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The Delicate Process and Relational Style of Solution Focused Brief Therapy: Ericksonian Hypnotherapy Resemblances in SFBT

Annette BoVee-Akyurek

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The Delicate Process and Relational Style of Solution Focused Brief Therapy:

Ericksonian Hypnotherapy Resemblances in SFBT

by

Annette BoVee-Akyurek

A Dissertation Presented to the College

of Arts, Humanities, & Social Sciences

In Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

Nova Southeastern University

2017

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Annette BoVee-Akyurek


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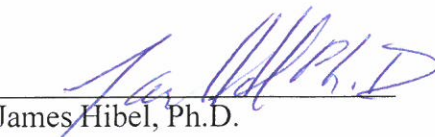
This dissertation was submitted by Annette BoVee-Akyurek under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

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Abstract

Solution focused brief therapy (SFBT) is an approach that facilitates movement of problems toward solutions. If applied as Insoo Kim Berg and Steve de Shazer intended, this approach requires a “delicate process” of attentive observational skills and use of language. This delicate process can be seen in SFBT with several resemblances of Ericksonian hypnotherapy. Through James Paul Gee’s discourse analysis, these resemblances were explored in two commercially available videos of SFBT sessions facilitated by Insoo Kim Berg. Both SFBT features and Ericksonian features were noted in these sessions, as well as an overlap of both approaches, and Ericksonian resemblances in SFBT. In both sessions, Berg appeared to work in clusters with a figured world that attends to strength and resilience, a common theme of bridging and building throughout, and great attention and significance to exceptions. These features are common in Ericksonian hypnotherapy as well, and appear significant in a relational style of training new therapists to utilize the SFBT approach as Berg and de Shazer intended.

CHAPTER I: INTRODUCTION

There are several resemblances of Milton H. Erickson's hypnotherapy approach in solution focused brief therapy (SFBT). Both therapeutic approaches utilize tools to work toward change and incorporate similar basic concepts. They focus on a clear and concrete definition of the problem, explore attempted solutions, work toward a specific definition of desired change, and formulate and implement an achievable plan (Watzlawick, Weakland, & Fisch, 1974). Rather than focus on insight or pathology, these approaches emphasize clients' ability to move toward solutions (O'Hanlon, 1988). Aspects of SFBT appear to resemble Ericksonian hypnotherapy, especially as it relates to observational skills, use of language, and characteristics surrounding the miracle question. I propose that these skills are essential and must be utilized in the process of SFBT, especially in exploring the utilization of the miracle question to move from problems toward solutions. Learning and practicing Erickson's hypnotherapy skills and process can greatly influence psychotherapists in training to effectively use SFBT. Both therapeutic approaches are highly valuable for increasing new therapists' awareness of their attentive state of verbal exchange with a client. This can be described as a "delicate process," a process that requires attentive observational and language skills. "Erickson put great emphasis upon learning how to observe the patient, and he believes that training as a hypnotist increases that ability" (Haley, 1993, p. 2).

Solution focused brief therapy is a systems theory and a postmodern approach. Systems theories observe objects and people in interaction with one another as opposed to observing them in isolation (Becvar & Becvar, 1999). This perspective focuses on circularity and dynamic interchange, viewing behaviors as recursive and within context.

Solution focused brief therapy can be described as brief and strategic due to its intervention to facilitate problem resolution (Cade & O'Hanlon, 1993). The postmodern aspect brings forth a position of relativity, where there is no absolute truth and reality is subjective (Becvar & Becvar, 1999).

Gergen (2009) noted the significance of a social constructionist view in SFBT, in which realities are constructed and problems come forward according to how individuals adjust, compose, and arrange their reality. From this perspective, the goal is to deconstruct assumptions. Problems are thought to occur because of how they function in relationships, language is considered to contribute to problem maintenance (Becvar & Becvar, 1982), and truth is thought of as something that cannot be determined (Lipchik, 2002). De Jong and Berg (2002) described aspects of social constructionism in SFBT, explaining that as perceptions and definitions shift, there is an impact on meaning. De Shazer (1988) added that this is similar to social learning theory (Feldman & Pinsof, 1982), in which problems are believed to occur because they are maintained.

Steve de Shazer (1988) commented on Erickson's technique of utilization, specifically the crystal ball containing hope and expectancy, highlighting aspects that are also seen in SFBT, in which therapeutic goals are "actualities already achieved" (p. 47). De Shazer (1988) stated that in Ericksonian hypnotherapy, this is done with hypnosis, but in SFBT it is done with planning by the therapist and client collaboratively. In SFBT, discussing the details of a problem that will be solved with expectation leads toward fulfillment of the solution (de Shazer, 1988). De Shazer (1988) stated "[that SFBT] has been influenced by the puzzle Erickson posed: solutions need not be directly related to the problems they are meant to solve" (p. 52). Therefore, the therapist facilitates attention

to clients constructing their solutions through their noted successes (de Shazer, 1988).

Although Erickson's work predated social constructionism, several concepts and aspects of Erickson's approach have social construction properties.

Ericksonian Hypnotherapy

Hypnosis has a long history of practice from ancient times to present, ranging from the ancient Hindus, who incorporated aspects of magic; Mesmer, who incorporated natural qualities of animals and nature; James Braid, an English surgeon who invented the term hypnosis and applied it to medicine (Rossi, 1993); and Zen Buddhism, which proposed a philosophy of change and identified actions that lead toward change (Haley, 1993). Haley (1993) described the goal of Zen to be enlightenment, which relies largely on the student and teacher relationship, the student's attributes and inner wisdom, and attention to the present moment. There are similar aspects in hypnotherapy, which utilizes experiential learnings with the therapist's facilitation and direction to stimulate aspects of the client's behavior, and physiological and perceptual processes (Erickson, 1983; Havens, 1996). In hypnosis, the client's intellectual abilities generally do not inhibit the new experiences in time, so the client has the new experience without intentional thought (Bernheim, 1890). Hypnosis has an aspect of communication, which increases clients' internal attention and decreases their external attention so there is less analytic input; therefore, the transformation of the idea happens quickly (Lankton, 2004).

Milton H. Erickson, a psychiatrist and psychologist, is considered the world's leading practitioner of hypnotherapy (Haley, 1967). Ericksonian hypnotherapy combines hypnosis with Erickson's practice of psychotherapy. It can be described as clinical, scientific, observational, unique, and pragmatic (Dimond, 1988). Erickson's physical

limitations of being color blind, tone deaf, arrhythmic, dyslexic, and paralyzed at age 17 influenced his hypnotherapy skills by using himself as a resource, developing an awareness of unconscious communication that was highly refined (Erickson & Keeny, 2006; Havens, 1996). These aspects, in addition to his great interest in language and word games, (Havens, 1996), assisted him in being highly attentive, observant, and eager to facilitate clients to their fullest abilities (Haley, 1993). Erickson relied on his observations rather than theoretical assumptions to guide clients into meaningful, relational moments (Erickson & Keeny, 2006). In his earlier days, he met with Margaret Mead and Gregory Bateson to collaborate on aspects of communication, brief therapy, and family therapy (Lankton, 2004). Haley (1985) described Erickson as the first strategic therapist or even the first psychotherapist who focused on change. Erickson's therapeutic process was done through an interactional approach between himself and the client (de Shazer, 1985); he emphasized the relationship rather than the individual (Haley, 1993).

Therapeutic Approach

Erickson used a creative and flexible approach to enter into clients' systems as part of their process to assist them in discovering their own solutions to the problems they were encountering (Erickson & Keeny, 2006; Haley, 1993). He perceived life problems as difficulties with utilization of life learnings, and trusted that clients know what they need to know to move toward change, only needing to be stimulated as a part of the therapeutic process (Rosen, 1988). He utilized the unconscious to explore clients' perception of time and space, extending to infinite possibility (Haley, 1993). According to Erickson and Rossi (1979), clients cannot direct themselves consciously, because they can only rely on what they have previously learned or from their previous habits. In

hypnosis, the therapist can facilitate aspects of the client's unconscious, internal wisdom, and strengths as a source of creativity for problem-solving. In this way, there is exploration of the system within and without, which Erickson described as a snowball effect; the therapist facilitates the process of moving forward from problems to solutions (Rosen, 1988).

Erickson's aim was to facilitate a change in perspective by utilizing the client's life learnings and creating "new arrangements of learning" (Lankton, 2004) to work toward a more adaptive response to the problem in the therapeutic session (Havens, 1996). He approached the client with an expectation that change is possible, regardless of the client's past and presented problems (Haley, 1967). Erickson emphasized the positive and viewed "...normal behavior and growth [as a] process of living and psychopathology [as] an interference in that process.... [He believed]...within the individual the positive forces are striving" (Haley, 1967, p. 536). This positive outlook influenced how he viewed symptoms, honoring what the client brings in the moment with his awareness of the client's resilience. Erickson believed it was necessary to induce changes in relationships between people, and he described therapy as a way to help clients move beyond their limits (Haley, 1967, 1993). Therapy was adapted to the unique and diverse needs of each client (Lankton, 2004). Erickson stressed careful observation of the client, including how the client looked, moved, communicated, and any other physical, emotional, or even sensational aspects that he intuitively experienced (Erickson & Keeny, 2006).

The goal of the hypnotist. The goal of the hypnotist is to facilitate change in aspects of behavior, sensory experiences, and conscious experiences of the client. This

may include extended experiences beyond the client's conscious state that influence how they feel and act (Haley, 1986). Erickson often stated, "Your conscious mind is very intelligent and your unconscious mind is a hell of a lot smarter than you are" (de Shazer, 1988a, p. 91). The task of the therapist is to use hypnosis to validate symptoms and pave the way to change in the process toward a psychologically and physically adaptive and functional solution (Gilligan, 2012; Haley, 1967). The therapist can communicate ideas and understandings and assist clients in awareness of their competencies (Erickson, 1983). Erickson (1980) believed that clients' ideas, beliefs, wishes, and fears could affect their everyday lives, influencing patterns and habitual behaviors. He considered the hypnotic state as an opportunity in which individuals may observe aspects of their everyday lives but experience an added dimension in which they can tap into an expression of their abilities. Hypnosis has the ability to isolate clients from their standard conscious awareness and assist in self-awareness, bringing awareness to potentialities to be utilized in future solutions (Erickson, 1980). These changes do not occur as an isolated entity within the individual, but in "total psychological and physiological context of the person" (Havens, 1996, p. 199); as one area changes, this affects other associated areas, even if across the psychological and physiological being. Erickson did not involve reflection, interpretation, or cause, but focused on the presented problem and took action and gave suggestions and directives (Haley, 1993).

Erickson's tenets. The Ericksonian hypnotherapy tenets and assumptions (Lankton, 2004) are that clients' problems tend to be disordered interpersonal relations. The therapy process involves the therapist initiating movement and change through experience not through insight; clients are active in working toward change in their

perception, cognition, emotions, and behavior; the therapist utilizes clients' perceptions, resources, and meaning making; and therapy is future oriented.

Erickson's stages. Erickson utilized four stages in hypnotherapy: (1) attempt to hold the client's attention, (2) utilize and connect ideas that are relevant and not relevant to the therapy context, (3) facilitate the client's ability to explore meaning and be responsive, and (4) facilitate connection to potentialities (Haley, 1967). The client is fully involved in problem resolution by utilizing a search for awareness, meaning, and learnings beyond the client's daily conscious awareness (Lankton, 1980).

Trance. Hypnotherapy involves trance, which can be described as "...any set of experiences that have a discrete range of externally generated stimuli and, instead, include a special temporary orientation to a specific range of experience and a fading of the general orientation to reality, in relationship with another communicator" (Lankton, 1980, p. 172). Facilitating trance can be put into four basic steps, with the therapist maintaining positive intent: (1) preparing the client, (2) taking identity aspects and weaving them into the trance state, (3) taking new experimental learnings and integrating into the system, and (4) transferring these new learnings into action in the client's life (Gilligan, 2012). Trance is considered to be an altered state of consciousness occurring within the client, altering the client's behavior in their external world (Bandler & Grinder, 1975b; Erickson, 1983). Erickson described this as a heightened, concentrated awareness in which ideas could be exchanged and communicated better than in a conscious state (Lankton, 2004). In trance, aspects of memories can surface, as well as past and new learnings that the client was not conscious of previously (Parsons-Fein, 2013). The therapist utilizes the client's symptoms and inner realities, from their

viewpoint, to induce trance. Something new can be created in the client's relationship with the world as the therapist and client work together in co-construction (Gilligan, 2012).

Solution Focused Brief Therapy

Solution focused brief therapy (SFBT) was developed by Insoo Kim Berg and her husband Steve de Shazer. The couple co-founded the Brief Family Therapy Center (BFTC) in Milwaukee in 1978 after their involvement with the Mental Research Institute in Palo Alto. This was in a postmodern era in which social constructivism and social constructionism influenced family therapy (Lipchik, 2002). Lipchik, et al. (2012) noted that after SFBT expanded and grew, the thought process of social constructionism came even further forward.

Berg was a Korean-born American social worker with a background in pharmacy and chemistry. Steve de Shazer was also a social worker who originally trained as a classical jazz saxophonist. Together with their colleagues at the BFTC, they worked on changing the focus of problem formation and problem resolution toward exploring solutions (de Shazer et al., 2012). They observed interviewers and paid careful attention to what they found significant, trying to see the clients at face value without noticing their diagnoses or origin of problem areas (De Jong & Berg, 1998). Much of the work of SFBT was based on Gregory Bateson and Milton Erickson's work, as well as Wittgensteinian philosophy and Buddhism (de Shazer, 1985; de Shazer et al., 2012). Bateson (1972), an anthropologist and social scientist, influenced systems theory and cybernetics, seeing the human consciousness as a "...conscious organism [that] does not require to know how it perceives—only to know what it perceives" (pp. 108-110). Wittgenstein (1984) attended

to language, emphasizing what may or may not be in facts and affects of individual viewpoint. He believed it was fruitless to look for explanations, rather to be observant in what is presently occurring. Buddhist philosophy includes a mindset that change is continuous and stability is an illusion (de Shazer, 1991). Lastly, SFBT appears to resemble Erickson's hypnotherapy approach and his utilization techniques, especially as it pertains to the miracle question.

Therapeutic Approach

In SFBT the assumption is that most problems occur in human interaction, and solutions lie in changing these interactions assisting the client to do something different, even if it is a small change (de Shazer et al., 1986). When one part of the system changes, this affects the whole system. De Shazer et al. (1986) described the aim of SFBT is to focus on the solution process rather than on the complaint utilizing aspects of the client's complaint to facilitate concrete goals for possible future solutions. Berg (1996) also described the therapeutic task is to develop solution-building by utilizing the client's present resources and visions to build solutions rather than the therapist taking the expert role of providing a diagnosis and treatment. This facilitates the client to think and behave in ways that will fulfill the client's expectations (de Shazer, 1988a). Solution focused brief therapy strives for an alternative to the medical model (Hoyt, 1994) for a different experience, yet without the need to rush, respecting the time needed for the client to explore in thoughtful exploration and in their thinking process. Several utilization tools stimulate this thinking process, the most famous being the miracle question and the surrounding processes.

The goal of the SFBT therapist. The therapist's role in SFBT is to facilitate clients' options (Berg & Dolan, 2001). This involves creating an atmosphere in which the problem is respected and honored so clients feel understood (de Shazer et al., 2012). Haley (1967) also suggested that techniques should be utilized in a way that give full attention to clients in their present state, honoring their needs and wishes in order to work cooperatively and collaboratively. Attention to the presented problem brings opportunity to explore what clients need and want. As clients speak about what they want, they provide an aspect of difference between problems and wants, seeing aspects of potential solutions (de Shazer et al., 2012). Solution focused brief therapy assumes that any difference in behavior, thoughts, feelings, perceptions, and context can make a difference in the client's complaint; otherwise the problem does not shift because it is self-maintaining (de Shazer, 1988a). As clients make any increment of change, their experiences and models of the world change (Bandler & Grinder, 1975a). This difference (i.e., change) requires exploration among the elements that are intricately intertwined in relationships among people or even things (Bateson, 1972; de Shazer, 1991). Questions are a key component of this approach; they are utilized as building blocks to move toward solutions (de Shazer, 1988a). In addition, movement toward new patterns or sequences come to surface as exceptions appear, giving light to past moments when positive moments occurred and creating opportunities for the therapist and client to collaboratively construct solutions (Deissler, 1988).

SFBT tenets. Solution focused brief therapy works from a positive position and is solution building rather than problem solving (Trepper et al., 2012). It increases behaviors that are working, explores exceptions to the problem and alternatives to

patterns that do not work, identifies solution behaviors that are present, and works toward small changes that can lead to larger change. Solutions are not always directly related to the stated problem, and the therapeutic approach works toward building solutions collaboratively (Trepper et al., 2012). This approach utilizes language for solution development. Therapists practicing the approach use present and future focused questions rather than relying on their directives and interpretations; they utilize compliments when applicable (Trepper et al., 2012). De Shazer et al. (2012) followed the philosophy, “If it isn’t broke, don’t fix it...[and took the stance that]...the future is both created and negotiable” (pp. 2-3). The therapeutic conversation is geared toward the client’s concerns, with therapist and client working collaboratively to construct new meanings and new realities by connecting and building from what is present (Trepper et al., 2012). The therapist takes a stance of the client as the expert and leads from behind in a not knowing position, maintaining a positive, respectful, and hopeful manner. The client is respected for their strength and resilience, and since resistance is thought of as a protective mechanism, not a hindrance, it is utilized in session.

SFBT stages. The stages of SFBT can be described as: describing the problem, developing well-formed goals, exploring exceptions, providing end of session feedback, and evaluating client progress (De Jong & Berg, 1998). Specifically, this involves a pre-session change in which the client is oriented toward noticing any changes since the appointment was made, and the therapist facilitates the client to reach clear and concise goals. The therapist usually asks the miracle question (or some form of this question) to assist in formation of goals, often utilizing scaling questions to assist goals. The therapist facilitates solution construction and explores exceptions when the problem does not exist.

Coping questions may be asked to inquire how the client manages. The therapist may ask if there is anything he or she forgot to ask, again stimulating aspects of the client's needs and wants. Often the therapist will take a break during the session to collect their thoughts or discuss the case with observing colleagues; this gives the client time for silence and reflection. The therapist often gives end of session feedback and frequently recommends homework assignments that facilitate some level of action as it relates to the client's goals (de Shazer et al., 2012; Trepper et al., 2012).

Where SFBT differs from other approaches is that therapists focus on elaborate and descriptive client solutions rather than focusing on detailed descriptions of the problem (de Shazer et al., 2012). The client's presented problems are often paraphrased and utilized to bridge what is present with what can be, stimulating new awareness through relational questions and elaborating the details of future solutions (De Jong & Berg, 1998). De Shazer (1988a) stated, "problems are problems because they are maintained" (p. 8). Therefore, by exploring exceptions, the miracle question, and observable data, the therapist and client collaborate and cooperate to generate possibilities for doing something different. The formulation of questions—which are generally open-ended in nature—is significant in this approach. The therapist formulates and asks the question, then listens attentively to the answer; he or she then follows with a reformulated question that echoes the client's words (De Jong & Berg, 1998). Both verbal and non-verbal communication is attended to, the client's perceptions are affirmed with an aspect of normalizing, and silence is encouraged and valued.

Similarities of Ericksonian Hypnotherapy and SFBT

There are many similarities between Ericksonian hypnotherapy and SFBT,

including some of the basic premises: “truth” and “reality” is considered to be a co-creation; all observers are part of the system they are observing; patterns are produced through experiences; therapy is goal oriented and future oriented in wellness not pathology; individuals are viewed within the context of their ecosystem; problems are interrelational; and therapists are change agents working within context (Lankton, 2004). Both therapeutic approaches trust that clients can construct their own solutions from their own resources (de Shazer, 1988). These approaches offer beautiful actions of experience to move toward change and solutions, stressing that the level of awareness or knowledge is not where change occurs. Rather, awareness rearranges a situation that requires a new behavior from the client, who produces change. Regardless of the approach and specific utilization tool, it is the relationship questions that steer the client in exploration from problems toward solutions (Berg, 2005). These questions can have powerful influences on clients who feel helpless or stuck in their habitual patterns or themes that are held within the problem, giving them awareness through exploring their internal wisdom in order to experience and move into some level of change. These approaches are contrary to the therapeutic assumption that something is wrong with the client and must be cured or fixed by the therapist.

