis, that “memory is connected with the body and mind by somatic markers. The somatic markers of good memories are often just as strong as trauma-specific markers. There are now trauma treatment methods that use somatic markers of positive memories to minimize the stress which accompanies working through trauma memories” [18, p. 171]. These methods include anchoring techniques that are also employed in NLP (Neurolinguistic Programming) [9] and the “safe place” technique also used in EMDR (Eye Movement Desensitization and Reprocessing) for trauma recovery [19].

EST (Ego State Therapy) therapists assume that the human personality is composed of parts which they call Ego States. Among these, Resource States, developed by the patient through training and experience, play a key role in therapy. Their activation is an indispensable component of therapy aimed at integrating the dissociated parts [20].

Narrative therapy deals with the reconstruction, and next the reframing, of the patient’s life story so as to better adapt it to the needs, values and potential of the patient. Its basic assumption is that people have numerous skills and resources they can use to reduce the impact of problems upon their lives [21]. In systemic family therapy, the assessment of the family’s resources and the taking into consideration of these resources in the therapeutic process are recognized as necessary factors in therapy [22].

Utilization as a fundamental strategy in Ericksonian psychotherapy

Under the Ericksonian approach, the basic strategy is to utilize everything that the patient contributes to therapy. Utilization signifies here the therapist’s readiness to strategically react to anything that concerns the patient or environment in which he lives. According to Zeig, this includes “both the patient’s conscious and unconscious communication, memories, strengths, skills (or weaknesses!), relationships, aversions, emotions, characteristics of the patient’s system, environment or culture. If something constitutes a part of the patient’s life, it may prove useful in the achievement of the therapeutic goal; if the patient contributes it to therapy, it may conceivably be more valuable than anything the therapist is able to propose” [23, p. 71].

The term utilization is occasionally translated as reusing. Emphasis in Ericksonian therapy is thus laid on making possible use not only of the patient’s positive experiences and resources, but also of the personal characteristics that are commonly regarded as negative, as blocking or disadvantageous, such as stuttering, physical disabilities or anatomic defects [10].

Zeig offers the following comments in this regard: “The strategy of utilization assumes that the best techniques are brought in by the patient, not the therapist. No matter what technique the patient uses to exhibit symptoms, the therapist may always use it to promote meaningful life. The strategy of utilization calls upon the therapist not to bend the patient

to go through a pre-chosen technique, but rather to adapt the technique to the individual patient” [24, p. 44].

Erickson’s ability to use the strategy of utilization was legendary. He is best known for utilizing the treatment resistance of patients to achieve therapeutic change without struggling with them if he perceived such resistance as an expression of the patients’ symptomatic behavior. Instead, he provided patients with support, bolstering their courage, and at the same time sought opportunities to move ahead in therapy in the direction plotted by him [3].

Based on this assumption, Erickson developed innovative, paradoxical methods of working with patient resistance: pacing, as well as offering choice – the creation of a therapeutical double bind, symptom prescription, ambiguous tasks. He made use of patient resistance to resolve problems or induce trance [6]. As a therapist, he demonstrated enormous flexibility and defied the ground rules of psychotherapy applied at the time.

He was the first to visit the homes and offices of his patients, accompanying them in the places where their symptoms had appeared. He asked patients to visit parks and natural reserves in their neighborhood, for instance, the Botanical Gardens or Squaw Peak Mountain. Erickson was also the first to use humor in psychotherapy [23, 24].

The author of this article has never in her many years of practice been in a situation in which it was not possible to tap the patient’s resources. It was practicable even in the case of difficult, seriously ill or heavily traumatized patients (and, all the more) to bring the positive experiences in their lives to their conscious mind. The author shares the belief that every individual possesses whatever is necessary to go smoothly through consecutive stages of development to effectively deal with adversities and be satisfied with life. The difficult and painful situations with which the patient has coped may be a source of strength to him. They may be viewed in a new context and the pain can gain new meaning.