Both Ericksonian hypnotherapy and SFBT honor and respect that each client is unique, and the therapist offers a unique therapy process to move and connect what is present to what can be in future solutions. Haley (1986) stated, “There is...similarity between hypnosis and therapy. Both are usually based upon voluntary relationships; the procedures are imposed not upon an unwilling person but upon someone who seeks out this type of relationship” (p. 21). Commonalities related to the therapeutic process of

these approaches include, but are not limited to, the collaborative nature, the attention of present moment to future, the movement of the session toward solutions, the value of the client's resilience and unique abilities, the use of significant observable data, and the use of creativity.

Collaborative Therapeutic Relationship

The collaborative process involves joining between the therapist and client. Erickson described this as a process of the therapist putting one foot in the client's world and one foot in their own, moving into a "co-created world...of choices and limitations" (Lankton, 2004, pp. 138-140). Joining is a full process involving matching and sometimes mirroring clients' body and language behavior (O'Hanlon & Martin, 1992); therapists match and pace clients' observable and non-observable ongoing experience (Bandler & Grinder, 1975a). After joining comes the process of accepting clients' needs and their framework (Haley, 1993), and the therapy process opens up new possibilities for clients to create their own experience so that change can occur (O'Hanlon & Martin, 1992). Erickson stated, "It is the patient that does the therapy. The therapist only furnishes the climate, the weather" (Erickson & Keeny, 2006, p. 21). Without collaboration, neither hypnosis nor SFBT would be possible. Erickson drew from the client within, yet brought forth a broader perspective by exploring new knowledge and utilizing the client's unconscious abilities and internal resources with a curious and joyful nature (Erickson & Keeny, 2006). At times Erickson asked "tag questions," through which he turned clients' statements into questions to support clients in seeing and building possibilities toward solutions; this technique is highly utilized in the SFBT approach as well (O'Hanlon & Martin, 1992).

The processes of joining, co-creation, creativity, curiosity, and the explorative nature of the session (Erickson, 1989) cannot be rushed and must move forward collaboratively, allowing the time needed in the therapeutic process of both Ericksonian hypnotherapy and SFBT. The therapist and client plan together to work toward a solution. Facilitating the client's state of receptiveness and responsiveness, in which the client can have experimental learnings and understandings, assists the client in a future expectation that the problem will be solved (Erickson, 1980). This expectation assists in clients' vision and in as much detail as possible, facilitating clients in fulfilling their goals (de Shazer, 1988b). This requires a continual interchange between the therapist and client, and similar to the Ericksonian hypnotherapy process, detailed exploration also occurs in SFBT as a result of the collaborative exploration of present and future.

Focusing on the Present and Future

Although Erickson and SFBT practitioners work with the present, they do not ignore the past and utilize aspects of the past to bridge toward future solutions (de Shazer et al., 2012; Parsons-Fein, 2013). They also assist in correlations from past histories of experiences toward making new ones (Havens, 1996). This is done by the therapist facilitating an altered frame of reference and new associations that are different from the client's past perceptual, emotional, and behavioral patterns in order to move toward visible solutions (Lankton, 2004). The therapist works with an intent and direction of replacing aspects of the old with something new, not interested in the roots of the problem, but on the current function of the client's situation (Haley, 1993). Clients utilize steps from the present and the future to bring forth a positive solution (de Shazer et al., 1986; Edgette & Edgette, 1995). Erickson stressed that things may not be as they seem on

the surface in a given moment, but as new awareness surfaces in the therapeutic process of exploration, a new vision may come to light influencing the future (Parsons-Fein, 2013). This is the approach Berg and de Shazer take as well (de Shazer et al., 1986). Erickson himself described aspects of hypnotherapy as an assistance or invitation to the client to shift their orientation in some way. Erickson (1983) asked, “Is this hypnosis, or simply the correction of the patient’s orientation?” (p. 123). It is interesting to note the simple nature of exploring what is in a given moment in time. Both approaches begin their work from the initial session with strong attention to the client’s description, often noticing exceptions in the first session with intention to movement toward doing more of what works in the future (de Shazer, 1988a).

Moving Toward Solutions

Erickson perceived the movement of problems to solutions as a restructuring and reorganization process, an aspect also stressed in SFBT (Havens, 1996). This process often involves exploring the context surrounding a problem. Bateson (1972) spoke of “context markers,” an important aspect for the therapist to facilitate a change in context and influence patterns or systems (Wilk, 1985). Both Ericksonian hypnotherapy and SFBT explore context, break down something difficult into smaller steps, and co-create a scene for future solutions (Edgette & Edgette, 1995). This requires attentive observation by the therapist rather than a strong focus on theory, evoking experiences from the inside (O’Hanlon & Martin, 1992). The client’s state of awareness is altered by drawing out their natural abilities and re-evoking these skills as a resource, which Erickson referred to as a “naturalistic approach” (O’Hanlon & Martin, 1992). Erickson’s induction of trance was also considered naturalistic, accepting and utilizing what the client presents in a

given moment without the therapist trying to psychologically change or restructure it (Erickson, 1980). Erickson (1980) believed that hypnosis could alter perception and facilitate awareness by bringing awareness to the unconscious, allowing the client to take a comprehensive view of the situation. The client is not unconscious but connected to aspects of the unconscious, which Erickson saw as similar to what great teachers do in educational settings. Founders and practitioners of SFBT do not state that they stimulate the unconscious; they facilitate the client in exploring their resources to move from problems toward solutions. Zeig (1988) argued that hypnosis could be viewed as a way to have effective communication within a state of focused attention allowing an exploration into various behaviors and patterns. In both approaches, solutions can come forward by visualizing a goal and then exploring how it will be attained (O'Hanlon & Martin, 1992).

Client Strengths and Unique Resources

Both SFBT and Ericksonian hypnotherapy value clients' resilience and unique qualities; thus, they are utilized in the therapeutic process. Yapko (1988) described the term *individuation*, in which clients reach an aspect of stability in their psychosocial well-being with awareness of thoughts, representation of self, and acceptance of self within their unique qualities. This individuation is facilitated and tapped into in the therapeutic relationship with the therapist's mindset of trust that the client has this internal wisdom (Yapko, 1988). Once tapped into, the therapist can continue to facilitate aspects together with the client in order to move toward change and building solutions. As the process continues, the client moves forward in the process (O'Hanlon & Martin, 1992), with the therapist attentively following; each new response facilitates some aspect of movement or change (Haley, 1985). Erickson relied on and tapped into clients' conscious and

unconscious natural abilities, trusting that clients have what they need to change and move toward solutions (Lankton, 2004). The SFBT approach may describe this as tapping into clients' inner strength. Erickson and SFBT often go one step further in their questions, facilitating the therapy process in exploration toward awareness of solutions (de Shazer, 1988b; Parsons-Fein, 2013). This one step more brings forth an aspect of sustained attention (Gilligan, 1988), which occurs with exploration of a thought process or experience, facilitating focused attention. This is a mindset and process that surfaces in Ericksonian hypnotherapy as well as in SFBT, with the therapist's understanding that the client has strength and resilience in movement toward solutions. As the process is amplified, awareness of the client's resources is stimulated, which can be utilized toward solutions.

Furthermore, Erickson believed that therapists must assist clients in getting out of their own way, activating their inner healing abilities (Erickson & Keeny, 2006). In SFBT it is believed that at times problems can block the visions of future options and solutions; therefore, therapists facilitate activation of clients' inner strength. Erickson facilitated the client to view the past, present, and future in an objective way (Havens, 1996), an objectivity that can be seen when exploring real life experiences in SFBT when searching for exceptions (de Shazer et al., 2012). This objectivity is highly utilized in Erickson's work and in SFBT (de Shazer, et al., 2012; Havens, 1996) by trusting individual's natural healing ability and resilience, and knowing that individuals have what they need to find solutions (de Shazer et al., 2012). This allows clients to see or reframe their history into something different by facilitating awareness of their own resources to move toward change. Flemons (2004) described this process occurring in hypnotherapy in which a

change in the client's "...controller of [their] experiences" shifts the problem in a way so that it can be seen, accepted, transformed, or even partially or fully left behind (pp. 49-50).

Utilization of Presented Observational Data

Both Erickson and SFBT are creative in the initial consultation, with attentive exploration between the therapist and client. These approaches accept and embrace the symptom enabling the client to work with what is surfacing without resistance or opposition to the symptom, stimulating what it is available to be curious about and move toward change and difference (Flemons, 2004). Clients are taken at face value and the etiology of symptoms and diagnosis is de-emphasized; emphasis is placed on clients' abilities, what can be changed, and what solutions are possible (De Jong & Berg, 1998; Haley, 1967; O'Hanlon, 1988). This supports both de Shazer and Erickson's viewpoint that a disease model contributes to a pathological frame of thought, influencing the therapeutic process and the client's movement toward wellness in solutions (de Shazer, 1991; Wilden, 1980). Utilizing clients' uniqueness in what they bring to therapy brings forth an aspect of freedom for both the therapist and the client (Keeney, 1991).

Creativity

Both approaches highly value and utilize creativity in the therapeutic process. De Shazer (1988a) stated, "...therapy might be seen as part art and part science and therefore might best be seen as a craft" (p. 48). This craft requires an attentive therapist, as well as an openness to be creative with what the client brings forth and bridging this to what can be, allowing for a new experience in which original thought and insight can surface (Rossi, 1993). Keeney (1991) compared the therapist relating to the client's conversation

to a musician's flexibility in using musical notation to relate to their music. Erickson utilized and trusted clients' unrealized creativity and stressed that there is an aspect of flexibility and fluidity that the therapist must take in the therapy process (Elliott, 1988; Havens, 1996). In both approaches, therapists facilitate change in clients by creatively utilizing clients' language, behavior, emotions, hopes, and wishes (Havens, 1996); they provide conditions for clients to do something different. Erickson (1980) stressed introducing ideas and concepts, which can create a refocus of concentration toward the subject at hand. The model of therapy is the specific model of what the client presents (O'Hanlon, & Martin, 1992), and solutions surface at the end of the individualized discovery process (Lipchik, 2002).

Definition of Terms

The use of language is an important part of the therapeutic process in Ericksonian hypnotherapy and SFBT. As mentioned, much of the language commonly used in dominant society is based on a disease model. The language used in this dissertation study is grounded in a systems orientation that respect and honor clients in the therapeutic process. I graciously share the following terms that are common in systemic therapies, yet slightly different than the mainstream understandings of these terminologies in western medical models.

Psychotherapy can be thought of as a social science that utilizes a foundation of psychology and sociology for enhancement of individual experience, social interchange, and wellness in work and play (Lankton, 2004). Erickson described psychotherapy as a means to help clients in exploration in learning, thereby facilitating aspects of change (Erickson & Keeny, 2006). Often clients will present with some type of diagnosis. A

diagnosis can be described as a category or frame of the presenting problem looking at developmental aspects, as well as interpersonal aspects that involve the client and those they interact with (Lankton, 2004). Erickson and Keeny (2006) described it as an elaborate way of looking at people. Erickson thought normal behavior and growth is a part of everyday life, and the thought of describing aspects of this as a psychopathology may be intrusive to the client (Haley, 1993). Rosen (1988) questioned whether diagnoses are true or perhaps a pseudo explanation of a list of symptoms or complaints that may not describe what the client is actually experiencing.

What the client experiences can be thought of as symptoms. Symptoms are attended to in psychotherapy as a means of communication about the client's problems (Haley, 1993), often described as a broken solution (Cade & O'Hanlon, 1993). Erickson and Rossi (1979) described symptoms as developmental problems that come forward into the client's awareness, with mental illness occurring if communication is disrupted. Erickson (1980) believed that at times symptoms are expressed through other means that may appear unrelated to the disturbance, and the symptom may not be understood according to how it presents itself; therefore, it is important to explore the interrelationships of the symptoms and how they work together. A symptom comes forward as a socially adaptive response to problems and can be considered involuntary requests from a physical or psychological problem (O'Hanlon & Martin, 1992). Erickson stressed the importance of learning all the details surrounding the symptom (Haley, 1993), which should be done with a sympathetic stance (Bandler & Grinder, 1975b). Ongoing symptoms are problems that in time become habitual patterns (Haley, 1985; Zeig, 1988).

Problems are components of symptoms that describe clients' difficulties (Cade & O'Hanlon, 1993). These can include disordered interpersonal relationships, maladaptive responses, or simply places of stagnation (Lankton, 2004). Erickson was known to quote Josh Billings when describing problems: "It aint what we don't know that gives us trouble; it's what we know that ain't so that gives us trouble" (Wilk, 1985, p.12).

Erickson felt that individuals' problems can vary and are on-going, but what we do with them is significant (Haley, 1993). Problems are described subjectively by how they look, function, where they came from, and how they relate to other things (Zeig, 1988).

Problems are reported when awareness of them changes, the intensity changes, or an experience suddenly occurs with limitations on solving it. The therapist and client can often utilize the energy maintaining the problem in order to find solutions.

As clients describe what they are experiencing, they often speak in terms of things or events. Things or events are sensory-based observations that come forward from what individuals perceive (Cade & O'Hanlon, 1993). These perceptions of observations can be put into context by the observer. Gregory Bateson described these as *context markers*, "...artificial abstractions imposed by the data of the observer..." (Wilk, 1985, p. 215), also described as a frame. A frame is an event that individuals give meaning to in that the context comes forward by the observed situation (De Bono, 1971; Lankton, 2004). Meanings are individuals' "...interpretations, conclusions, beliefs, and attributions that are derived from, imposed upon, or related to these perceived things and events" (Cade & O'Hanlon, 1993, p. 31). It appears learnings can produce meanings, and meanings influence individuals' learnings. Learnings can be described as experimental information that individuals absorb throughout their lifetime—wisdom that individuals

accrue as they live and learn. Erickson (1980) viewed this wisdom as a significant aspect of individuals' lives, giving them vitality.

Therapy can be considered strategic due to the therapist's facilitation of the therapy process. The therapist identifies the problems, provides interventions, and works with the client's response to move toward solutions. Therapists must be sensitive and responsive, utilizing their individual qualities in the therapeutic process (Haley, 1986), which "is directed toward making a creative rearrangement in relationships so that developmental growth is maximized" (Lankton, 2004, p. 106). Watzlawick (1982) proposed that the goal of therapy is to facilitate some kind of difference or change in the client's thought processes, which can be utilized to assist clients in a difference of behavior in action. When there is intent toward change, there are expectations. Erickson stated, "...[there is an] expectation that change was not only possible but inevitable" (de Shazer, 1985, p. 78).

Brief therapy assists clients in looking beyond the symptoms, problems, or conflicts in the present, facilitating opportunities toward solutions (Fisch, 1982). It requires some type of change that moves toward action with no concept of resistance, but a position of utilization of what the client presents (Haley, 1993). As problems are stated, the therapist moves toward some aspects of solutions. "*Solutions* are what happens when exceptions become the rule" (de Shazer, 1988b, p. 116). As the client works toward solutions, oftentimes aspects of feelings come forward, which can be considered an acknowledgement that comes forward from a situation and is interpreted from past experiences (Schachter & Singer, 1962). All that the client presents is explored when working toward solutions, with a goal of some kind of difference or change. Change can

be described as the simplest form of variation in motion and a difference in position involving movement to the next higher level (Watzlawick, Weakland, & Fisch, 1974). Erickson believed that change was possible and unavoidable (Haley, 1993). With change comes some level of action. Action is the client's role in doing something related to change that moves him or her toward aspects of the solution (Lankton, 2004). As the therapist facilitates action, their intent is a major driving force.

Statement of Research Intent

Statement of the Problem

Family therapy training programs include the theoretical concepts of SFBT, but they may be missing the full spectrum of this approach. The miracle question is the focus of SFBT, but if not delivered in its full context with appropriate application and follow through, the results are limited and shallow. New therapists may focus solely on the intervention as a brief process, leaving out the utilization of attentive exploration that was intended by Berg and de Shazer. This manner of exploration is vital in activating the client's ability to move from problems toward solutions, as in Ericksonian hypnotherapy. This is particularly apparent in the miracle question and its use of language that is necessary to facilitate the client's awareness and vision of their solution. Students are generally taught a superficial level of knowledge of the SFBT process, interventions, and strategies but perhaps without understanding the underlying processes that make the interventions effective. Havens (1988) shared Erickson's view on effective training of therapists: "Experience is the only teacher" (p. 188).

Most reputable family training programs meet the educational standards of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)

(2005), which will be used as a minimum standard for the purposes of this study. The curriculum must include: theoretical knowledge, clinical knowledge, individual development and family relations, professional identity and ethics, research, specialized learning (individual, couple, family), and clinical experience. Hypnotherapy is not mandated by COAMFTE; therefore, it is not commonly found in most MFT programs.

I believe knowledge of Ericksonian hypnotherapy can be highly beneficial in training new therapists to assist in their attentive state of listening and observing, use of language and symbols, verbal communication, awareness of patterns and themes, ability to reframe and use metaphors, bridging, and utilization of what surfaces in a given moment. Erickson often said that individuals could cause confusion to themselves by what they know and do not know (Zeig, 1980). As new therapists come into the field of MFT, their observational skills, heightened listening skills, and facilitating skills will assist them in attending to what the client presents. In addition, aspects of the therapist's on-going practice of self-hypnosis or self-induced trance can be beneficial in enhancing their ability to connect, join, and attentively listen and zero in on important information, enhancing a focused state of mind (Havens, 1988). Havens (1988) described this as a state of fully listening and attending to that brings forth a trance state—a place of fully connecting to the client, which Erickson believed to be the source of all therapeutic change.

In their article, Miller and de Shazer (1998) raised an interesting topic of therapists trying to get the story “right” in understanding SFBT, looking at the postmodern themes, practice themes, and political implications. They described the therapists' talk about SFBT as stories or rumors that have practice implications. They

stressed that instead of therapists focusing on techniques and procedures, they must focus on how change occurs as it relates to the delicate process of language and action. This involves noting that clients' inner changes will show in actions. They explained that therapy is an interactional event including questions, comments, and statements, which illustrate how clients use and make sense of words within their social context in a given time. In addition, they noted that language could be seen as a game, with problems and solutions being part of a different game. This process involves language that is not linear but circular.

Miller and de Shazer (1998) stated, "A basic tenet of solution-focused therapy is that the meaning of a question is only known by the answer that it elicits" (p. 376). With this in mind, the significance of training with this approach is vital. Solution focused brief therapy is more than theories and techniques; it is a process of awareness that must come forward, with attentive training to assist in this delicate process. An Ericksonian influence and extensive SFBT training can enhance trainees' awareness and attention to the client, possibly having significant effects on the therapeutic process and outcome.

Purpose of the Study

This study explored the resemblances of Ericksonian hypnotherapy skills in SFBT, particularly surrounding the miracle question. The miracle question is probably the most frequently used clinical technique with beginning MFT students, but often the underlying processes of the intervention are not fully understood and practiced the way Berg and de Shazer intended. Havens (1996) described Erickson's hypnotherapy as ". . . recognition and acceptance of reality coupled with the willingness and ability to use whatever reality offers to accomplish the results desired" (p. 362). Because reality is

subjective, this entails utilizing all that surfaces in the therapeutic encounter, and without enhanced observational skills much can be missed. I propose that SFBT taps into and utilizes this level of attention, and to move fully into the solution-focused process, therapists must be skilled in their attentive nature and therapeutic focus. This process also involves therapists' ability to tap into their own internal wisdom (Havens, 1996) and attend to their own body and thoughts (Lipchik, 2002). This attentiveness increases therapists' ability to be highly attuned to their clients—an aspect that requires education, training, practice, and dedicated intention.

One of the primary tools that stands out and characterizes SFBT is the miracle question. Berg first experimented with the miracle question by stating, "Maybe only a miracle will help" (DeJong & Berg, 1998, p. 77). As SFBT developed, this progressed to a common approach in asking the miracle question: "Suppose one night, while you were asleep there was a miracle and this problem was solved. How would you know? What would be different? How will your husband know without you saying a word to him about it?" (de Shazer, 1988, p. 5). Berg (1995) described the miracle question as a tool to disconnect solutions from problems and to assist the client in seeing a possible solution to work toward some kind of difference. Erickson worked in a similar manner in hypnotherapy, helping the client create a bridge between the present problem and a desired solution; he utilized hypnosis to stimulate awareness of the client's internal resources to assist in the solution process.

I believe that the miracle question is more than a simple question resulting in a simple response; rather, it is a tool that, if used correctly, can expand the client's possibilities beyond their present awareness. Even in one session from beginning to end,

several tools are utilized that lead to the miracle question, work within the miracle question, and assist in facilitating awareness after the miracle question is asked. “[The therapist must] remain attentive to every verbal and nonverbal nuance of the client’s unfolding description of the solution” (de Shazer et al., 2012, p. 38). It appears the miracle question stimulates the client in finding solutions, just as Ericksonian hypnotherapy helps in the expansion of possibilities that lead toward solutions.

Neither SFBT nor Ericksonian hypnotherapy relies fully on theory, and both have a strategic aspect. Haley (1986) described therapy as strategic if the therapist facilitates aspects of the therapeutic process and utilizes an approach to shift problems toward some type of difference, thereby being responsible for an indirect intervention. Erickson (1980) stated, “Hypnosis is not some mystical procedure, but rather a systemic utilization of experimental learnings—that is, the extensive learnings acquired through the process of living itself” (p. 224). In hypnotherapy, Erickson focused on the client’s internal experiences from their unconscious perspective and less on their external realities, and utilized this to affect their external present conditions (Havens, 1996). This does not create new abilities, it opens an avenue of using the client’s abilities and hidden potentials in different ways toward active change. I propose that in a similar fashion, SFBT is also a systemic utilization of extensive learnings, particularly learnings brought forward by facilitation of thought processes in language. The resemblance of SFBT to the Ericksonian approach, specifically surrounding the miracle question, may be beneficial to explore, especially as it relates to clients’ possibilities to experience a solid connection to new experiences in the therapy process, thereby leading to new experiences in their lives.

Significance of the Study

Although many similarities between these two approaches have been identified in the past, an in-depth exploration has not been done on the resemblances of Ericksonian hypnotherapy in the SFBT approach, particularly as it pertains to the miracle question and its process. Much of the research on SFBT focuses on fidelity and SFBT as an evidence-based practice. For example, Lehmann and Patton (2012) investigated the importance of research and having a good evaluation tool exploring aspects of fidelity, and Smock (2012) examined strength-based instruments and their standardized outcome measurements. Studies like these add value to the delivery of the approach as it was intended and provide support for SFBT as an evidenced-based practice. There are also numerous studies on the utilization of SFBT with various problems and diagnoses (Franklin et al., 2012; Harris & Franklin, 2012; Hendrick et al., 2012; Lee et al., 2012; McCollum et al., 2012; Panayotov et al., 2012; Thompson & Sanchez, 2012; Wheeler & Hogg, 2012), which add value to therapists' understanding of how SFBT can be beneficial for a variety of presenting problems.

Other literature that is more closely related to this study explore aspects of the miracle question (McKeel, 1996, 2012; Nau & Shilts, 2000; Shilts & Gordon, 1993, 1996; Shilts et al., 2003; Stith et al. 2012; Weatherall & Gibson, 2015), aspects of the therapist's role (e.g., Bavelas, 2012; Froerer & Connie, 2016; McKeel, 1996, 2012; Molnar & de Shazer, 1987; Shilts et al., 1997; Shilts, 2013; Weatherall & Gibson, 2015), the collaborative and co-construction process (Bavelas, 2012; Franklin et al., 2016; Froerer & Connie, 2016; McKeel, 1996; Molnar & de Shazer, 1987; Shilts et al., 1997; Weatherall & Gibson, 2015), aspects of simplifying the client's response (Shilts & Gordon, 1993, 1996), and benefits of delaying the therapeutic process (Shilts et al., 1997;

Shilts et al., 2003). There is also relevant research related to the process of the SFBT approach in practice with particular attention to language and communication (Bavelas, 2012; Franklin et al., 2016; Froerer & Connie, 2016; McKeel, 1996, 2012; Molnar & de Shazer, 1987; Shilts et al., 1997; Shilts, 2013; Weatherall & Gibson, 2015).

I explored a gap in the literature addressing the similarities between Ericksonian hypnotherapy and SFBT as it pertains to their therapeutic stance and utilization tools, with attention to the surrounding specifics of SFBT's miracle question. I propose that the therapeutic tools utilized in these approaches are vital to include and practice in MFT training programs. Providing thorough and efficient training of SFBT and utilizing aspects of Ericksonian hypnotherapy skills might assist trainees in the delivery and follow-through of the SFBT process, specifically as it pertains to the miracle question in the way Berg and de Shazer intended it to be asked. Furthermore, the delicate process presented in these approaches can be effective in training any new psychotherapist regardless of the therapeutic model, enhancing their observational and listening skills, and their ability to utilize language in the therapeutic process to facilitate change.

Research Process

The research process of this study focused on the attentive state, language, and observational skills essential to Ericksonian hypnotherapy and SFBT in facilitating movement from problems toward solutions. I explored this by analyzing the process of therapeutic interaction and attention to language in two videotaped simulated sessions by Insoo Kim Berg utilizing SFBT. Both are single sessions involving individual therapeutic interactions with Berg and an adult client. I thoroughly reviewed the videos, then transcribed and analyzed the material using the qualitative tool of Gee's (1999, 2011)

discourse analysis. I examined these sessions through three lenses: an SFBT lens, an Ericksonian lens, and a juxtaposed lens of SFBT and Ericksonian to determine similarities in the processes of these two therapeutic approaches.

Conclusion

A systems perspective can be described as “. . . creat[ing] a different context for facilitating the transformation of a family system” (Becvar & Becvar, 1999, p. 115). In SFBT and Ericksonian hypnotherapy, creating a different context is the focus in order to move from problems to solutions. Although some similarities between Ericksonian hypnotherapy and SFBT have been noted in the literature, the resemblances of Ericksonian hypnotherapy and SFBT’s therapeutic processes have not been thoroughly examined. I believe that whether in trance or in verbal exchange, if done attentively, SFBT also brings a stimulation of the client’s internal resources in moving from problems toward solutions. It is assumed that the COAMFTE educational guidelines for MFT programs are adequate for master’s and doctoral level programs. However, a more thorough practice of SFBT together with Ericksonian hypnotherapy can more significantly influence new therapists’ intuitive skills, observational ability, attentive state, and language skills necessary in the therapeutic process. The possibility of providing more in-depth training in SFBT and adding Ericksonian hypnotherapy as required courses in a COAMFTE accredited program can assist trainees in effectively utilizing SFBT in the way it was intended, and expand their learning to include intrinsic fundamentals of Ericksonian hypnotherapy to enhance clinical skills regardless of theory.

CHAPTER II: LITERATURE REVIEW

There are several shared characteristics between solution focused brief therapy (SFBT) and Ericksonian hypnotherapy. The two approaches have a similar philosophical stance, and both utilize specific clinical techniques and tools. In exploring resemblances, it is significant to bring forward the basics and tools of these approaches and how they inform the therapeutic processes. These therapeutic approaches begin at the interview process and move forward by utilizing several tools that facilitate the movement of problems toward solutions. I explored specifics of these approaches in how they facilitate the client's process, with focus on the SFBT therapeutic process as de Shazer and Berg intended it to be. With a careful eye, I attended to aspects of SFBT that may resemble Ericksonian hypnotherapy. The literature review covers studies about SFBT emphasizing the therapeutic process, with the miracle question at the center of this work. Aspects of SFBT that resemble Ericksonian hypnotherapy have not been apparent in past works, creating a gap in the literature that is addressed in my study.

Philosophical Stance

The philosophical stance is the foundation of these approaches and is the heart of moving through the therapeutic processes. It begins with the initial interview, the observational data, the therapist and client's stance, the communication processes, the philosophy of change, the collaborative process, a focus on strengths, and a hopeful perspective.

The Interview

The interview process is essential in both SFBT and in hypnotherapy (de Shazer, 1988a). O'Hanlon (1988) stated that the assessment process highly affects the problem

definition and is influenced by therapist's attention to the client, the nature of the problem, and the therapeutic approaches the therapist utilizes. Therefore, the therapist's observational lens highly affects the data he or she notes. Exploring the client's problems as well as the client's needs in a highly attentive and observation state is an integral part of the interview process. Both the therapist and the client influence what is presented and noted in the interview process.

The therapist utilizes what the client brings to therapy and meets the client where he or she is at the time of the therapy session (de Shazer, 1985; Parsons-Fein, 2013). Virginia Satir (1972) explained that clients bring their context, feelings, and perceptions to the therapy session, and that all of these influence the content presented in session. Therefore, a significant factor in beginning any therapy is accessing and reframing symptoms, a process that Erickson called "symptom prescription" (Rossi, 1988). Erickson stated that the client often does not know what the problem is, therefore, the time attending to what the client presents is significant in order to move into any aspect of solutions (de Shazer, 1985). This brings the mechanisms of the problem into conscious view, which is necessary to move toward solutions (Zeig, 1988) and provides much information for the therapist to utilize in moving forward.

Zeig (1988) stated, ". . . the mechanism of problem maintenance can be the mechanism of solution" (p. 374). The client's symptoms and description of the problem are actually utilized therapeutically in movement toward forming solutions. This can be seen in the hypnotherapy and in the SFBT process. As new information is presented in session, the client's perception of the therapeutic content is influenced, as is the therapist's understanding. In both SFBT and Ericksonian hypnotherapy, the presented

problems are represented through the therapist and client's lens, shaped by their interaction and co-created, thereby influencing the path toward solutions (O' Hanlon, 1988).

Observable Data

The observable data can be seen as the client's problem and all that may be in relation to the problem. De Shazer (1988a) shared John H. Weakland's viewpoint that the client's world comes into the therapy room as a complaint or problem, with the therapist's focus on the observable data utilized in movement forward.

Therapist's attitude and stance. Erickson (1983) stated that it is the therapist's attitude toward the client that greatly influences the results. A study by Nau and Shilts (2000) noted that empathic listening is vital for the therapist to understand the depth of the problem and time spent getting to know the client is significant. In addition, taking time is critical in moving forward with the client, attending to the uniqueness of the client, joining and developing a therapeutic relationship, and creating an opportunity for the client to respond according to their understanding, behavior, and reaction patterns (Erickson, 1980). This is more than just data; it is time spent getting the client into a state of therapeutic interaction with the therapist, as well as attempting to bring forth therapeutic intention in experimental exploration. This is especially important before the use of the miracle question.

Symptoms. Symptoms are taken at face value and are attended to, not eliminated, and the therapist and client work toward transforming these into solutions (de Shazer, 1985). Erickson and Rossi (1979) believed that “. . . symptoms are frequently important signs or cues of developmental problems that are in the process of becoming conscious . .

. [therefore] . . . symptoms are forms of communication” (p. 143). This can come in the form of physical or psychological symptoms and this commonly occurs when the client cannot clearly express these symptoms in communication.

Valuing clients’ unique qualities. Erickson stressed that each person is a unique individual, and the therapeutic process should meet the uniqueness of the client’s needs (Zeig, 1994). Therapists often try to attend to a hypothetical theory of human behavior, but taking what the client presents in a given moment will assist the client’s process toward something new in a respectful and more efficient way. Erickson stated that a good hypnotist and psychotherapist is able to adapt to the personality needs of each client (Rossi, 1980). “Therapy is a process of accepting the patient’s way while simultaneously diverting the patient in new directions” (Haley, 1967, p. 536). Erickson did not utilize “shoulds,” “rights,” or “wrongs” with the clients, but rather utilized clients’ experiences as they presented them; from this point, he facilitated and stimulated aspects of learning (Haley, 1967). He validated the experiences his clients presented and then utilized them toward movement of something new.

Beginning to move. Erickson did not focus on what is behind the problem, but on facilitating some kind of difference influencing interpersonal change that occurs from the new situation, which he created in collaboration with the client (Haley, 1967). As he conceptualized it, therapeutic change occurs as a result of increased awareness stimulating new internal and overt learnings (Haley, 1967).

This begins with the therapist’s fine listening skills. Keeney (1991) described the importance of listening to the client’s as in clues that become “resource frames,” and then linking these to ingredients for building blocks that move into an intervention from a

“therapeutic gallery.” Bandler and Grinder (1975b) called these “linkages,” in which therapists strive for a successful link between clients’ ongoing behavior and what they may experience next in a different direction. This is also thought of as bridging, utilizing aspects of clients’ problems in movement toward solutions. New bridges also assist in making new discoveries, all stimulating the subconscious and “seeding” (Zeig, 1990) for new possibilities.

Lankton (1980) described bridging with the term “overlapping”—a technique for retrieving personal resources and creating new experiments for clients. Clients’ conscious attention is guided from their representational system toward another level of awareness. This facilitates a process in which clients connect, or bridge, from what is presently occurring to what can occur in the future, moving toward a solution that comes from their own resources. Therapists cue clients to listen to their awareness from the back of their minds and listen to them from the front of their minds, facilitating a connection between the two that can create some level of change (Flemons, 2004). Clients experience having more choices (Bandler & Grinder, 1975b) and are able to tap into aspects of themselves that they can utilize as resources for moving toward solutions (Lankton, 1980), which enhances self-discovery and changes in their model of their world (Bandler & Grinder, 1975b).

This requires attention to timing, an aspect that Shilts (2013) emphasized in the importance of a detailed approach, utilizing techniques skillfully with attention to timing as the therapist weaves through the therapeutic process. Shilts also stressed the importance of listening attentively to clients and their language; he recommended

utilizing language to simplify clients' responses to the miracle question, breaking it down into smaller, more concrete goals.

Patterns and sequences. Meeting clients where they are is a vital process, often involving ongoing patterns or sequences. Zeig (1994) stressed that when therapists assess problems they must look at sequences; this involves identifying aspects of what triggers the problem, what surrounds it, and how it persists. These problems serve as clients' maps of the world, or the way in which they experience problem within their perception. Therapists can then give light to opportunities for intervention to occur, often finding the solutions within the problem itself.

Much of what we do as therapists is not on the client's map, and movement off the map occurs when we facilitate seeing something new. When facilitating movement toward something new, noting the sequences and patterns surrounding the problem can assist in movement toward a change in these patterns. In SFBT and Ericksonian hypnotherapy, therapists often note clients' descriptions of their problems in some aspect of a pattern rather than focusing on a given diagnoses or disease; by tracking this pattern, the therapists facilitate client's movement toward change (de Shazer, 1988b).

Representational System

This observable data also includes awareness of the client's representational system. How individuals experience the world is influenced by their human receptor systems: sight, hearing, touch, taste, and smell (Bandler & Grinder, 1975a). Lankton (1980) described this system as “. . . a sensory processing system that initiates and modulates behavior—sight, audition, feelings both visceral and tactile, gustation, and smell memories” (p. 16). Bandler and Grinder (1975a) stated that individuals utilize these

systems in interaction with the world, but some sensations are minimized in their consciousness for survival. Individuals are left with a reduced consciousness that serves them in functioning in daily life. The researchers believed that human language is a symbol-system that functions as a social filter of our experiences.

The therapist is delicately attentive to language, as well as to the client's representational system; this allows for a comprehensive view and understanding of all that influences the client. Individuals experience the world through their sensory system, and information can be coming in consciously or unconsciously, all feeding the entire system (Lankton, 1980). Individuals may become aware of this information within the present moment or come to awareness at a later time when it is stimulated, triggered, or connected to something conscious. This sometimes surfaces as emotions. De Shazer et al. (2012) stated that in SFBT, emotions are welcomed resources in the client's representational system. Emotions are part of language in which the therapist can connect with the client verbally and nonverbally, being attentive to what may surface and utilizing emotions to facilitate solutions (Lipchik, 2002).

Rossi (1988) described aspects in which the client may block or resist sensations, which can prevent the therapist and client's access to the problem, thereby interfering in any kind of reframe in movement toward change. Bringing these sensations into consciousness involves "prescribing a symptom," an aspect of reconstructing what the client presents bringing the symptom to surface so it can be utilized (Rossi, 1988). Rossi (1988) felt that this required an integration of the left and right brain, bringing all available information into the therapeutic process. "All that is given to consciousness is sensation" (Vaihinger, 1924, p.167). This sensation contributes to all that influences our

perceptions and is data to be utilized in therapeutic interaction between the therapist and client. This data cannot be ignored and takes an attentive observer to bring these sometimes subtle aspects to awareness for the therapist and client to use collaboratively in their exploration. As the client gives a full representation of their dilemma, this becomes the first step toward changing it (Lankton, 1980). This representation may involve an experience in which the client utilizes all the senses, and the therapist utilizes what the client utilizes. This involves paying close attention to the specifics of the client, and the therapist utilizes these specifics in their words, gestures, pacing, and leading.

It is imperative that the therapist as well as the client “heighten their interpersonal sensitivity” (Erickson, 1983) in observation and exploration in the therapy process. Erickson (1983) believed that all individuals could benefit from a heightened awareness and sensitivity to enhance their interactions with others and their world. This heightened sensitivity can benefit awareness of self, as well as a fuller perspective of self within their ecosystem. Lankton (1980) believed individuals operate from their sensory representations of the world. This supports the postmodern perspective of subjective reality. At times individuals may be experiencing what Lankton (1980) described as a mixed state of consciousness, in which there is a combination of attentive, internal, and subtle awareness together with a more overt awareness. Perhaps this is a state that most individuals function and can be described as a subjective awareness.

Models and Maps

Clients’ models or maps of the world come from their individual, unique experiences (Bandler & Grinder, 1975a), which are their descriptions of what they believe the world to be (Bandler & Grinder, 1975a; de Shazer, 1988a). Bandler and

Grinder (1975a) stated that these models are represented in clients' descriptions, which are both observable (what we see) and non-observable (what we sense). Clients may experience physical or psychological pain because of their model of the world. De Shazer (1988a) utilized his observations of clients' maps to assist him in seeing how clients construct problems. The manner in which clients construct their problems is utilized to facilitate clients' movement toward solutions. Therapists are attentive to clients' descriptions of the problem and the way they present their maps. Therapy involves a change in this model, and a present experience that connects them to a difference in their model enhances this process (Bandler & Grinder, 1975a).

By noting clients' maps and models, therapists can be attentive to any individual constraints (Bandler & Grinder, 1975a). Through these constraints, individuals create models of the world through their individually constructed lens. Individuals may block possibilities for change because it cannot be seen in their model of the world, with their ultimate goal of survival (Bandler & Grinder, 1975a). This can occur through deletions of information left out of conscious awareness, distortions that change the view of the content, and generalizations that again view content through an individual's lens (Bandler & Grinder, 1975a). Therefore, through the client's constructed lens, the interactional problem cannot be solved. In addition, individual choices cannot be labeled as good or bad, but as choices made through the present lens of an individual's model of the world.