Clinical case

The case described below comes from the author’s therapeutic practice. It is an illustrative case in that it discusses the underlying assumptions of Ericksonian psychotherapy and their practical application:

- a) Unlocking access to the patient’s resources and the development of these resources are fundamental and sufficient healing factors in therapy. The strategy of tapping the patient’s resources applied by the author at almost every session led to the activation of the process of beneficial change in the patient. The resources tapped in therapy served as a driving force in the process that led the patient to connect with himself and make further kinesthetic progress (go out of a cataleptic state) and eventually to change his system.
- b) Ericksonian hypnosis¹ is a particularly effective method for tapping patient resources. It served as the basic method employed in the process here described.

¹⁾ Ericksonian hypnotherapy – a form of unique and complex yet normal behavior which may most probably be induced in any person under proper conditions. It involves functioning at a specific level of consciousness characterized by susceptibility/sensitivity and reactivity in which the internal process of learning through experience and comprehension may have a comparable value or even the same value as that ordinarily acquired

According to Rossi, in hypnosis, the therapist, by facilitating the patient's process of inner search and transformation which can be conducted without the constraints of conscious frames of reference and learned limitations, induces a situation in which the patient is the creator of change. The patient thus conjures his dormant knowledge, verbalizes existing but inactive (unconscious) ideas, awakens his capacity to understand himself and manage his own behavior [10, 25]. In hypnotic trance, where the creative activity of the patient's unconscious mind and the working out of the patient's own solutions are allowed, the therapist adds nothing new to the process, but rather helps the patient reorder and more constructively utilize his past experiences [10, p. 315].

The patient, Mr. P., aged 45, a self-employed IT specialist, married for 20 years, the father of three teenage sons, went to therapy on his own accord because of what he termed as "professional burn-out". He complained of a work overload, that is, of 12 hours of work per day. Work which he had earlier enjoyed was no longer giving him satisfaction. He explained that he had continued working in the job for the past few years because he had to support his family, be visible in the market of IT services, and could not suspend business activities until everything "was in place". His professional success had given him a feeling of well-being and had boosted his self-esteem. At the same time, the need for achievement had caused a strong fear of failure. The patient felt exhausted, had a sense of emptiness, felt drained of mental and physical energy, and had lost the meaning of life. He was additionally disturbed by the fact that his relationship with his wife had changed – she claimed that he spent no time with her or the family, that they had drifted apart. The symptoms of stress had intensified in the month before he began therapy. He spoke of a "heated quarrel" with his wife that occurred when he decided to work on a Sunday and refused to go on an excursion with the family. From that moment in time, he developed a feeling of anxiety, a trembling of the body, dripping sweat, insomnia, and a sense of loss of control over his body. Moreover, the conflicts with his maturing sons flared up because of their demands for more liberty. Their grades in school had dropped and they were spending ever more time outside with friends.

It occurred to the therapist that the patient's sons were introducing into his life as a father the aspects of adolescence he had been unable to enjoy when their age. Her working hypothesis was that at an unconscious level the patient may have taken up therapy to rework his experience of growing up, with the purpose of separating himself from his inner parent objects (and their parental transmissions regarding dedication to work) and of building his personal identity. She additionally put forward the systemic hypothesis that the patient's symptoms served the purpose of making him stop in order to connect with his feelings and needs so as to produce a change in his marital relationship.

The patient was a single child and had educated, village-born parents who were raised in harsh conditions. His mother had lost her father at the age of 12. She was the only child of seven to have obtained a higher education and have moved to the city. The patient's father had lost his father at the age of 15 and as the oldest child in the family acted as a caregiver

through stimuli from external reality (definition written by M.H. Erickson for Encyclopaedia Britannica and published in the 1954-1973 editions).

to his mother and siblings during the years of his adolescence and youth. He married comparatively late when he was over 40. The patient's parents gave much of their attention to their son's achievements in school. They counted upon his success, had high expectations and were very demanding of him. There was a craze in the family for hard work and discipline.

The patient expected the therapy to bring change. He wished to do away with his fear of failure, obtain inner relaxation and peace of mind which he compared to a broad, luscious mountain valley.