Clients usually describe their problem as an either/or; therefore, it can be useful to assist clients in moving toward a description of a both/and, helping them alter their maps of the world (Bateson, 1972; de Shazer, 1985). This assists clients in moving from alternative problem realities to alternative solutions (de Shazer, 1985). Therapists can

utilize maps in working toward solutions. Metaphors, among other utilization tools, can be used in such a way that the specifics of clients' problems can be linked to their solutions (Lankton, 1980). This allows for bridging from problems to solutions by creating metaphors that “. . . expand the range of a client's map and guide him toward fruitful outcomes” (Lankton, 1980, p. 153).

In addition, the solutions must represent the descriptive maps presented by clients so that the interventions are connected to the needs expressed in the problem (de Shazer, 1985). This allows a focus to come forward that can be utilized for intervention (de Shazer, 1985). Erickson accepted clients' frames of reference and utilized them to introduce and facilitate a difference toward a solution (Erickson & Rossi, 1979).

According to Wilk (1985), it is important for therapists to look at context in order to understand how clients perceives things. Wilk stated that if therapists wants to change ongoing patterns, they need to change the context; this is done through language. Bateson (1972) utilized context markers by tapping into aspects of language to change aspects of the context. One function of the therapist is to attend to aspects of the client's language to assist in opening up possibilities from a different model or lens; the therapist assists the client to move from what he or she already knows to what can be in some level of difference. This alters how the client frames something through language, also called “reframing” (Wilk, 1985). How we see the world is significant in promoting difference. Erickson and Rossi (1979) believed this process works by utilizing the client's life experiences and patterns of learning to move into solutions. Rossi (1977) suggested that this process may be effective because it appeals to the right hemisphere of the brain, which processes visuospatial, kinesthetic, imagistic, emotional, and body image.

Watzlawick (1982) also believed that playfully utilizing language stimulates the right hemisphere, which has a greater therapeutic effect than rational explanations and interpretations that occur in the left hemisphere. This type of language is widely used in hypnotherapy as well as in Berg and de Shazer's SFBT process.

Language

Communication is central in the therapeutic process of SFBT and Ericksonian hypnotherapy and can be seen as multilevel (Zeig, 1994). Communication involves the therapist's heightened attention to the client's language. Erickson described this as listening with the unconscious mind (Parsons-Fein, 2013). Therapists assist clients in exploring their models; they begin to understand their clients and facilitate options through language (Bandler & Grinder, 1975a). As Bandler and Grinder (1975a) put it, "Magic is hidden in the language that we speak" (pp.18-19). It is through language that the magic of the Ericksonian influence can also be seen in SFBT.

Language is the way of communicating our representation of the world (Bandler & Grinder, 1975a) and is a vital tool in the therapist's facilitation of the client's process toward change. Flemons and Wright (1999) stated, "Language weaves through our experience, giving it shape and meaning" (p. 193). Individuals use language to communicate their representation of their experience, moving from their individual process to a process that involves sharing (Bandler & Grinder, 1975a). By utilizing the client's language, resilience, and an increase in awareness of consciousness, a bridge to change is created.

Erickson believed in being truthful to the client in language (Parsons-Fein, 2013).

The therapist's facilitation involves utilizing language and questions specific to the client. The therapist chooses the client's language, utilizing the client's thoughts through their chosen words. The therapist does not follow a preconceived mindset, but the direction of the client. The therapist must be aware of not allowing their own imagination to influence the client's experience and maintain neutral expectations, follow the client's lead, and attend to the client's language. The therapist's approach to the client must be individualized for the uniqueness of the client, for the present moment, and the present situation (Haley, 1967).

The therapist focuses on the detail of the client's language and respects the language that the client chooses (De Jong & Miller, 1995). This would also include symbols, idioms, and other factors that are figures of speech for the client (Zeig, 1994). The therapist's attention to running themes and patterns in the client's language can assist the therapist in zoning in on aspects of the story that are significant. Bandler and Grinder (1975a) stated, "Language so fills our world that we move through it as a fish swims through water . . . the structure of language, can be understood in terms of regular patterns" (p. 22-23). Rossi (1980) believed that hypnosis helped the client focus attention inward and explore habitual patterns. These patterns, as well as themes, are primary in the therapist's attentive state when listening to the client. Individuals communicate their experience of the world through language (Bandler & Grinder, 1975a). Erickson was attentive to the client's expressed symptoms and saw this as a way of communication (Haley, 1967). Expressed symptoms can perhaps be seen as a conscious and unconscious way of communicating. Erickson (Haley, 1967) referred to these symptoms as becoming

socially adaptive and functional; he stressed the significance of therapists fully accepting and respecting clients in their adaptive mode.

Therapeutic communication. It is well understood that therapeutic interaction involves a conscious attention to language. Therapeutic communication attempts to direct clients in experiencing something new (Lankton, 1980). Erickson explained that this can involve exploring the meaning both therapists and clients make of certain words (Parsons-Fein, 2013). He stressed the importance of listening to clients' words and thinking of various meanings for those words. Therapist and clients use language to explore clients' representational systems and models of experience (Bandler & Grinder, 1975a). Lankton (1980) described the importance of paying attention to clients' adverbs, adjectives, and verbs, which often reveal the sensory system to which they are most connected. Listening precisely and utilizing clients' language is vital, as it allows therapists to attend to both process and content (Lankton, 1980). It is also important for therapists to accept clients' complaints at face value (de Shazer, 1988b). Utilizing clients' words helps therapists connect, bring their described limitations to the surface, and then move toward exploration (Lankton, 1980).

Words described as "symptom words" can be utilized by the therapist with intent to move them in a direction toward "solution words" (Zeig, 1994). This shifts a negative descriptor into a positive descriptor, a process that Zeig (1994) called "gift wrapping." The symptom is gift wrapped, and with the aid of the therapist's utilization tools, the therapist and client move toward gift wrapping a solution. This can be seen in reframing, metaphors, and several of the other utilization tools of Ericksonian hypnotherapy and SFBT, utilizing aspects of communication. The therapist's task is to join in the

problematic expressions and work collaboratively with the client to allow transformation into solutions (Gilligan, 1998). In hypnotherapy this occurs through induction and trance, and in SFBT it may occur through aspects that lead up to and follow the miracle question. Each facilitates the client's awareness to explore relational aspects of the problem that can lead toward solutions in a delicate process between the therapist and client.

Froerer and Connie (2016) explored this delicate process by use of the Delphi method to explore how therapists practiced SFBT globally. The researchers looked at the collaborative process of language, the particulars of language and its creative process in solution building, and the benefits of attentiveness to verbal and non-verbal communication. Forty-two SFBT clinical experts completed three electronic qualitative surveys related to the definition of SFBT, the therapist and client's role, and how solution building occurred. The results indicated that solution building develops with ongoing, collaborative language, utilizing the client's words from previous statements and including non-verbal communication. Therapists stressed the importance of listening to clients' exact words, selecting words that are future based, getting more detailed descriptions of the future, and making them overt. The therapists shared that there was a creative aspect that required them to have good listening skills and a curious nature, remaining respectful, persistent, accepting, hopeful, genuine, pleasant, and reasonable throughout the process. They also felt that this process may take some unlearning of traditional, problem-focused psychotherapy, and that the ability to closely listen and guide takes some training. In their study, Froerer and Connie (2016) demonstrated that listening, selecting, and building are the key components of the SFBT clinical process, and that time must be taken to learn this effectively. They stressed that instructors and

mentors of SFBT must focus on enhancing solution-building clinicians who attend to the detailed language rather than on technique.

Bavelas (2012) also looked at language and conducted a microanalysis of dialogue in SFBT practice to examine psycholinguistics and communication across several studies. The researcher found that in the therapeutic process, co-construction naturally occurs in human dialogue, a process of finding non-verbal cues significant, an awareness of each other's words, and a grounding process that occurs in time. In the microanalysis, Bavelas highlighted the significance of both content and context in the therapeutic process, noted an increase in positive talk in SFBT compared to cognitive behavioral therapies, and found that positive talk led to more positive talk. Based on the results of the microanalysis, the researcher concluded that SFBT should be widely accepted as an evidenced based practice when following the intended guidelines, emphasizing that the intended therapeutic tasks utilized through language are significant the orientation of SFBT.

Molnar and de Shazer (1987) also explored language in SFBT therapeutic tasks by exploring two client cases. They stressed the well-known focus on solutions rather than problems, but more importantly they found clinical meanings that come forward in language to be significant in the change process. The use of language is also significant when the therapist must communicate indirectly to avoid resistance. This gives the client maximum freedom to choose, to engage the unconscious, and to facilitate the client to participate more actively and creatively (Bandler & Grinder, 1975a). Berg (1996) asserted that all clients come to therapy wanting some type of change and saw resistant

clients as “hidden customers.” This is commonly seen in the miracle question as an indirect approach in stimulating interest in the reluctant client.

Use of questions. Both approaches emphasize the use of questions throughout the therapeutic process. This can be found in the initial interview, in getting a description of what problems exists and what the client wants in solutions, and in facilitating the client’s awareness of the internal resources he or she can utilize to go from problems toward solutions.

Silence. Silence is a part of communication and, at times, it can produce powerful results in the therapeutic encounter. The therapist may ask a question followed by a moment of silence or an answer of “I don’t know.” Solution focused brief therapy and hypnotherapy allow for silence, giving the client an opportunity to think and explore quietly (de Shazer et al., 2012).

The Change Process

The therapist utilizes communication to assist in the expansion of choices, facilitating a process of exploring what is available to the client. If something in the client’s awareness is missing, their options are limited, thereby maintaining the ongoing behavior. Erickson’s focus was on change, and his approach explored alternative experiences that move toward something different, helping to diminish symptomatic behavior (Haley, 1967). Erickson, Rossi, and Rossi (1976) described this process as utilizing what the client brings and moving it into ways that are different and outside the client’s conscious awareness. Lankton (1980) stressed the importance of utilizing all that the client presents and to respond to any minute changes that occurs in the therapeutic interchange. At times the therapist may facilitate a thinking state that initially comes

forward as confusion, but in time can lead to clarity (de Shazer, 1988). Wynne (1987) described this as helping the client to “find the key to solution and then let them open the door for themselves and go from there” (p. 11).

This requires the therapist to have sensitivity to assist the client in exploring all that influences their present state in their environment (Lankton, 1980). Bandler and Grinder (1975a) described this further by the use of the enactment technique in order to facilitate the client to recall kinesthetic, visual, auditory, and other sensations that are connected to a blocked experience. When brought forward through these sensations the technique can assist in movement toward growth and change. Rossi (1993) saw this as a means to stimulate the brain as a whole—the right brain involving holistic thinking, creativity, emotions, and imagery, and the left brain involving verbal-linguistic and analytic thinking. Bandler and Grinder (1975a) felt that when they are stimulated together, it could enhance movement toward change.

Strength Perspective

Clients come with a variety of problems and severity of difficulties, yet all people have the strength to utilize in the therapeutic process (De Jong & Miller, 1995). Therapists respect and value clients’ resilience and trust that they have what they need to move forward (Lankton, 1980). This strength perspective allows therapists’ deep respect for clients and their abilities to generate movement toward solutions. Clients’ motivation improves when their strength is brought forward into their awareness. Therapists assist clients by facilitating this awareness in a cooperative and collaborative way (De Jong & Miller, 1995). Focusing on how clients managed up to the present time will also bring light to their strengths and abilities, thereby assisting them in seeing themselves as victors

rather than victims. De Jong and Miller (1995) stressed that even the most difficult environments contain resources. These resources are what clients utilized in the past, and their awareness of these resources can be expanded.

De Jong and Miller (1995) described six key concepts behind the strength perspective: (1) empowerment (discover of power within), (2) membership (alienated clients feeling a sense of connection with therapist), (3) regeneration and healing within (a wellness rather than disease perspective), (4) synergy (creating better results from interaction between client and therapist), (5) dialogue and cooperation (a dialogue to explore the beyond the client), and (6) suspension of belief (trusting what the client brings). The strength perspective not only assists clients, but also encourages therapists that regardless of the presenting problem, clients have survived; and this survival is a place of strength for therapists and clients to draw upon in search of solutions (De Jong and Miller, 1995).

Ericksonian hypnotherapy and SFBT both assert that clients have the knowledge and the know-how to go from problems to solutions. Erickson honored and emphasized his clients' resourcefulness and internal abilities to move toward change (Edgette & Edgette, 1995). Erickson (Havens, 1996) often stated that people know much more than they think they know and have a range of learning they can draw from in their lives. The therapist facilitates the process of stimulating this know-how through a variety of utilization skills. This involves a process to evoke and utilize existing mental and physiological functions, not suggesting a course of action or treatment (Rossi, 1980). Wilk (1985) noted Erickson's view that clients do not need to be fixed, they just need some assistance in utilizing their know-how.

Coping

Further bolstering therapists' strength perspective is their use of coping questions. For clients that feel hopeless, a coping question such as, "How have you been able to manage?" can help them connect to aspects of their strength that they have utilized to survive their problem (De Jong & Miller, 1995). Therapists assist clients in exploring their strengths; as a result, clients' hope begins to rise.

Hope and Expectancy

Hope and expectancy are the basics behind SFBT and Ericksonian hypnotherapy. What clients expect to happen is what dictates whether and how they will move toward doing (de Shazer et al, 1986). Without hope and expectancy, clients would not have entered the therapeutic realm. Tapping into this in the initial session is vital for the continuation of therapy services. Wilson (2015) points out that Berg utilized hope in all stages of SFBT, maintaining a hopeful stance and building hope as well as solutions. All of the utilization tools have hope and expectancy as their basis; they facilitate, stimulate, and enhance the client's hope. Erickson's work utilized tools to move client experiences into action with the basis of hope and expectancy. This assisted the client to better respond in the future to what they experienced in sessions due to a sensation in sessions as if goals were already achieved (Haley, 1967).

Collaborative Process

The role of the therapist in Ericksonian hypnotherapy and SFBT is permissive rather than authoritative (Bandler & Grinder, 1975b). Clients come with hope and expectations of something different, and therapists' awareness of this reinforces a positive view of their clients (Berg, 1996). Therapists' knowledge of their clients'

expectations allows for a wide view of collaborative exploration with their clients.

Lankton (1980) stated, “Therapist and client together access more than the sum of each divided” (p. 35). De Shazer et al. (2012) described the importance of existing in interaction with others. He explained that through the interpersonal interaction and interchange in therapy, awareness surfaces in collaboration.

Haley (1967) stressed the importance of the collaborative relationship for use of Erickson’s utilization techniques. Clients must be willing to accept and cooperate with a suggestion or an awareness of behavior that may influence their process of seeing something new. Erickson emphasized the therapist-client relationship as more significant than the client alone; he thought of it as an intense relationship and utilized techniques specific to the client (Haley, 1967). Erickson always met clients’ presenting needs and utilized them as part of the hypnotic induction. This involves a process of matching, pacing, and leading with the client, which Erickson did effectively (Lankton, 1980). This process of collaborative matching and pacing with the client is also a significant aspect of SFBT (Berg, 1996). This involves the therapist paying close attention to not only the needs of the client, but also to what the client really wants, thereby enhancing cooperation (Berg, 1996). After paying close attention to the client’s needs and wants, the therapist focuses on exceptions to the problem, leading the client to what he or she will do and how their life will be different.

In hypnosis, there is also an interchange between two people, with the cooperation of the client, even if dealing with resistant behavior (Haley, 1967). Therapists meet resistant clients where they are, utilizing the resistance toward some type of connection. At times, resistant clients may want to challenge their therapists because they are afraid

or simply uncomfortable. Therapists strive to utilize the situation, finding some aspect of joining and connection in movement forward (Erickson, 1983). They use what clients bring into the office, not what they think should be focused on, as vehicles for change (Watzlawick, Weakland, & Fisch, 1974). Erickson (1983) stated, “You approach the correction of psychopathology by a gradual eradication of it, not by attempting to contest it, dispute it, or annihilate it” (p. 199).

As with several therapeutic approaches, it is beneficial for clients to be receptive and cooperative to therapy and its process. By connecting to where clients are in a given moment, therapists enhance the collaborative process. Without clients’ full cooperativeness, therapeutic results can be delayed or prevented (Erickson, 1980). This is to say that the best results occur when there is a collaborative process and willingness between the therapist and client, which allows for more possibility toward change.

Shilts et al. (2003) shared that it is important for clients’ voices to be heard, and the pace and results are dependent on the collaborative process. McKeel (1996) study highlighted that focusing solely on techniques will miss the aim of SFBT, noting that a primary factor is the therapist-client relationship and joining. McKeel noted that if the client did not feel understood by the therapist the utilized technique was ineffective, especially when using the miracle question. Therefore, SFBT must be solution oriented and client oriented. Molnar and de Shazer (1987) noted that possible interventions increase when the focus is on solutions, and the solution is constructed together between the therapist and client. This construction comes from the therapist’s facilitation of the client’s thoughts, feelings, and behaviors, which leads to aspects of change.

Another study by Franklin, Zhang, and Johnson (2016) supports the importance of the collaborative process. They conducted a systematic review and meta-summary of 33 SFBT process research studies, focusing on the co-construction process and the effects of techniques on therapeutic outcome. Their findings suggested that the SFBT techniques, its use of language, and the collaborative nature of the therapist-client relationship were significant in positive outcomes. Franklin et al. deemed these findings significant for clinical practice, supervision, and education of the SFBT process, especially as it pertains to therapists' competence in linguistics and utilizing language in a purposeful way through a co-construction process. They stressed the importance of therapists being thoughtful and attentive in integrating client strengths and resources. Thereby, they suggested that utilization of techniques and timing be emphasized in training.

Shilts, Rambo, and Hernandez (1997) also explored the collaborative process that occurs between the therapist and the client, specifically student therapists, their supervisors, and their clients. They used two case illustrations that involved families in a supervision practicum with students focusing on the therapeutic interaction between therapist and client, emphasizing the client's view of this collaborative process. The therapists utilized pre-planned questions, yet encouraged flexibility and fluidity. Clients reported that they found the on-going questions helpful and liked the collaborative process. They specifically liked when therapists took time to listen, and they appreciated a caring and concerned attitude. Clients also reported that the miracle question helped them focus in order to do something different in action and gave them hope. In addition, clients enjoyed the collaborative practicum environment utilizing several therapists. They also liked the SFBT process of exploring clients' innate abilities and resources.

Facilitation of Awareness

These innate abilities and resources come forward in the facilitation of client awareness. Erickson stressed the importance of the therapist stimulating the client's unconscious and conscious awareness in hypnotherapy, facilitating an interchange between these two levels (Haley, 1967). This has been described as "splitting" between the conscious and unconscious mind, involving a process in which two things are first separated into parts, but then unified (O'Hanlon & Martin, 1992). For the purpose of this study, the focus will be on the facilitation of awareness. These are experiences that serve as distinctions from a human language perspective. Therefore, they must first be brought to awareness in their separateness by evoking the client's internal resources, facilitating awareness in the conscious state (O'Hanlon & Martin, 1992). Several of the utilization tools described enhance this level of therapeutic facilitation in Erickson's work, but they are not explicit in SFBT.

Utilization

Utilization is a vital component of the therapeutic process in both Ericksonian hypnotherapy and de Shazer and Berg's SFBT. Utilization can be described as "... the readiness of the therapist to respond strategically to any and all aspects of the patient or the environment" (Zeig, 1992, p. 256). O'Hanlon (1988) described Erickson's utilization approaches to be the most highly regarded contributions to the psychotherapy field. Zalaquette(1988) stated that Erickson developed these techniques to attend to the needs of the client, and utilized indirect techniques in a subtle manner to facilitate awareness beyond conscious limitations and within and around the client's environment. This process is a co-creation of utilization (Zalaquette, 1988), building on what clients present,

honoring and giving clients permission to use what they bring into the therapeutic process, and communicating that anything they bring is okay (O'Hanlon & Martin, 1992). To be fully in this process, therapists must fully and attentively observe rather than focus on theory (O'Hanlon & Martin, 1992). Lankton (2004) described utilization as using the energy of clients' perceptions and resources to move toward change.

Erickson's concept of utilization implies that therapy is naturalistic, as therapists utilize clients' naturally occurring behavior in the present moment throughout the therapy process (Edgette & Edgette, 1995). Utilization includes, but is not limited to, utilizing the client's problematic behaviors, thoughts and feelings (de Shazer, 1988b), as well as aspects of the client's style, belief systems, mannerisms, verbal and non-verbal communication, history, family, social system, environment, and relationship to the presenting problem (Zeig, 1992). This utilization often facilitates clients' mental processes to move outside their normal range of thinking (O'Hanlon, 1988).

Utilization can be seen as the "state" therapists enter within the therapeutic relationship that is goal directed in order to have an effective session (Zeig, 1994). It involves finding out what clients can use to build solutions (de Shazer, 1988b), and it assists clients in opening the door to getting new information, sometimes coming in many forms, like stories, symbols, anecdotes, and music (Zeig, 1994). Therapists must decide what to utilize depending upon how they see the problem (Zeig, 1994). Utilization requires attention to each client's unique situation, and creativity is necessary for both therapist and client (Erickson & Rossi, 1979). Ericksonian hypnotherapy and SFBT use several techniques to assist clients in gaining awareness that facilitates aspects they can utilize to bring forward solutions.

Miracle Question

De Shazer (2002) found the miracle question to be a guide to the therapy process, leading clients toward viable solutions. This question is the heart of SFBT and is designed to develop and clarify goals, stimulate hope, and bring attention to exceptions to presenting problems (de Shazer et al., 2012). This question is intended to elicit concrete, relational, and emotional future goals, which facilitate a more hopeful stance (Dine, 1995). De Shazer (1988a) described the miracle question as a good way to begin the negotiation process of moving from problems toward solutions. De Jong and Miller (1995) looked at this question as a starting point for the following questions that move clients away from their problems and toward the specifics of their solutions. The goal of the miracle question is to facilitate concrete and specific behaviors that clients want to achieve (de Shazer, 1988a).

Berg (1996) described the miracle question as “. . . a means to an end of the client’s life being ‘different’ [and] . . . the solution is being generated by the client . . . not imposed by the expert” (p. 231). De Shazer (2003) described it as “an opening move in a language game” (p. 2). After the client responds, the therapist asks a question to help the client become clearer and facilitate an expansion in the response. First the client makes a statement, then the therapist asks a question. De Shazer (2003) stated, “The answer you get tells you what question you asked” (p. 2). The client and therapist construct a particular concept in a way that suits the client better (de Shazer, 2003). The miracle question shifts the conversation quickly into the future and gives the client an opportunity to think about unlimited possibilities with a future focus. Clients generally need assistance in formulating the answer (De Jong & Berg, 1998). When formulating this

question, Berg and De Jong (1998) recommended that the therapist speak slowly and softly, introduce it as something unusual, use pauses, use future directed words, frequently repeat the miracle question to assist in transition to solution talk, and refocus the client if problem talk resurfaces. The intention is to move toward well-formed and concrete goals, facilitating the client to explore possibilities (De Jong & Berg, 1998).

Joining between the therapist and client is significant before delivery of the miracle question, as well as using future talk in order to deliver the miracle question (Nau and Shilts, 2000). The miracle question helps to elicit goals and is traditionally asked in the first session. This follows with the therapist's assistance to help the client take steps into action (Berg, 1996). Berg (2005) stated that this question gives clients an opportunity to describe what they want with vivid images of their life without problems.

The therapist's mindset is one of faith that clients have what they need to find the solution (de Shazer, 1988a). As clients move toward solutions, they bring forth much detail of what would be different (De Jong & Miller, 1995). The more details described of the solution, the more it stimulates even further ideas toward the solution (Berg, 1996). As the client moves toward a more concrete view of what the solution would look like, the client uses aspects from their past that worked toward their present situation (Berg, 1996). Shilts et al. (2003) recommend that the therapist and client delay their response to the miracle question, allowing time to reflect. Lipchik (1994) cautioned about the brief aspect of SFBT in general, but especially as it pertains to aspects of the miracle question.

It is also significant that the therapist is attentive to both verbal and non-verbal aspects of the descriptive solutions (de Shazer, 1988b). De Shazer (2012) stated that the follow-up questions must be delicately attuned to the client's answers. The therapist

continues to ask additional questions based on the client's response, and throughout trying to clarify and bring forth more detail. Details come forward by actively, delicately, and attentively listening and then facilitating more (de Shazer et al., 2012). Descriptions become more vivid, leading to more concrete visions of their goals (de Shazer et al., 2012). This is commonly followed up by, "What else will be different after the miracle?" often leading to preparation for exceptions (de Shazer et al., 2012, p. 41).

Several studies have explored the miracle question in SFBT. McKeel (2012) looked at the change process research from the Brief Family Therapy Center (BFTC) team and several other researchers and clinicians to examine SFBT interventions and what the client experiences in therapy. McKeel found that the miracle question stimulates hope and facilitates concrete goals. Delivering the miracle question at the appropriate time is significant; first joining, allowing for thinking processes to explore, and connecting problems toward possible solutions. First session tasks are important in inspiring hope, increasing exceptions, and facilitating something new. Scaling is important to assist in monitoring, and to identify specifics in clients' efforts to move toward their goal. Solution talk in questions is important to facilitate discovery, allowing pauses along the way as therapists listen to clients' responses and utilize this in movement toward their next question. Solution was found to be more productive than problem talk, and clients were more likely come back after the first session. In addition, the client-therapist relationship in SFBT is important in encouraging hope, and clients benefit from the feedback and encouragement.

In their study, Weatherall and Gibson (2015) concentrated on the use of the miracle question in a single case study with Insoo Berg using conversational analysis to

explore the stages of the miracle question. The researchers observed that before delivering the miracle question, Berg led a discussion around the client's life, the problem, and prospective solution, which became a resource for her design and construction of the miracle question. The miracle question involves two stages: a preparatory stage that includes the question and the involved scenario, and the post-miracle question stage that involves therapeutic inquiry. The preparatory stage, which is primarily therapist-led, provides the background for the question and compliments. In the post-miracle question stage, it was noted that the therapeutic conversation moved into a more back and forth, turn taking process, with active listening and echoing of the client's words.

Stith et al. (2012) explored common roadblocks in utilizing the miracle question, and were interested in how new therapists make the question interactional. They believed the most important aspect of this question was the effect it has on client's discovery and identifying what it is that they want. Their study used qualitative thematic analysis to code videotapes of six student therapists doing first sessions in a role-play with student therapists as clients, after learning the miracle question in an SFBT class during one class period. Findings of their study indicated that there were problems in how and when the miracle question was first delivered, with poor transitioning and poor timing. There were also problems in how the miracle question was framed and what kind of follow-up process occurred after it was delivered. Although the results were based on role-play sessions with students, Stith et al. found that the students understood the purpose of the miracle question and the fact that it is client-driven. The researcher noted the importance of training on the introduction and implementation of the miracle question.

Nau and Shilts (2000) performed a domain analysis of four SFBT videotapes featuring individual, couple, and family sessions conducted by seasoned therapists Insoo Kim Berg, Eve Lipchik, Scott Miller, and Charlie Johnson in order to explore what makes the miracle question effective. The researchers identified themes of practice and found four areas to be significant in delivering the miracle question: (1) substantial joining occurred; (2) exceptions were explored prior and during the miracle question; (3) much empathy, understanding, and depth was conveyed by therapists prior to the miracle question; and (4) future goals included aspects of the problem without suggestions by the therapist. Nau and Shilts concluded that it is imperative for therapists to do the groundwork before asking the miracle question.

As significant as the laying of groundwork is a slowing down of the process. Shilts, Rambo, and Huntley (2003) explored the importance of delaying the client's response to the miracle question, allowing time for reflection on what may be applicable for the client in the present time. Their study included two case illustrations of two sessions, one an individual case another a family, both with a team of therapists in an educational practicum setting. Shilts et al. (2003) found that when the miracle question is given at the end of a session, the client has the time between sessions to reflect, exposing him or her to a wide range of ideas in moving toward solutions. The delay also allows the therapeutic process to be client-driven rather than therapist-driven—something they believed can be difficult for trainees. Along with the time for reflection, scaling questions can help clients focus, bringing them closer to their responses and solutions.

Not only is delivery significant, the follow-through of the client's response is also important. Shilts and Gordon (1996) explored aspects of the therapeutic process after

presenting the miracle question, working with clients in the present moment while utilizing scaling questions. They used a case study illustrating a couple with marital problems through three sessions and found scaling questions to be an asset in assisting the couple to explore specifics of their miracle response. They advocated using scaling questions as a means to simplify clients' responses to the miracle question, helping them tap into goals that already exist, and measuring their movement toward change.

Shilts and Gordon (1993) also looked at the importance of simplifying the responses to the miracle question to assist clients and therapists in moving toward a specific goal and maintain the change. They used two cases of therapy that lasted for two sessions each. The researchers focused on the miracle question and the simplification responses by the therapist. They found that the simplification process facilitates small changes that move into larger changes. This is non-threatening to the clients and can help those clients who are unclear or overwhelmed by their goals, potentially energizing them clients in their process. The researchers underscored the similarity of this simplification process to the Ericksonian view that it only takes small changes to influence larger aspects of change, and that questions are an important tool in this process.

Exceptions

Berg viewed problems as always having exceptions. Exceptions are the times in the client's life when the problem did not occur or was less problematic (De Jong & Berg, 1998). De Jong and Berg (1998) stated that exceptions are helpful in building solutions rather than just descriptions of problems. It is important for the SFBT therapist to help the client explore exceptions, including times when the problem did not occur or when the client dealt with the problem in a positive way (de Shazer, 1988a). This can

include the therapist inquiring about what is actually better, and maintaining this inquiry throughout ongoing sessions (De Jong & Miller, 1995).

De Shazer (1988a) stated, “Exceptions are not discovered, they are invented during the conversation between client and therapist” (p. 188). This involves questions that assist the client in bringing the exceptions into more concrete and assessable view (De Jong & Miller, 1995). This allows detailed exploration into exceptions, even exploring unrecognized meaning and difference (De Jong & Berg, 1998), a vital component in the SFBT process (de Shazer, 1988a). The exceptions bring forth awareness of the client’s strengths and past successes, which can be mobilized to create solutions (De Jong & Miller, 1995). The therapist explores how the exceptions occurred and works toward generating details and concrete information that lead to these exceptions (De Jong & Miller, 1995). The therapist can then assist the client in utilizing these resources and amplifying the client’s strength to move toward solutions.

Nau and Shilts (2000) found that exception questions are significant in moving clients toward the miracle question, bridging their presenting problem with what they can move toward in the future. This process is similar to Erickson’s use of suggestion. In hypnotherapy, Erickson utilized a component of exceptions with an intention to connect with some aspect of what is working, bridging toward a larger view of what can be. “Tasks can be readily designed when the client’s description of a hypothetical solution includes enough behavioral details (i.e., concrete and specific goals) that can be given as tasks much as if they were exceptions” (de Shazer, 1988a, p. 96). Erickson described this as the crystal ball technique (de Shazer, 1988a).

Scaling Questions

Sometimes a question is used to assist in the discussion of the miracle question. This can be a scaling question, in which a scale from 0-10 is used, and clients rate things about when the miracle last happened. The scale is a way to clarify what aspects of the miracle are already occurring (de Shazer et al., 2012). It assists clients in getting in touch with their intuitive observations (De Jong & Berg, 1998) and amplifying a concrete picture of what they want (de Shazer et al., 2012). The question, “What do you need to do to get one step higher?” (de Shazer et al., 2012) assists clients in moving toward concrete goals. This also helps clients assess their own situation and validate what is important to them in an objective way (Berg, 1996). It can also be used to measure clients’ perception of several items and motivate them to move toward goals (Berg & de Shazer, 1993).

Crystal Ball Technique

The crystal ball technique is utilized in hypnosis using orientation to the future as if it was already achieved (Haley, 1967). Positive and pleasant crystal balls from the past are initially used to orientate and connect with something positive in the future (de Shazer, 1978). This remains an active memory and is significant in altering past expectations, resulting in a future positive outcome that remains in the client’s conscious memory (de Shazer, 1978). This is a future orientation technique utilized by Erickson that facilitates new expectations (de Shazer, 1978); it is also referred to as “pseudo-orientation in time” (O’Hanlon, 1988). Hypnosis assists in aspects of expectation in which the interaction of the therapist and client move with commitment in working toward a task facilitating clarity in what the client sees and experiences (Berger et al., 1972). The concreteness of this process is similar to SFBT, assisting the client to move toward a

vision of what a solution will look like even if the client is not clear on the details of the problem (de Shazer, 1988a). Molnar and de Shazer (1987) stated that the crystal ball technique could be seen as the precedent to getting clients to focus on solutions, which helps them continue to evolve. In Shilts and Gordon's (1993) study on the miracle question, they also emphasized the degree to which de Shazer was influenced by Erickson's crystal ball technique in his conceptualization of how the miracle question should be delivered. They stressed the importance of simplifying the client's responses to the miracle question, which allows the client to focus on the present, where the solutions actually exist.

Multiple-Dissociation Technique

The multiple-dissociation technique is facilitating multiple visual hallucinations, an aspect of visualization in hypnosis (Haley, 1967). This can also be described as the crystal ball technique.

Ratification

Erickson often utilized ratification in the earlier parts of induction. This includes facilitating the client to be with a memory and repeating this memory back to the client as volitional changes occur during the therapist and client interchange (Zeig, 1988). The client's ongoing responses are continually repeated back as minute changes occur, eliciting even more possibility of change.

Positive Attribution

This is similar to ratification that is utilized in induction, but with the difference of therapists using and redefining clients' ongoing volitional changes to bring their

attention something positive they are doing in session, recognizing their cooperation and willingness to move toward change (Zeig, 1988).

Future Progression and Hallucinations

Future progression is facilitated by therapists moving clients from the present toward seeing some aspect of the future and utilizing aspects of the present to connect with future thoughts, feelings, and visions (Edgette & Edgette, 1995). This can include hallucinations that alter client's sensory experience (smell, taste, hearing, vision, touch) and utilize their memory bank to go from the present to something new. Edgette and Edgette (1995) stated that future orientation assists clients in an experience that is different than what they normally experience, and this can be from a physical or psychological perspective. Future progression particularly helps clients with hope and expectancy that something different will occur.

Feedback

Feedback affirms clients' thoughts, actions, or feelings that are movements toward their goals (De Jong & Miller, 1995). Feedback can be interchanged with summation or compliments as well. Lipchik (2002) refers to this as an "intervention message" which may also include a summation of what was said, a compliment, or even an aspect of suggestion. Summation is the therapist's empathic summary of what the client said, and often compliments can be intertwined (Lipchik, 2002).

Compliments are a nice way for therapists to tap into the clients' resilience, what is useful, and what is working. This includes the assumption that clients have what they need to solve the problem (de Shazer, 1988b). Compliments play a role by sharing with clients what they are doing that is working. While the therapist delivers the compliments,

the client's trance-like behaviors often surface, such as head nods, changes in breathing, relaxed posture, or a sense of calmness (de Shazer, 1988b). One benefit of this position is that it allows clients to bring awareness to themselves from a deeper internal stance, assisting in awareness. At times compliments can convey a feeling of being heard or understood (Lipchik, 2002). This is very similar to Erickson's fine listening, using clients' language and utilizing their assets to branch into something new, given forth as a suggestion.

Suggestions

Suggestions allow therapists to offers possibilities with clients choosing, sometimes unconsciously, what aspect to connect to and utilize (Erickson & Rossi, 1979). It does not bring forward something foreign; rather, it helps clients bring forward what they already have internally (Erickson & Rossi, 1979). Lankton (2004) described it as a way to help clients use experiences from within their verbal and non-verbal communication, and explained that it can be utilized to bring forth a new topic through clients' own understanding. The suggestion is tailored to the client at hand and requires the therapist's creativity (Lipchik, 2002). The suggestion can be used to connect it with something the therapist knows will happen prior to the symptomatic response, and therefore facilitates an adaptive response rather than the prior automatic response associated with the presenting problem (Edgette & Edgette, 1995). Lipchik (2002) described the importance of going slowly with suggestions, and only after the client is fully immersed in exploration of their problem.

Erickson utilized open-ended suggestion to enhance the client's ability to explore whatever is available to the client in the moment (Rossi, 1980). He used this when clients

were in a trance, facilitating their awareness to be open to something new. When clients are awake, they can also choose to utilize the suggestion. Posthypnotic suggestions are intended to manifest automatically without clients' awareness on a conscious level; therefore, it extends naturally into the future. Many times, the suggestion can be the problem that can move toward the mechanism of the solution (Edgette & Edgette, 1995). This is different from task assignments, which are delivered by the therapist on a conscious level and are voluntary actions that the therapist and client work toward collaboratively. Erickson (1983) stated that effective hypnotic suggestion occurs because clients' problems have learned limitations in the conscious mind, and hypnosis stimulates unconscious awareness that assists in altering these limitations. This brings forth the premise of why hypnosis is so effective. By utilizing suggestion on an unconscious level, the unconscious can solve the problem without the conscious limitations interfering.

Stories and Anecdotes

Erickson utilized stories and anecdotes that were similar to the client's presented problem, and did so in a manner that the client was unaware (Haley, 1967). This brought forth teaching by analogy in which aspects of the story were related to the client's problem with possibility of bringing forth a new vision (Haley, 1993). This assisted the client to accept a possibility that previously was unaccepted (Haley, 1967). As Erickson would tell a story, at times clients would not realize he was doing therapy. This allowed them to make their own interpretations about their problems at hand. Erickson believed that at the right time, even if after the therapy session, the recollection and connection can surface (Parsons-Fein, 2013). He described looking at a story from different sides to get different angles, meanings, and views (Parsons-Fein, 2013), and facilitating aspects of the

unconscious to come into the client's awareness utilizing this indirect approach (Lankton, 2004).

Confusion Technique

Erickson utilized the confusion technique, which presents clients with contradictory suggestions that cause them to shift in some way in relation to the subject at hand. These techniques are intended to be thought provoking (Haley, 1967). Clients' habitual frames of reference and reality orientation have been challenged by "... their psychodynamics ... now in an unstable equilibrium ... [and] ... a process of deautomatization is taking place ... [to where their] ... symptoms and maladaptive behavior are loosened..." (Erickson & Rossi, 1979, p. 207). Erickson would sometimes use stupidity or the unexpected in a sense of wonder or misunderstanding to assist the client in exploring and explaining more (Parsons-Fein, 2013). The sense of wonder can also assist in posing curiosities and having the client fill in the blanks (Bandler & Grinder, 1975b). Therefore, the client is able to make new explorations, new insights, and new associations to move toward their solutions.

At times clients come with vague descriptions of problems or solutions, and the confusion technique can be useful. Erickson's use of this involved complex verbal skills and exploring aspects of meaning in the problem. De Shazer (1985) utilized it slightly differently, primarily when working with two people with different views on the problem; he explored to seek understanding of what they were presenting, leading to stimulation and facilitation of their thought processes. Both Erickson and de Shazer utilized it with the client's confusion as a tool to construct meaning with an end result of setting a goal.

Rehearsal Technique

The rehearsal technique consists of having clients rehearse desired behaviors in session, then put them in action in their lives (Haley, 1967). It allows for a series of suggestions to be rehearsed mentally so the client can go from what is present to what will be in the future.

Priming

Sherman (1988) defined priming as a change in concept that occurs by presenting an image or perception that is closely related to the concept. The effects are subtle, its subliminal effects have been debated, and it appears to effect social cognition and behavior (Geary, 1994). It occurs automatically and is generally not in the client's conscious awareness (Kihlstrom, 1987).