In the course of further sessions, he added that he wished to live in harmony with himself, accept himself as a whole, have more time for himself, be able to have and express his feelings and have his own say rather than fulfil the expectations of others.

The patient presented himself as a polite, conscientious and serious person. Already during the first session, the therapist noticed that he had a very rigid posture, looked tense, appeared very task-oriented and had an overly responsible work attitude. She felt touched at that session and sensed he was overburdened and that beneath the outward form was a fragile and emotionally sensitive person. The patient's posture, appearance, behavior and the substance of what he said gave the therapist an indication of the trance phenomena to be observed [4, 5, 26]: of an excessive disassociation of the body and mind, of catalepsy manifested as a rigid reproduction (fixation) of patterns of excessive work, and of positive hallucination expressed as the creation of imaginations of future failure (generating a fear of failure), not to mention negative hallucination (his inability to identify his own resources).

The above diagnosis [4, 5] served as a basis for deciding on the course of therapy. The goal was to strengthen the patient's ability to feel feelings in the body (association), direct his attention inwards (to his feelings and needs), increase his flexibility / broaden the scope of his choice of alternative patterns of behavior, make real his self-image so that he may see his potential and regain access to that part of himself that is able to enjoy the pleasures of life and benefit from rest.

From the very outset of therapy, the therapist's strategy was to persistently focus on bringing out the patient's resources, ask the patient about the moments, events, places and situations in his present life which gave him a feeling of pleasure. As it turned out, diving was his great hobby (he regularly went to the swimming pool), as was music-making (he played saxophone at home). He also enjoyed exercise – that is, cycling. The therapist utilized the enjoyment the patient obtained from diving by having him briefly experience body-focused and breath-focused hypnosis already during the first session. She said: "You will now breathe deeply and you will find your own breathing rhythm, your own way of inhaling air into your lungs, because you already know how important breathing is when you swim". The patient went along with these directive hypnotic suggestions. After coming out of trance, he admitted that he had experienced a pleasant internal state, similar to the feeling he had when leaving the swimming pool; his body felt tired and his head took a rest because it had nothing to do. He added that: "If I could have more of that, it would be blissful". This the therapist interpreted as the patient's learned ability to go into a naturalistic trance state² and as a sign his conscious mind had given that

²) Natural trance – self-induced by the subject during the day or in communication with another person; an altered state of consciousness associated with heightened reaction to an idea and sensation. According to Ericksonian

it was ready to relinquish control and that hypnosis could be a “regal path” for accessing his hidden resources.

At the next therapy session, the patient confessed he was so tired that he would have preferred to go to the swimming pool. The therapist encouraged him to once again allow himself to go diving in his imagination and to be present both at the session in her office and the swimming pool (or bay or lake). While inducing trance in the patient [4, 13], she referred again to his experience of diving: “and as you know when you swim ... the water at the surface can be choppy at times it can be rough but when you submerge ... it’s very quiet there below ... and there’s a wealth of aquatic life there These images of underwater life stick in your memory forever ... the muffled sounds ... and amplified body sensations ... and you can go even deeper ... and stay there until you get a signal to ascend ... and you feel like it’s time to surface”. The patient went into a deep state of hypnosis. He later said that “it took him a long time to come to his senses” and that “it was a surprising experience”. The patient spontaneously entered into a state of regression and brought to memory a situation from his childhood when he was learning to swim during the summer vacation. His stern father insisted that he practice swimming strokes together with him – on the lake beach sand at first. He taught him how to make strokes with his arms and legs. However, during that vacation his father had to return to work for a week. He ordered his son to go through “a dry run” of the swimming technique and said he would check his son’s progress upon his return. He recalled during therapy that “being a small boy as I was, I could hardly practice alone every day by the shore of the lake. I would rather chase around with the kids there. Frankly speaking, I didn’t practice even once. When my father got back, he told me to go into the water and show him what I had learned. Whether out of fear of my father or for some other reason, I don’t know, I waded into the water and started to swim. My father lauded me and I swam freely from then on.” Mr. P. chuckled happily as he told the story, and the therapist joined the laughter. Her impression was that an unconscious part of him was glad, the part that was a small boy who had measured up to the task without making a great effort, winning the approval of his father. The hypnotic trance into which the patient was induced during subsequent therapy sessions brought up additional, pleasant memories of the past – his trips to the countryside to his grandfather’s old wooden house, the long summer walks in fields of ripening oilseed rape with his caring uncle, the scent of honey and the warm, vibrant colors of summer. And then his college days and the carefree period of his courtship with his future wife when they were young and spent their vacation trekking in the Tatra Mountains. Music-making with his sons – with him on the saxophone – was also great fun but came much later.