Seeding

Priming generally brings forth new ideas, facilitating the seeding process in which change occurs in how objects and events are perceived (Geary, 1994). Zeig (1990) described seeding as "activating an intended target by presenting an earlier hint" (p. 222). Seeding is a significant tool in symptom utilization, strategically facilitating an intended behavior in advance for future use. This intended behavior is "seeded," taking small steps toward the development of the idea that moves toward the intended goal. Anything the client brings to therapy can be used in seeding, moving toward aspects of suggestion with the primary intervention "implanted" within it (Zeig, 1990, p. 236). Haley (1986) said this was like taking present ideas, coming up with new connected ideas, and building upon them. The client's presented concepts are facilitated in a manner that stimulates an idea and enhances some aspect of change (Geary, 1994). Haley (1985) described this

aspect of hypnosis as “chaining” steps. The most efficient time to utilize this is in the pre-hypnotic suggestion phase (Geary, 1994; Zeig, 1990).

The pre-hypnotic suggestion phase is significant and considered the most useful time to facilitate the frame of reference for hypnotherapy. It is the time the therapist gathers information (Geary, 1994) and is followed by the induction of hypnosis, when the client begins to absorb information. Next comes the hypnotic state, in which utilization is used to expand on concepts. The client then transitions to a waking state, utilizing what was experienced in the hypnotic state. Lastly to the post hypnotic state intending to move these insights into some kind of action or change (Geary, 1994). In this process there is much overlapping. Basically, something new is introduced and then connected to what was previously attended to (Haley, 1986). Seeding can be seen as affecting a “heightened expectancy,” having an “imagining factor,” and affect “conscious recognition,” which assists in performance of these experiences with possibility toward change (Geary, 1994). The timing, responsiveness, and coordination between therapist and client are vital in intervention. Geary (1994) stated that “seeding ‘sets the table’ for psychotherapy” (p. 319) and was a tool that Erickson highly utilized.

Metaphor

Metaphors have some similar qualities as seen in seeding, especially in aspects of perception when utilizing creativity in language. Erickson utilized metaphors to influence both conscious and unconscious aspects of the client at the same time (Lankton, 1980). Madanes (1990) felt metaphors are central in the therapy process giving clients and therapists a way to communicate, to displace a feeling and promote connection. Lankton (2004) described them as “stories with specific structure . . . a window of opportunity” (p.

12). Thompson (1990) stressed that many factors influence words, giving the therapist an ability to weave in aspects of creativity to assist in the client's needs in a given moment. The words in metaphors are more than simple ideas or concepts, but are words in association with one another within a context in creative play; this creativity with words can trigger emotions and memories. The therapist can tap into riddles, puzzles, tongue twisters, rhymes, and other various learning sets, which can stimulate the unconscious and influence physiological and psychological aspects. Trance can be experienced as an internal subjective experience and an external observable experience (O'Hanlon & Martin, 1992).

In Erickson's therapeutic style there is no interpretation, only utilization of the client's words in metaphor to facilitate change (Haley, 1986). Therapeutic change does not occur from insight or insight interpretation, but from the interpersonal process between the therapist from the outside and the client's awareness. This can include aspects that influence changes in behavior that is said in metaphor. Sessions can then take less time, because clients can respond more quickly (Thompson, 1990). This appears to be due to the creative aspect of this tool, which might stimulate the right hemisphere of the brain, more capable of creative change. Therefore, it is very useful for clients with resistance. If a client resists something, the therapist can bring forth a connected new concept. This connects the two metaphorically, which stimulates the client leading to a connection toward something new (Haley, 1986). This may be a myth that moves into some level of reality for the client, with several layers of messages to where a problem can move toward solutions (Thompson, 1990).

Reframing

Reframing is also similar to the use of metaphors, as creative language is used to connect what is presently occurring to what is possible in the future. This is used to change a viewpoint or description of an experience to another description in which the meaning is slightly changed (Watzlawick, Weakland, & Fisch, 1974). In this way, the client's frame is used to bridge forward into something different. Reframing allows what clients perceive as "facts" to be transformed into a slightly different reality, resulting in a difference in how they perceive themselves and, possibly, their environment (de Shazer, 1988b). It is a way to give a different frame or meaning to a word, concept, or symbol (de Shazer, 1985b). Lankton (2004) described Erickson's positive framing as a way to restate clients' goals and attitudes in positive language. Reframing is sometimes called redefinition when clients' words and symptoms are utilized; positive meanings are attached to those words so the client can see them in a positive light (Zeig, 1988). Molnar and de Shazer (1987) stated that in SFBT, reframing could no longer be utilized in just a problem frame, but as a tool to look at the client's whole situation, thereby reframing the context instead of aspects of the problem.

Intention

Both the therapist and client utilize intention, yet in the therapeutic process it can be said that the therapist must be proactive in leading the intentional mode. Intention comes from our internal resources and wisdom; it is what we put forth to move us forward in life. Lankton (2008) thought of it as a type of mindful visualization or symbolic imagery "... intended to strengthen the emotional and visceral experience of

the desired goal” (p. 37). This visualization and intention comes forward through verbal and non-verbal communication in interaction with others.

Presupposition

Presupposition is an antecedent to intention and visualization that orientates the client toward responding to a posthypnotic suggestion or positive hallucination in which the therapist elicits what the client wants as if it is occurring in the moment (Edgette & Edgette, 1995; Lankton, 2008). The intention is for the client to accept an accurate description or assumption of a relative clause toward something that produces some aspect of change (Bandler & Grinder, 1975b). A presuppositional question is also often used in SFBT in which therapists ask leading questions to support a positive belief about clients or their circumstances to facilitate hope and expectation, and to identify clients’ strengths and positive attributes (McKeel, 2012).

McKeel (1996) noted the benefits of presuppositional questions in enhancing clients’ their awareness of strengths and found SFBT to be effective with positive outcomes. The researcher conducted a review of SFBT studies focusing on outcomes, techniques, and client experience, lending support for this conclusion. Findings also included the importance of the miracle question in developing goals, together with scaling and exception questions to enhance movement toward solutions. In McKeel’s (2012) later study, which examined the change process in SFBT interventions and the client experience experience, the findings indicated that pretreatment in which the therapist asks about any pre-session changes was significant in focusing on client strengths and resources. Presuppositional questions were found to be useful in facilitating hope, strength, and positive attributes in pretreatment changes after clients received a

pretreatment questionnaire and were asked these questions in the beginning of their first session. However, some clients stated that completing the questionnaire did not help them feel their problems were understood; therefore, it is important for therapists to fully listen to clients' problems.

Conclusion

This chapter focused on the background of previous studies related to the research question guiding this study: Are there resemblances of Ericksonian hypnotherapy in SFBT? I have described several studies pertaining to the therapeutic approach of SFBT, as well as the philosophical stance and utilization skills of SFBT and Ericksonian hypnotherapy. This includes several basics of these approaches that are significant as the contributors to these approaches intended them to be. Attention to these basics is what makes these approaches successful, and perhaps the attentive and delicate process is getting lost in new therapists' education and practice of SFBT.

As indicated previously, there are several similarities in these approaches. Solution focused brief therapy and Ericksonian hypnotherapy utilize an experiential process that is collaborative and discovery oriented between the therapist and client. They work toward facilitating client awareness and internal resources with an intentional use of heightened therapeutic skills. However, these resemblances of Ericksonian hypnotherapy to SFBT have not been fully addressed in past literature. It may be that the utilization of SFBT skills, especially surrounding the miracle question, resembles Ericksonian hypnotherapy. Perhaps SFBT assists in a similar fashion as Erickson's work in the expansion of possibilities that lead toward solutions. In the current study, I explored this level of therapist facilitation of the client's process when moving from problems to

solutions. I maintained an awareness of the resemblances of Ericksonian hypnotherapy in SFBT and their common aim of stimulating clients to find their own solutions within their internal resources. The findings from this study may benefit MFT training programs by increasing students' awareness, improving the learning and practice of the SFBT approach, and enhancing basic therapeutic skills by incorporating Ericksonian hypnotherapy into the curriculum.

CHAPTER III: METHODOLOGY

The focus of this dissertation study is the resemblances between Ericksonian hypnotherapy and SFBT. I intended to bring forth Ericksonian aspects of the SFBT approach that are not mentioned in the SFBT manual yet appear to be a vital part of the SFBT process. Applying an Ericksonian lens to the practice of SFBT can increase its effectiveness by looking not only at techniques, but also at what occurs between them. This can offer a third lens of overlapping characteristics, as well as a recursive relationship between SFBT and Ericksonian hypnotherapy that when aspects are used together offers an enriched therapeutic stance.

Self as a Researcher

I addressed this study from the position of a researching therapist with training and experience in both Ericksonian hypnotherapy and SFBT. I have used these approaches in conjunction with one another and find them effective in the therapeutic process. I have assisted in practicum training for master's level marriage and family therapy students and find that the delicate process of the SFBT approach can be missed without proper education and practice. It is imperative that the SFBT process is used in the manner as it was intended by Berg and de Shazer in order to assist clients in moving from problems toward solutions and exploring their strengths and resources. A new therapist's therapeutic stance can be enriched by applying an Ericksonian lens to the practice of SFBT in training, thereby increasing the effectiveness of the therapeutic process.

Research Design

To understand the topic of study, I chose to use a qualitative research design

because of its interpretive and exploratory nature. Qualitative research begins with an assumption of an idea or theory and utilizes an emerging inquiry; data is collected to explore patterns or themes, and the researcher utilizes the results to describe the significance of the study and its contribution to the existing literature (Creswell, 2013). There are several qualitative research designs including, but not limited to: narrative, which analyzes stories; phenomenology, which focuses on the common element among individuals; ethnography, which examines patterns in social groups; and grounded theory, which looks at a process in order to form a theory.

I examined the process of SFBT and Ericksonian hypnotherapy through the use of discourse analysis to zone in on similarities between SFBT and Ericksonian hypnotherapy, resemblances of Erickson's work in SFBT, and recursive aspects between the two approaches using two videotaped sessions of SFBT. Discourse analysis is the study of language and how people use it in the world (Gee, 2011). Aspects of language and communication are analyzed, such as how sentences are put together, how they relate to each other to have meaning, how language flows in sequence through time, and what connections can be made among and across sentences (Gee, 1999). Discourse analysis can focus on linguistics—primarily grammar—or look at ideas, issues, or themes in speech or writing. This study focuses on the latter, with the added focus of exploring the social aspects of language that Gee (1999) addresses. Gee thought of discourse analysis as looking at “language in use” as an abstract system and its specifics of speech and writing. Language has an intimate relation to syntax in how individuals compose and use words together to have meaning. Language provides meaning, and individuals strive to be clear and concise by utilizing language for communication (Gee, 2011).

According to Gee (1999), “[Discourse analysis also] looks at movement from context to language and from language to context” (p. 36). Context has a big influence on language and provides meaning based on the surroundings and situation in which individuals speak. Context is a significant factor in discourse analysis, and it must be overt that observers influence what they are observing, especially if observing a language in their own culture (Gee, 2011). I selected Gee’s (1999) discourse analysis method because it examines language from a systems and social perspective and perceives language as a way to build, engage, and manage in our social world. This perspective is a good fit for exploring SFBT and Ericksonian hypnotherapy because of its social influences, the specifics of language and meaning in context, and the interspace and webs of association between individuals and language (Gee, 1999). I examined the flow of interaction across time, looking at co-construction by therapists and clients. Discourse analysis is a useful tool to explore this process in more detail than the video or transcription system can provide (Gee, 2011).

I explored the “figured worlds” of these approaches, aspects of what Gee (2011) utilized to research words or phrases that are specific to particular approaches. This was used to describe the macro and micro aspects of these approaches. I also utilized Gee’s (1999, 2011) 28 tools and questions to guide me in analyzing the data (see Appendix A). These questions assisted me in focusing my attention to details in the language that appeared to be relevant to this study. I did not need to address all the questions in order or apply tools that were not relevant to this study. I re-examined and adjusted my use of the questions from time to time as the data analysis moved forward, which is referred to as applied discourse analysis because I chose the data, questions, and aspects of the data that

appeared significant as I moved forward (Gee, 2011). Going through the steps was a process of doing and observing what organically came together while I intricately explored the focus and solution focused aspects of both cases.

Participants and Setting

To choose the participants for this study, I reviewed several videos of SFBT case illustrations that were previously taped and commercially available online from a secure library source. The clients in these cases included males, females, children, adults, couples, and families. I chose the two case illustrations that had the following similarities: (1) the client was a female adult; (2) the presenting problem was of a moderate level of severity; (3) the client was cooperative; and (4) it was the first session. I wanted to select two full sessions with an SFBT expert, and after reviewing several case illustrations, these seemed most appropriate for the intentions of this study. I chose two case illustrations instead of one led by Insoo Kim Berg, a leading expert in SFBT, in order to increase the credibility of the study. The first case showed Berg (1997) demonstrating an SFBT session with a married adult female with a 19-month-old child who was struggling to deal with stressors in her life. The second case involved Berg (2000) demonstrating SFBT with a single adult female with two children—ages seven and nine—who was struggling with food and weight issues at the time of the session.

Data Collection, Data Analysis, and Procedures

Step One

I collected data by observing the two video sessions and their transcriptions. I explored the clients' verbal expressions of the problem and the therapist's attention to this expression, including what she attended to and elicited. I also observed the change

talk brought forth by the therapist and client. I prepared these transcriptions by rechecking accuracy of speech and examining language, sounds, emphasis, word choice, accuracy of speakers, and interruptions in the client and therapist's turn taking. I did this by repeatedly watching and listening to the videos, reading the transcripts, and noting any differences in language between the videos and transcriptions. I documented any differences I noted between the videos and transcriptions, which served as the new transcripts for the study.

Step Two

I applied Gee's (1999) method of transcription for annotating both video sessions and decided how broad or detailed the description would be according to the needs of my study. I divided the transcription into thoughts and how those thoughts moved along in time. I noted that each line of the transcript represents a "tone unit," a group of words that have a similar tone and said in speech intended to go together by the speaker. If the tone unit had a rise and fall of speech that sounded final, I marked it with a double slash (/). If it was a tone unit without a rise or fall, as if there was more to come, I did not include the double slash at the end. I put the tone units into stanzas, which are a group of tone units that deal with a unitary topic or perspective. I underlined a rise and fall of pitch in words that stressed a topic, capitalized words that were majorly stressed, used two periods (..) to denote pauses, and noted elongation of the vowel by putting two dots after a vowel (lie:d). I identified the speaker in the session as therapist (T) or client (C), labeled case one (A) and case two (B), and noted turn numbers in the transcription. I used a basic transcription key, as shown in Table 1, which I refined throughout the transcription process. I used my discretion and consulted with Dr. Ron Chenail, a leading qualitative

researcher in the MFT field, to assure adequate level of detail that was appropriate for this study.

Table 1

Transcription Key

Representation of Transcript	Code
Group of tone units	Stanzas
Rise and fall	//
Rise and fall and topic stressed	Underlined
Major stress on topic	Capitalized
Pauses	..
Therapist	T
Client	C
Case one	A
Case two	B
Turn numbers	1, 2, 3,...106...
Therapist, case one, turn number	T-A1
Client, case one, turn number	C-A2
Therapist, case two, turn number	T-B1
Client, case two, turn number	C-B2

Step Three

For each case, I entered the revised and completed transcripts into a document, with the full session copied on paper and compiled. This served as a hard copy of the research document to complete the analysis. From left to right, the research document was set up as depicted in Table 2.

Table 2

Hard Copy Set Up of Research Document

Gee's 28 questions	Transcript	SBFT lens	Ericksonian lens
#7-Doing and Not Just Saying Tool	T-A46...what have <u>LEARNED</u> from this...so: you can apply to <u>this?</u> // you		

Step Four

I proceeded to engage in a line-by-line reading of the transcripts, noting the significant therapeutic aspects of the session in the transcript from an SBFT perspective and then from an Ericksonian perspective, as shown in Table 3. Gee's 28 questions (1999, 2011) served to help me explore these perspectives in further depth, utilizing questions 2, 5, 7, 10, 13, 15, 19, 20, 22, 23, and 26. I did not utilize these tools in any order and only applied those of significance to my study. I determined this as I went through the process of data analysis. These questions not only informed me in my thinking process when exploring the data, they also helped increase my awareness of details and depth of SBFT and Ericksonian approaches. An example of applying Gee's tools and questions to explore details of both approaches can be seen in Table 4.

Table 3

Presented Findings, Overlap of Approaches, and Significance

Transcript	SFBT lens	Ericksonian lens	Overlap of both approaches	Significance of overlap in practice SFBT
T-A46...what have you <u>LEARNED</u> from this.. so: you can apply to <u>this?</u> //	Berg looks toward exceptions (DeJong & Berg, 1998)	Aspects of reframing occurs from present to future (Zeig, 1985)	Both utilize aspects of bridging from past to present positive experience toward solutions	Significant to explore details of strengths as client states problem in order to tap into client's resources

Table 4

Applying Gee's Tools and Questions

Gee's Primary Utilized Tools and Questions	SFBT Aspects	Ericksonian Aspects tools
19. The Connections Building Tool	Berg utilizes the client's language in her next question	Berg utilizes the client's language when moving into a level of Ericksonian induction

Step Five

I verified and cited aspects I noted from the SFBT approach using DeJong and Berg's (1998) *Interviewing for Solutions*, as well as other SFBT experts in the field to note specifics of the SFBT approach. I verified and cited aspects I noted from an Ericksonian hypnotherapy approach from various literature sources describing the Ericksonian approach, as illustrated in Table 3.

Step Six

I then documented regions of the sessions where an overlap of the two approaches appeared, indicating similarities in SFBT and Ericksonian hypnotherapy. This was an attempt to pull both approaches together with a third lens as an integrated description of the Ericksonian approach and SFBT, as shown in Table 3. Once again, I utilized Gee's 28 questions to increase my awareness of commonalities and potential resemblances of the Ericksonian approach on SFBT. I recorded this by circling these areas on the hard copy.

Step Seven

In this step, I explored the philosophical stance and utilization skills described in Chapter II and noted aspects that were apparent in both sessions. This allowed for an exploration of the macro and micro approach of both SFBT and Ericksonian hypnotherapy in their distinct processes. I documented aspects specific to each approach, similarities (with attention to common themes and therapeutic skills), and aspects of the SFBT therapeutic process that resemble the Ericksonian approach. I explored the possible recursive relationship between the two approaches, the significance of this overlap, and how this might improve the therapist's use of SFBT through enhanced training, as outlined in Table 3. I brought attention to the findings and explored how this can influence the SFBT approach in future training and practice, which I describe in Chapter V. Examples of the hard copy analysis and findings from each approach, overlap of the approaches, and the significance of the overlap in practice are presented in Figures 1 and 2.

Figure 2

Hard Copy Example Two of Analysis and Findings

25

T-B568: Is that what you are talking about? *move of solution / stim. inner wisdom*

C-B569: I guess.

T-B570: OK. This is a MIRACLE? *miracle - solution - p56*

C-B571: Right.

T-B572: Right

C-B573: So I'm supposed to feel differently.

T-B574: Right. Because of this miracle.

C-B575: Ah ha

T-B576: And... you feel like, ah, wow. I'm going to CHANGE MY LIFE? *- using exception to solution*

T-B577: I'm going to CHANGE MY LIFESTYLE?

T-B578: I'm going to EAT BETTER.

T-B579: I'm going to EXERCISE MORE.

T-B580: I'm going to do it again?

C-B581: Right

T-B582: What you have done in 96?

T-B583: I'm going to DO IT AGAIN?

T-B584: What would make you know that? that you decided this?

C-B585: Ah ha

C-B586: I don't know.

C-B587: I guess it would be my actions?

T-B588: Okay? Tell me more? about that

T-B589: What do you mean your actions?

C-B590: Well, I mean if, if I'm feeling... may be I might be feeling, ah FEELING DIFFERENTLY about myself.

C-B591: ...so, I may, ah, have more CONFIDENCE in myself?

T-B592: Okay.

Handwritten notes and diagrams:

- Left margin:**
 - WORK*
 - p. 56 Berg (1995) Miracle*
 - p. 56 Berg (1995) on a circle*
 - #15 - builds solution*
 - #19 - exception - solution*
 - #10 - but*
 - to change from*
 - pass to surge*
 - goal - visual solution*
 - Solution*
 - #7 - stimulus*
 - visual of goal*
 - #10 - A. visualization*
 - #15 - A. visualization*
- Central diagrams:**
 - Solution* (circled)
 - exception p. 61* (circled)
 - Belong + Berg (1998)* (circled)
 - presupposition 73* (circled)
 - Solution* (circled)
 - facilities solutions* (circled)
 - Solutions* (circled)
- Right margin:**
 - Priming - 69*
 - Seedling - 69*
 - Crystal ball - p. 63*
 - rehearsal tech - 69*
 - story/ anecdote - p. 68*
 - visual-mult. dissociate - p. 64*
 - suggestion - p. 66*
 - Crystal ball - p. 63*
 - ratification*
 - rapid shifts*
 - words (Haley, 1967)*
 - inherent - mind of solution, 73*
 - positive attribution (Zeig, 1988)*
 - new map - 40*
 - hope - achieved - 48*
 - suggestion - p. 66*
 - Crystal - p. 63*
 - stim. inner wisdom like induction*
 - Confusion tech - 68*
 - stimulated wisdom*
 - Crystal ball - p. 63*
 - visualization*
 - suggestion - p. 66*
 - Crystal ball*

Step Eight

After completing steps one through seven, I brought case one and two together to note the most significant commonalities and overlap between the Ericksonian approach and SFBT. This included similarities in philosophical stance, utilization tools, and patterns of significance between the two approaches within the two cases, as shown in Table 5. I noted whether these commonalities promote a delivery style from an Ericksonian perspective to a treatment approach from the SFBT perspective, and if they have a recursive relationship. I also observed whether SFBT is delivered in the social context of the Ericksonian hypnotherapy style. Lastly, I explored whether an SFBT solution induction resembles an Ericksonian style of solution induction. Gee's 28 questions, along with the philosophical stance and utilization skills discussed in Chapter II, served as a guide throughout the process.

Table 5

Primary Significant Commonalities and Overlap in Two Cases

Significant Commonalities and Overlap and Utilizing Gee's Tools	Case One	Case Two
4. Subject Tool	Berg narrows in on the client's "...difficulties dealing with stress..." by narrowing down on several items by specific questions	Berg narrows in on the client's "...weight issues..." by narrowing down on several items by specific questions
19. Connections Building Tool	Berg utilizes the client's language of "...when I'm overwhelmed..." and expands the talk with similar language	Berg utilizes the client's language of "...present weight issues..." and expands the talk with similar language

10. Integration Tool	Berg brings in language of “...you walk away when you were frustrated...” from aspects of the session in similar theme or pattern	Berg brings in language of “...you were able to stop drug usage...” from aspects of the session in similar theme or pattern
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Quality Control

I increased the quality of this study by following through with all intended steps. Gee (2011) stated that validity for discourse analysis increases through the following means: by convergence as Gee’s 28 questions support the analysis, by agreement that the analysis reflects how social language function in a setting, by coverage when the analysis can be applied to more than one case, and by linguistic details as the analysis reflects the details of the language. I provided accurate transcripts by carefully observing the videos and rechecking the original transcripts by adding or deleting any differences to ensure accuracy. I continuously cross referenced the data with the literature as it pertains to the SFBT approach presented in De Jong and Berg’s (1998) *Interviewing for Solutions*, de Shazer’s writings, and the works of other influential scholars of the SFBT approach. I did the same process with data related to Ericksonian hypnotherapy and cross referenced it with literature by Erickson, Rossi, Zeig, Gilligan, Lankton, O’Hanlon, Haley, and others cited in this paper. I utilized Gee’s tools and list of questions to expand my lens in the review of the data, and reviewed the qualitative design with my committee members.

CHAPTER IV: RESEARCH FINDINGS

The focus of this study was on the resemblances of Ericksonian hypnotherapy in SFBT. I intended to bring forth Ericksonian aspects of the SFBT approach that are not mentioned in the SFBT manual, yet appear to be a vital part of the SFBT process. I examined the process of SFBT and Ericksonian hypnotherapy through the use of Gee's (1999, 2011) discourse analysis to identify similarities between SFBT and Ericksonian hypnotherapy, resemblances of Erickson's work in SFBT, and recursive aspects between the two approaches using two videotaped sessions of SFBT. I used Gee's 28 questions throughout the analysis to assist my attention to detail of the language. Going through the steps involved a process of doing and observing what organically came together while I intricately explored the focus and solution focused aspects of both cases.

The findings are presented in two parts: resemblances of the Ericksonian approach in Berg's SFBT sessions, with part A demonstrating specific utilization tools/techniques and part B demonstrating a recursive cluster process. All excerpts are in Gee's (2011) transcription style (see Table 1), and I used these excerpts to demonstrate my findings. The excerpts are presented in a manner that highlights the bridging and linking process, and several excerpts are used with breaks in between to explain Berg's therapeutic process.

Gee's Tools and Questions

I utilized several of Gee's (1999, 2011) questions according to the relevance of the study, and I applied them throughout both cases. These tools and questions informed my thinking process when exploring the data and increased my awareness of details and depth of SFBT and Ericksonian approaches, as well as the commonalities between them.

The tools and questions I used that appeared most appropriate for this study are illustrated in Table 6.

Table 6

Gee's Tools and Questions of Significance

Utilized Tools and Questions

2. The Fill In Tool

Based on what was said, what needs to be added for clarity? What are the assumptions?

5. The Intonation Tool

How does intonation contribute to the meaning? What are the idea units?

7. The Doing and Not Just Saying Tool

What is the speaker saying and what are they trying to do?

10. The Integration Tool

How were clauses integrated or packaged together in sentences?

15. The Activities Building Tool

What activities does the communication build?

19. The Connections Building Tool

How are words and grammar used to connect, disconnect, or ignore connections between things?

20. The Cohesion Tool

How are pieces connected and in what ways? What is the speaker trying to achieve by connecting pieces?

22. The Topic Flow or Topic Chaining Tool

What are the topics of all main clauses and how are they linked?

23. The Situated Meaning Tool

What are the meanings of the words and phrases and how does this give context?

26. Figured World Tool

How are the words and phrases utilized to give a story or figured world?

As an example of how I utilized these tools and questions, the following excerpt from case A demonstrates the application of tools 5, 7, and 10, which I used to explore this cluster of the session.

T-A2: What do you suppose that needs to//..be DIFFERENT IN YOUR LIFE//..

T-A3: ...that will let you know/.. that it was a GOOD THING that you came.. and talked to me today?

C-A4: Ah ha.

T-A5: That it was a GOOD THING that you had done this?

This excerpt occurred at the beginning of the therapy session. In using #5 (The Intonation Tool), I noted that this excerpt set the tone of the session toward strength. Tool #7 (The Doing and Not Just Saying Tool) assisted me in observing that this excerpt brought forth a notion of “How can I help you?” This, along with with the question of what the client wanted toward her solution, created a stance of positivity. Tool #10 (The Integration Tool) assisted me in noticing that the clauses were purposely put together in this manner to set the tone and focus of the session, already geared toward solutions.

The client’s response appears in the following excerpt. I utilized tool #26 to explore this cluster.

C-A6: Probably . . . um . . . helping me realize that,

C-A7: . . . you know, a lot of things that, that go on are just//NORMAL everyday life.

C-A8: Um . . . you know, that, that I'm NO DIFFERENT than anybody else//

Tool #26 (Figured World Tool) helped me to see the figured world of the session as a position of strength from the beginning, which assisted in the client's positive response after Berg's earlier question in T-A5.

Berg moved on in the following excerpt, and I utilized tools #7 and #19 to explore this cluster.

T-A14: Okay . . . okay . . . So suppose//.. you find that out//

C-A15: Ah ha.

T-A16: That what's happening to you//

T-A17: . . . and how you react to things are pretty NORMAL.

C-A18: Ah ha.

T-A19: How//.. is that going to be HELPFUL,..

T-A20: how would that BE HELPFUL for you?

C-A21: It gives me PEACE OF MIND//

Tool #7 (The Doing and Not Just Saying Tool) assisted me in noting that in this excerpt, Berg facilitated the client toward more clarity by implying "What do you want?" She then asked for more detail, which facilitated the client's awareness. Tool #19 (The Connections Building Tool) helped me to determine that Berg utilized the client's words and linked this to her next question, already connecting problems to solutions.

Resemblances in Part A: Utilization

There were several resemblances of Ericksonian hypnotherapy in SFBT in both case sessions. I noted these resemblances throughout the two analyzed cases, identifying several aspects of Erickson's utilization tools in the SFBT approach.

Symptom Prescription

Erickson found it significant to thoroughly assess clients' problems by attending to what clients presented, often reframing the symptoms in a way that he described as "symptom prescription" (Rossi, 1988). He found it necessary to attend to what clients presented by bringing the mechanisms of the problem to awareness in order to move forward toward solutions (de Shazer, 1985; Zeig, 1988). This facilitates aspects of the problem to come into conscious view, allowing both client and therapist to explore aspects of the solution (Zeig, 1988). In the following excerpt, Berg began the session asking general questions about the client's daily life to assess aspects that may be influencing her problem. This is similar to the process that Erickson would utilize as he explored the mechanisms influencing the presented problem, taking his time to do so.

T-B5: Two children. Ahh.. How old are they?//

C-B6: 7 and 9.

T-B7: Ooh,// *lots*// of *WORK*.

C-B8: Yes, it is.

T-B9: It *takes a lot TIME*. Yea.

T-B10: They are not quite big enough to *take care of themselves*.

C-B11: Right, I wish they were. Yea

T-B12: Right. Ah ha. So// *going to SCHOOL*//

T-B13: and *raising two CHILDREN*.

C-B14: Yes, and *WORKING part time*.//

T-B15: *Working part time*// on top of all this.

In the previous excerpt, the words in italics addressed that the client was very busy, representing her ability to do many things. Berg followed through with the concept of time in the following excerpt to come closer to the mechanics of the client's problem.

T-B134: Well, // I imagine you have *less TIME* // *to WALK* // *now?* //

C-B135: Yeah.

T-B136: Because you are so *BUSY* //

T-B137: You are *doing so many things*.

T-B138: I imagine you *don't have that kind of TIME* //

C-B139: I don't,

Through Berg's further exploration, noted in italics, she utilized joining and reframing of what the client presented—"having young children and working part-time"—to expand into a theme of the client's decrease in available time. This helped to narrow specifics of the problem and aspects that could become the client's symptom prescription. Knowing specifics of a problem gave the client and Berg a fuller view of the problem, which Berg utilized in selecting and building toward solutions.

Time and Joining

Erickson stressed the importance of taking time to move forward and attend to the uniqueness of each client, joining, and developing a relationship in order to understand clients and their patterns of experimental exploration (Erickson, 1980). Berg demonstrated this throughout the session, but it can be seen particularly clearly in the following excerpt.

C-B33: Because, I um.. I attend *SCHOOL full time* //

T-B34: Oh, *full time* //

C-B35: ah huh

T-B36: And you say you *WORK part time*!!

T-B37: *Wow*

C-B38: Yes.

T-B38: *Wow*.

C-B40: Yes.

T-B41: *Wow*.

T-B42: And gets you.. I mean.. *keep up* with your *WORK, SCHOOL work* and *all that*.

T-B43: That's a *lot of TIME*.

C-B44: It is.

T-B45: *Yea*

C-B46: It is.

T-B47: So obviously you are *very AMBITIOUS*.

As Berg moved through this part of the session, she listened to the client's words in an interchange that allowed for joining. A pattern of the problem came forward, coupled with Berg's acknowledgment of the client's strength. This involved intention toward attentive listening, bridging; and building, as indicated by the italics. Berg took her time throughout the session, using subtle words such as "wow" and "yea" to listen and join with what the client said. She allowed time to pass between the client's words, always honoring the client's position.

Patterns, Sequences, Models, Maps

Patterns, sequences, models, and maps are utilized interchangeably in SFBT and Ericksonian hypnotherapy. Erickson noted the patterns in presented problems and the

sequences of how and when the problem presents itself, including what surrounds the problem and what maintains it (de Shazer, 1988b; Zeig, 1994). Models and maps are similar to patterns and sequences. The therapist attends to the client's map or model—including the client's experiences and patterns of learning—and connects this map to an altered and expanded map or model, facilitating movement toward a solution (de Shazer, 1985; Erickson & Rossi, 1979; Lankton, 1980). The following excerpt demonstrates Berg's attention to patterns and sequences. She explored the recent exception to get more information about the patterns of the problem; she then she used bridging of the problem and the exception to explore aspects of a solution.

C-A449: . . . but like on *SUNDAY*,

C-A450: . . . it was like.. I was *MELLOW*//..

C-A451: . . . and, um, I *WASN'T GOING TO LET* anything else *GET TO ME*, so . . .

T-A452: So when you are *MELLOW*//..

C-A453: I can use it a lot *EASIER*.

In the previous excerpt, the exception is noted in italics, identifying a pattern in the following words: “Sunday,” “mellow,” “not let anything get to me,” “easier.” Berg then utilized bridging in the following expert when she recognized a pattern of difficulty, thus creatively generating more information about the problem. She began with the words, “you can use it,” to create a bridge between the exception model or pattern and the problem model or pattern.

T-A454: You *can USE IT*, ahh//.. okay,.. that's what you mean// Okay//

C-A455: Mhm, mhm.

T-A456: So *when you are TIRED OUT*//..

T-A457: . . . *when you've BEEN THROUGH A LOT*//,

C-A458: Right.

T-A459: . . . *that's when you are likely to become MORE EMOTIONAL*//

Berg attentively listened to the client's words and explored the problem pattern in the language in T-A455 to T-A459. She utilized the exception question in T-A454 to bridge to the problem pattern to facilitate the client toward a solution. In the next excerpt, Berg brought the problem and exception closer together after the patterns and sequences were explored. The following expert shows Berg briefly stating the problem while connecting to the solution based on the client's exception, designated by italics.

T-A462: Now, are there times when you//.. have been under *EMOTIONAL STRESS*//

T-A463: . . . and still be able to say.. no//

T-A464: . . . and be in *CONTROL OF YOUR EMOTIONS?*//

Berg's question in T-A462 to T-A464 facilitates the client's awareness of her exception that she can perhaps apply now.

Awareness and Sensitivity

Erickson stressed the importance of the therapist's heightened awareness and sensitivity in observation and exploration in the therapy process in which the therapist and client attune to a subtle awareness that becomes more apparent (Erickson, 1983; Lankton, 1980). Erickson believed that therapeutic change occurs as a result of increased awareness by stimulating internal and overt learnings (Haley, 1967). Clients offer a representation of their dilemma, and therapists' attentive state allows them to attend to all

that is presented (Lankton, 1980). This is apparent throughout Berg's two sessions and can be demonstrated in the following excerpt relating to food. Here Berg facilitates a dialogue about what the client thinks has contributed to her problem with weight gain.

T-B444: So this *is a matter of cutting back.*// Okay.

C-B445: Ah ha

C-B446: *On the GREASY FOODS.. and, and the FRIED FOODS*

T-B447: OK

C-B448: . . . and, ah, certain kind of *MEATS*,..

After addressing aspects related to food, Berg moved on a bit later into aspects relating to exercise. In moving toward the topic of exercise, she was attentive to what was said earlier in the session, as shown in the excerpt below.

C-B112: And, ah, *there have been a couple of times* that I've attempted to, ah you know, to do the *EXERCISING, the WALKING,*

C-B113: and *then it worked* for a minute,

C-B114: and then I guess I got *COMPLACENT* with it,

The ideas in C-B112 to C-B114 are utilized in the following excerpt as Berg moved into aspects of a miracle later in the session, including information gathered earlier. This involved an attentive and sensitive state of listening and observation throughout the session, in order to bring the segments together toward a solution. This is an aspect that Erickson highly utilized as well.

T-B576: And.. you feel like, ah, wow, // I'm going to CHANGE MY LIFE.//

T-B577: I'm going to CHANGE MY LIFESTYLE.//

T-B578: I'm going to *EAT BETTER.*

T-B579: I'm going to *EXERCISE MORE*..

T-B580: I'm going to *do it again*!!

The words in italics are taken from the client's earlier language and utilized in the transition of what Berg states in T-B576 to T-B577. Not only was the therapist highly aware and sensitive, the client also became more aware and sensitive to her process. Erickson stressed the significance of facilitating clients' internal resources to move toward solutions (O'Hanlon & Martin, 1992). Berg followed with deepening the client's awareness by connecting to her exception and eliciting more of what she wanted to do.

T-B582: What you have *done in 96*!!

T-B583: I'm going to *DO IT AGAIN*..

Berg's next question facilitated even greater awareness for the client to elaborate further.

T-B584: *What would make you know that, that you decided this*!!

C-B585: Ah ha

C-B586: I don't know.

C-B587: I guess it would be *my actions*!!

Berg continued and asked for more, again facilitating the client's awareness.

T-B588: Okay?!! *Tell me more*!! about that.

T-B589: *What do you mean your actions*!!

C-B590: Well, I mean if, if I'm feeling,.. may be I might be feeling, ah FEELING DIFFERENTLY about myself,

C-B591: . . . so.. I may..ah.. have more *CONFIDENCE in myself*!!

T-B592: Okay.

C-B593: And know that.. this is something that I know that I *can do*!!

In C-B590 to C-B593, the client began to describe what her different actions would look like, all as a result of Berg's attentive state that informed her earlier questions. Not only was Berg attentive, but the client was also moved toward an attentive state.

Strength Perspective

Erickson emphasized clients' resourcefulness and asserted that clients know much more than they think; similarly, the SFBT approach emphasizes bringing attention to clients' present strengths and qualities (De Jong & Miller, 1995; Edgette & Edgette, 1995; Havens, 1996). This was observed throughout Berg's sessions. In the following excerpt, the client shared aspects related to her problem and control.

C-A556: ...then he would think, you know, *she's got CONTROL AGAIN*!!..

C-A557: Um . . . but actually *I DO IT MORE JUST TO GET AT HIM* than//

T-A558: *Do you?*//

C-A559: Yeah.

T-A560: Oh.//

C-A561: Because *I KNOW IT BOTHERS HIM*.

Although the client does not like her actions, she points out that she was actually “in control.” By asking, “do you?,” Berg encouraged the client to see that she was “in control,” which brought forth the client's strength. In the following excerpt, Berg utilized what the client described and reframed aspects of the client's problem. She highlighted the client's strength in her actions and drew resources from the client's exception to be utilized toward solutions.

T-A562: Oh. So, sometimes *you are in CONTROL*!!..

T-A563: . . . when *you DECIDE* to do that,

T-A564: . . . to get him UPSET

C-A565: Yes, yes to GET HIM UPSET.

C-A566: Sometimes, yeah. *I AM IN CONTROL* when I . . .

T-A567: When you *DECIDE* to do that.

Berg then moved on to bring attention and awareness to the client's strength, "control," as she drew from exceptions and compliments in the following excerpt. Berg also reframed aspects of "loss of control" toward an understanding that the client actually was "in control," and brought attention and emphasis to the client's strength and resources.

T-A576: Ahhh,//.. okay.. You know, it sounds like *YOU ARE* in a lot *MORE CONTROL*// THAN HE THINKS you are.// (laughter)

T-A577: *Is it?*//

C-A578: I would say yeah.

T-A579: *You would say yes.*// Ah hah.//..

Berg's questions in T-A577 and T-A579 facilitated the strengths in the concept of control even further.