Here, in the next part of the article, I shall describe the fragments of the session with the patient that brought change and was a turning point in the therapy process. The therapist used Ernest Rossi’s “Mirroring Hands”³ technique during that session.

hypnotherapists, this state can be induced in any person and does not require the use of standard induction techniques [25].

³) The technique is described in “Creating New Consciousness in Everyday Life. The Psycho-Social Genomics of Self-Creation” by E. Rossi and K. Rossi [27].

Ernest Rossi, the renowned student and collaborator of Milton Erickson, developed pioneering methods of communication between the body and mind [10, 25]. The “Mirroring Hands” technique for eliciting the process of change in the dissociation-association and catalepsy-motion dimensions of trance phenomena proved to be most helpful in attaining the desired therapy goals.

The process involved three stages. At each stage the patient first immersed himself in a hypnotic state (entered into deeper contact with his inner self) and next made an outward reorientation (came out of trance to a conscious conversation with the therapist). The deepening of the process was possible due to the fractionation of hypnosis where the experience of falling into and coming out of hypnosis is fragmented. Each time the patient goes into trance, he searches for information at a deeper level of the unconscious mind [25].

At the start of the session, the patient reported that the time since the previous session had been very fortunate – he had been to a number of social events and had gone to a concert with his wife. He discovered that he had been able to loosen up and then “things just happened with no effort on my part”. Next, he added that he “would like to shrink the internal controller in me. The controller can go away. I’d like to make use of my curiosity in life and the freedom I can enjoy. I would also like to be more spontaneous”.

Stage one of the therapy

The therapist encouraged the patient to contact those experiences in which he controlled the situation and to picture his controlling part in the form of a symbol. The patient created such a symbol – the figure of a young man, a vigilant fireman on duty, always on alert, dressed in well-fitted bunker gear, in a helmet supplied with alarm sensors and with a hand-held fire extinguisher.

He made some additional comments regarding the symbol: “The fireman deserves admiration for caring for the safety of others – but he can hardly breathe in his gear. That’s really too much – to be on constant standby like that”. The therapist then asked the patient to recollect when he had behaved spontaneously and to imagine the spontaneous part of himself in the form of a symbol. To this, the patient replied that he can see the image of a small boy running across a meadow, chasing butterflies.

Stage two of the therapy

The therapist suggested that the patient raise his hands (with the palms turned upwards) and find the location of the symbol of the controlling part on one palm of the hand, and the location of the symbol of the spontaneous part on the other palm. The patient chose the right hand for the spontaneous part (placing the image of the boy chasing butterflies there) and chose the left hand for the controlling part (placing the image of the fireman there). After observing the reactions of the patient which confirmed that he was in a hypnotic trance, the therapist proceeded further adding: “If your unconscious mind will want to seek a solution to the problem today, your hands will begin to make slight, involuntary movements. However, if your unconscious mind would rather focus on another important issue today, your hands will remain motionless. Whatever happens, whether your hands make slight movements or

remain motionless, that is fine. You may trust your hidden knowledge which will allow the process to roll out spontaneously, without involving your will". The patient remained still for a long time with his eyes closed. His hands changed position, spreading out to the sides, the left hand dropping down, the fingers of the right hand moving – until they clenched into a fist. His body then changed its position; he joined his hands, stretched his body and opened his eyes. "What a good rest, what great relaxation" he said. "I recalled something that happened when I was about 13 or 14. I went camping with my parents by a lake in the Masurian Lake District. They pitched our tent. It was sweltering hot, but after some time dark clouds appeared and it became gusty. A storm was gathering, it seemed. I should have been helping them set up the tent but I was so curious about seeing the lake up close that I ran to the lakeside ignoring their calls. I took off my clothes and jumped headlong into the water and swam out. It may have been a little unsafe because I was unaware of the hazards, the underwater obstacles and so on. It was such a pleasure to cool off in the water that I had to go for a swim".

Stage three of the therapy

The therapist encouraged the patient to once again summon the images of both symbols – that of the controlling part and spontaneous part. "What you need to do is to look at them – the fireman and the boy. Perhaps they will be able to exchange their stuff, their skills and characteristics. Perhaps they will be able to give each other what they are short of; furnish each other with what each is missing".

The patient closed his eyes again and for a long while remained in contact with himself. When he resumed the conversation with the therapist, he explained what had captured his imagination. "The fireman gave the boy a protective shield which changed into a lifebuoy and could be used in an emergency. The boy, in turn, offered the fireman his naked chest so that the fireman could unbutton his bunker gear to breathe freely. The lifebuoy then transformed into a skateboard. The boy laid down on the skateboard and pushed and pushed. Having gained momentum, the skateboard sprouted a sail and glided above the ground. The boy knew, however, that the device could turn into a lifebuoy at any time." At the end of the session, Mr. P. said that he felt rested and animated, but also very much surprised by his ability to conjure up such outlandish and amusing imaginations.

The outcome of the therapeutical sessions described here was that the patient revived some of his resource-abundant childhood memories thanks to which he was able to transform his problematic behavior and integrate the conflicting parts into a more adaptive whole.

After three months, the individual function of the symptoms gradually began to lose importance. Mr. P. felt he was in good shape again, and bursting with energy he showed up at a session to end the therapy. He concluded that the change he had gone through as an individual had been sufficient and admitted that in the course of the meetings he realized that he wished to build a closer relationship with his wife. He decided to have a talk with her – and during that conversation they agreed to go to couples therapy together.

In keeping with one of the principles of brief therapy that small changes make a big difference, the therapist recognized at that point that the therapy with Mr. P. had come to an end. She concluded that the outcomes achieved in that therapy were sufficient for activating further change in the patient.

Concluding remarks

It was because the therapist had been able to identify and harness the patient's resources that she was able to elaborate a strategy of therapy utilizing these resources to effect therapeutic change. The therapist acted on the assumption that the patient's resources tapped in the therapeutic process could not be developed in isolation from the psychopathological symptoms experienced by him. The constructive elements of one's mental life are not autonomous segments of the mind which enable the "achievement of something" regardless of the afflicting disorder. They can rather be seen as active mechanisms affecting the whole mind as a system, improving its functioning. The comprehensive utilization of these mechanisms in therapy involves harnessing them as internal factors paving the way for the change of the patient's malfunctioning problem areas. However, it will require further studies to explain how the health factors change the disordered factors for the better.

The key issue in the therapy described here was the fact that the therapist, knowing that the patient had a tendency to direct his attention outwards and meet the expectations of others, chose to use hypnosis based on the strategy of bringing out the patient's experiences. She induced hypnotic states in the patient by directing his attention inwards so that he could do the exploration himself, call up memories and fill the trance sessions with his own content (his personal material). Hypnosis proved to be an effective method of treatment. It enabled the patient to tap and utilize what he had gathered and remembered throughout his life, what had been stored as his inner experience. Erickson was aware of the fact that a change in the individual may lead to a subsequent change in his social system [2]. The therapy process discussed in this article confirmed the author's experience of the effects of change achieved in individual therapy, i.e., the movement generated in the patient's entire social system and the transformation thereof. The persons closest to the patient reacted to the modifying social context of his family life, his new manner of being in relation to his family and friends. This change triggered further changes, in his marital relationship most importantly, making it possible for him to prepare for the next stage of the development of his system – the departure of his children from the family home.

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