Hope and Expectancy

Erickson utilized tools to move clients' experiences into action, utilizing hope and expectancy (Haley, 1967). He brought aspects of what clients wanted to achieve into sessions and assisted them with hope in attending to goals as if they were already achieved (Haley, 1967). Berg utilized this often in her sessions, as shown in her frequent use of exceptions. Wilson (2015) suggests that Berg utilized hope to build solutions. This is demonstrated in the following excerpt, in which Berg asks the client, "so that's all it

would take?" This facilitated a deeper description of what the client wanted to see for herself.

T-B650: Ah ha.// *So that's all it would take?//*

C-B651: Yeah.. I think.

T-B652: Ah ha.. Okay.//

C-B653: I would have to..to um, stay *POSITIVE*..

C-B654: . . . and to, to *KEEP BELIEVING*..

T-B655: *You can do it.*

C-B656: . . . that *I CAN DO this*,

C-B657: . . . that *I can attain this goal*.

The client described—as indicated in italics—specifics of what it would take to move forward toward her solution. Berg added to the client's words in T-B655, which assisted in bringing forth more of what the client hoped for and expected. In the following excerpt, Berg brought forth an exception, which led to more of what the client wanted.

T-B658: Well, *you did it one time,// in 96,// right?//*

C-B659: Ah ha.

T-B660: *You attained two goals* in . . .

C-B661: Maybe if I STOPPED SAYING I can't . . . I probably CAN.

T-B662: Yea.// Okay.

Berg utilized the exception question help the client connect to something positive in her exception; this branched into hope and expectancy for her future.

Collaborative Process

Erickson and de Shazer stressed the importance of working collaboratively in the therapeutic process, involving matching and pacing as the client and therapist move forward, with the therapist maintaining a permissive state throughout the exchange (Bandler & Grinder, 1975b; de Shazer, 2012; Haley, 1967). This is noted throughout Berg's sessions and can be illustrated in the following excerpt. Berg listened and reframed to bring forth what the client wanted, noted in italics.

C-A662: But, yeah, if I would just, it's sort of like if I would *HANDLE THE SITUATION RIGHT THERE* and . . .

T-A663: Just *DROP IT*.

C-A664: *DROP IT*,

C-A665: . . . then *it would be okay*.

T-A666: Okay,.. okay.. That's what you mean by.. saying.. *TOMORROW IS ANOTHER DAY*,

T-A667: . . . just *DROP IT* and just *GO ON*.

“Handle the situation right there” turned into “drop it” by Berg. The client followed with “drop it,” and Berg followed with “tomorrow is another day.” “Drop it and just go on” became a statement that both Berg and the client built together in a respectful, collaborative manner toward the client's goals.

Crystal Ball Technique

Erickson utilized the crystal ball technique to facilitate visions of the future as if it was already achieved, as well as to facilitate new expectations (de Shazer, 1978; Haley, 1967). He used positive aspects from the past to orient and connect to positive aspects,

moving the client toward in solutions (de Shazer, 1978). This is noted in several areas of Berg's sessions and demonstrated in the following excerpts.

C-B552: Um.. or.. um.. maybe I would be, I'd be THINKING SO POSITIVE when I wake up, ah, that I won't want to EAT as much as I.. ah, normally have or..

T-B553: Okay, we're going to go back a little bit.

C-B554: OK

T-B555: When you feel more positive,//

C-B556: M-hm

T-B557: . . . how could you tell// that you are feeling more positive?//

In C-B552 the client stated, "thinking so positive," but Berg continued to encourage the client to elaborate on this so the picture of her solution could become clearer. This is demonstrated in the following excerpt.

C-B558: I don't know. (laugh) Maybe I have a better attitude?//

T-B559: Okay?//

C-B560: Um,.. maybe I may be a little happier?//

Berg continued to ask for more as she helped the client see a more detailed picture of what she wanted to do, as shown in the following excerpt.

T-B561: HAPPIER.. Okay.//

T-B562: Um. What else?

C-B563: Maybe, um, in a better mood.//

T-B564: Better mood.// So you sort of wake up feeling wow://

C-B565: REFRESHED.

T-B566: REFRESHED?//Okay.

T-B567: Feeling.. whoa,// I feel happier// (client laugh)

Berg and the client worked collaboratively with Berg's facilitation, resulting in a more detailed description of what the client saw for herself in the future.

Multiple-Dissociation Technique

Erickson utilized this technique to facilitate multiple visual hallucinations, similar to the crystal ball technique (Haley, 1967). In this excerpt, Berg used the scaling question to help the client describe more about what she wanted and facilitated more visual and descriptive details.

T-A539: So,// what would you say you would be like// when he THINKS//.. you have moved up from a FOUR to maybe, about up to SIX//

T-A540: He sort of tends to agree with you.

C-A541: Um,//.. *HE WOULD SAY that.. I WOULDN'T THROW ANY FITS.*

C-A542: There would be *NO more SLAMMING,*

T-A543: Okay

C-A544: *NO MORE YELLING.*

T-A545: Okay

C-A546: Um,.. and then *HE WOULD SAY I'd moved to A SIX.*

The italics in C-A541 to C-A546 show the client's statements about what she would be doing. Berg moved on and continued to make statements with a slight reframe to expand the client's vision further, as noted in the italics below.

T-A547: So,// *even when you have DISAGREEMENTS*//

C-A548: Mhm

T-A549: . . . *you would not SLAM THE DOOR, that kind of stuff*//

Berg utilized scaling to assist the client in moving toward her goals, as the client stated the details of what she wanted. Berg repeated aspects of what the client wanted and used bridging in her questions to facilitate more of what the client visualized for herself.

Ratification

Erickson utilized ratification by repeating clients' memories back to them to facilitate change (Zeig, 1988). In this process, the therapist repeats the client's ongoing responses, facilitating continued exploration toward the client's solution. Berg utilized this often in the sessions, which is demonstrated in the following excerpt.

C-B661: Maybe if I STOPPED SAYING I can't . . . I probably *CAN*.

T-B662: Yea// Okay.

C-B663: I find myself doing that a lot also.

T-B664: Okay. So//, so what would it take for you to do this?//..

T-B665: Say to yourself *I can*//

C-B666: Ah hm, and *believe that I CAN*.

T-B667: And *believe it*//

Berg continued to build upon what the client stated, shown in the italics above. She then moved on to elucidate more of what the client wanted to do in order to achieve her goal, as she brought forward aspects from an earlier place in the session. In the following excerpt, Berg pulled from a something the client had said earlier in the session.

C-B615: I would probably thank God. (laugh)

Although a bit later in the session, Berg utilized the earlier statement in C-B615 to say the following, as she brought the client's words into the session once again.

T-B668: THANK GOD,..

Berg then moved toward an aspect of exercise, something the client stated several times throughout the session.

T-B669: . . . and get out of bed// and start to exercise://

T-B670: What would it take for you to do that?//

In the following excerpt, the client answered Berg, and Berg repeated aspects of the client's words to further move toward the client's solution. The client built from the "motivation" toward "prayer before I go to bed" as seen below.

C-B671: *Motivation.*

T-B672: Okay//.. Alright//..

T-B673: So how are you going to get this motivation?//

C-B674: I don't know.(laugh)

C-B675: Maybe if I said a *PRAYER BEFORE I GO TO BED.*

Berg utilized language the client had shared throughout the session and then repeated it as a way to move toward details for her solution.

Future Progression and Hallucinations

The techniques of future progression and hallucination assist clients in moving from the past or present toward something they want in the future (Edgette & Edgette, 1995). Erickson utilized future progression and hallucinations to build on clients' memories and internal resources, creating the possibility of something new in the future. This can be seen in Berg's sessions, as illustrated in the following excerpt.

C-B593: And know that.. this is something that I know that I can do//

C-B594: ...and that I *WANT TO DO*..

T-B595: Okay//

C-B596: So I'm going to *TAKE THE STEPS that I NEED TO TAKE.. to do it.*

In C-B593 to C-B596, the client stated that she wanted to take steps toward change. Berg then utilized bridging to bring aspects of taking a step toward aspects of difference, noted in the following excerpt.

T-B597: So, // you're just going to *take the step*. //

T-B598: Something is *DIFFERENT*..

T-B599: Something feels *different for you*. //

Berg followed through as she facilitated what would be different, with the use of the client's words in italics. After Berg stated, "I'm more confident," describing the client's state, the client reframed the statement, followed by another reframe by Berg.

T-B600: I'm *more confident*. //

C-B601: Feeling *better about myself*. //

T-B602: *Feeling better about yourself*! ..

Berg then followed through with aspects from C-B593 to C-B596, taking the prior concepts and reframing them into the following statements.

T-B603: *I've made up my mind*! ..

T-B604: *This is good for me*! ..

Berg drew upon the client's words, restating and reframing them to help the client move toward visualization of her solutions.

Suggestions

Erickson utilized suggestions to assist clients in becoming aware of possibilities from their resources that can be used in the future in moving toward the mechanism of a solution (Edgette & Edgette, 1995; Erickson & Rossi, 1979). The suggestion often

contains aspects of the problem that have been fully explored, moving into aspects of the solution (Edgette & Edgette, 1995). This is demonstrated in the following excerpt, in which the client described aspects of her problem, noted in italics.

C-A638: Right, right.// Well,.. a lot of times,.. *ONE FLAW* that I do have

C-A639: . . . that causes there to be a *CONFRONTATION*.. is

C-A640: . . . *I will let things BUILD UP*.

T-A641: Ahh, okay. Right.

C-A642: And then when *they've BUILT UP to the point that I CANT HANDLE them anymore*,

T-A643: Okay..

C-A644: . . . then *I LET HIM HAVE IT* with both barrels.

T-A645: Okay

In the following excerpt, designated in italics, the client connected to her exception that was apparent earlier in the session to address a time when she was successful in dealing with her problem.

C-A646: Um, and sometimes, if, if I would take like *the incident on SUNDAY*

C-A647: . . . and just *HANDLE IT* there

C-A648: . . . and *LET IT GO*,//

T-A649: Yeah

Berg then brought forth aspects of a suggestion that connected the client's problem and the client's exception, leading toward a vision of the solution for the client's future, noted in the excerpt below.

T-A744: Right, right. And so there is *something with him//.. and with your sister//..*

T-A745: . . . that sounds like you sort of *GET AN IDEA//*

T-A746: . . . about *what TELLS YOU.. even BEFORE you get to the point..*

T-A747: . . . what tells you "Ah oh,.. ah hah, *this is the BATTLE I AM GOING TO PICK.*

C-A748: Um hm.

T-A749: "*SOMETHING THAT TELLS you* that.

T-A750: And *so PAY ATTENTION to what// THOSE CLUES ARE//*

T-A751: . . . that *TELLS YOU THAT.*

Berg built upon the client's strengths, drew upon the client's words from the exception, and utilized a descriptive map from her exception in T-A744 to T-A749 to bridge into a suggestive descriptive solution in T-A750 and T-A751.

Stories and Anecdotes

Erickson liked to use anecdotes to look at a story from different sides and utilize them as an indirect approach to facilitate clients' internal resources (Lankton, 2004; Parsons-Fein, 2013). Often the story indirectly brought forth aspects related to the problem in the forefront to be utilized in future solutions with a new vision (Haley, 1993). In the following excerpt, Berg used aspects of the client's earlier descriptions of her problem to build a new story of her vision for a solution. Aspects of the client's problem are addressed below in C-A510 to C-A515 in italics.

C-A510: My husband says *I'm in a CYCLE.*

T-A511: Okay

C-A512: Um, HE THINKS that I have *severe PMS*

T-A513: Ah hah//

C-A514: . . . and that's what he relates everything to

C-A515: . . . because he, HE basically can see the *CYCLE, that I go through.*//

Berg followed through a bit later in the session by describing a new story of how the client may react “during her cycle.” In the following excerpt, Berg used and reframes the client’s earlier language to build a larger description of what the client may do with positive response toward her husband.

T-A584: . . . *when you DECIDE this is what I am going to do,*//..

T-A585: . . . are *YOU ABLE* to even *during your CYCLE,*//..

C-A586: Ah ha.

T-A587: . . . be *CALM ABOUT,*//

T-A588: . . . *WITHOUT SLAMMING THE DOOR?*//

C-A589: Yes.

T-A590: *You are able to DO THAT?*//

C-A591: Yes, yes.

T-A Ah//

T-A592: *Even during your CYCLE?*//Huh

C-A593: Yea.

As illustrated in T-A584 to C-A593, Berg used the new story to describe the new response. She went on to further describe the client’s new story intended toward her solution, as illustrated in the following excerpt.

T-A601: . . . when *YOU BELIEVE you are NORMAL*

T-A602: . . . and *you are CALMER*

T-A603: . . . and *have PEACE OF MIND,*

Berg utilized the client's own words from her story of what she wanted and facilitated the client's process in exploring and seeing goals in the future, similar to aspects of building used in the miracle question process.

Confusion Technique

Erickson sometimes used the confusion technique, a sense of wonder or misunderstanding to hear more from the client, which can be thought provoking, facilitating the client's internal resources (Bandler & Grinder, 1975b; Haley, 1967; Parsons-Fein, 2013). In the following excerpt the client stated aspects of her problem.

C-B235: But see I think, ahh, maybe *I'm not sincere enough*//

C-B236: . . . or maybe.. it's like it's something *I want to do*//

C-B237: . . . but then again *I don't*..//

C-B238: . . . because *I enjoy what I EAT*..//

Berg utilized aspects from C-B235 to C-B238 a bit later in the session in the following excerpt, when she asked a series of questions to understand and hear more about what the client intended in her solution.

T-B251: Is it a matter of you *EXERCISING more*,//

T-B252: . . . or are you *EATING different,*

T-B253: . . . is it a matter of you *EATING different kind of food?*//Ah

T-B254: *Which is it?*//

C-B255: It's a combination.

T-B256: *Combination of both?*//

Berg asked more questions in a place of wonder or confusion to inquire more details of the client's solutions. Berg moved from aspects of the problem toward solutions by asking questions that facilitated the client in her expansion toward her solution. The client answered with, "It's a combination," upon which Berg asked, "Combination of both?" in an effort to increase the client's clarity about what she wanted.

Rehearsal Technique

Erickson used the rehearsal technique to review what clients said they wanted in session and utilize this in their future solutions (Haley, 1967). In the following excerpt, Berg took aspects of what the client described earlier in the session—noted in italics in T-B444 to C-B478—and utilized it when she rehearsed the solution.

T-B444: So *this is a matter of cutting back.*// Okay.

C-B445: Ah ha

C-B446: *On the GREASY FOODS.. and, and the FRIED FOODS*

T-B447: OK

C-B448: . . . and, ah, *certain kind of MEATS,..*

C-B474: . . . *I would go on a WALK,..*

T-B475: Yea

C-B476: . . . and *I did like 100 SCRUNCHEs* before I walked..

T-B477: Whoa

C-B478: . . . and *100 AFTER I WALKED.*

Berg then used these earlier descriptions in rehearsing the solution, noted in T-B519 to T-B527, toward a description of the miracle.

T-B519: . . . and the MIRACLE is.. that.. the kind of thing you are TALKING about,..

T-B520: . . . *CHANGING EATING HABITS*,//..

T-B521: . . . *GOING WALKING*,//..

C-B522: Ah ha

T-B523: . . . *DOING SCRUNCHING*,//..

T-B524: . . . and *EATING BETTER*.. and

T-B525: . . . or *ENJOYING DIFFERENT KIND OF FOOD*//..

C-B526: Ah ha

T-B527: . . . happened.. because.. of this MIRACLE, as a result of this MIRACLE.

Berg repeated and at times reframed aspects of the client's language from the client's earlier exceptions, as well as from the goals the client set toward her solutions. This was like a rehearsal of the client's miracle, which assisted the client in visualizing the solution by bringing forth details for clarity. Berg appeared to utilize rehearsal in the SFBT therapeutic process and noted throughout the sessions.

Priming and Seeding

Erickson utilized priming to present an idea for the seeding process. The intention was to change a concept by presenting a perception that is closely related (Sherman, 1988). In seeding, the therapists takes small steps to facilitate an intended behavior for a future goal (Zeig, 1990). This is demonstrated by Berg in the following excerpt, with emphasis on the language, noted in italics.

C-B682: If you really believe, um *BELIEVE IN IT*, I think it really helps.

T-B683: So wait a minute.

T-B684: Do you have to believe it//.. *before you can pray*//.. or you have to pray
it//.. and *then you'll get it?*//

C-B685: I think you should *BELIEVE IN IT*.

T-B686: You, you believe it first//

C-B687: Ah ha.

T-B688: And then you pray//..

C-B689: Ah ha.

T-B690: Then you get it//

Berg utilized the client's language to facilitate expansion of her solution. Berg's question in T-B684 is a prime to the seeding that followed, all by repeating the client's words in expansion toward the client's solution. As Berg repeated the client's words with emphasis on the sequence, she provided more clarity of the client's solution, planting the seed each time Berg got clarification from the client. She introduced something new and connected it to what the client addressed earlier (Haley, 1986). Priming and seeding can also be seen in reframing, aspects of exceptions, scaling, feedback and use of homework, and in connection to clients' strengths. In addition, aspects of seeding appeared in Berg's sessions, an aspect that Zeig (1990) described as facilitating intended behavior in small steps toward goals.

Metaphor

Erickson creatively utilized metaphors to stimulate and facilitate clients' resources. He used clients' words in the form of metaphors to facilitate change (Haley,

1986; Lankton, 1980). In the following excerpt, the client described what she wanted to change in her life.

C-A62: Um, I'd,.. uh, um.. I'd be *EASY GOING*//.

C-A63: I *wouldn't CONSTANTLY BE THINKING* all the time,//

C-A64: . . . and, um, it would just be *MATTER OF FACT*,//.. you know.

C-A65: I *wouldn't be OVERANALYZING SITUATIONS*.

T-A66: Ah//..Okay//. Okay//.

C-A67: I seem to be VERY ANALYTICAL.

In the excerpt below, Berg asked a question to increase clarity.

T-A69: . . . when you've got that point?

The client herself used a metaphor in her description below.

C-A70: I'd just,.. you know,.. *THROW IT UP TO THE WIND*//..

C-A71: . . . and *NOT WORRY* about it.

Berg then used metaphors in the following excerpt, noted in italics, to review and expand what the client expressed from the earlier excerpt in C-A62 to C-A67.

T-A72: And SAY, oh well, *THAT'S LIFE*//

T-A73: That's

C-A74: Right.

T-A75: . . . what you would SAY?//

C-A76: Right. Right.

T-A77: Oh well,// *that's HOW IT GOES*.

Berg utilized metaphors to facilitate the client's internal resources by moving from what the client stated to a creative elaboration of the client's words. This facilitated more clarity toward the client's goals.

Reframe

Reframing is similar to the use of metaphors, using creativity to bridge what is present toward future goals. Erickson utilized positive reframing to restate clients' goals in positive language, casting their words and symptoms in a positive light (Lankton, 2004; Zeig, 1988). Berg initially listened to what the client described, as noted in italics in the following excerpt.

C-A32: Yea, right, *instead of getting FRANTIC*, and

T-A33: Right.// Okay.//

C-A34: I'd be much more *CALM*.

T-A35: *CALM*// about

C-A36: Right

Berg then moved forward with the client's words expanding, reframing, and utilizing metaphors, as noted in italics below.

T-A42: You say, *oh well*.

T-A43: You know *one of those things in life*//

C-A44: Ah ha.

T-A45: ...and *be able to GO ON*.

C-A46: Mhm

T-A47: I guess that's what you're talking about.

C-A48: Right, right.

T-A49: *Instead of being FRANTIC,*

T-A50: . . . you just say, okay, //

T-A51: . . . well, // you know,

C-A52: Right..

T-A53: . . . take it with a *GRAIN OF SALT*

T-A54: . . . and just *GO ON with your life.*

Berg brought forward aspects of the problem, expanded on the client's goals, and utilized reframes and metaphors to creatively expand the client's view of her solution. Reframes and metaphors are noted in all stages of SFBT sessions. Lankton (2004) called these a window of opportunity, stimulating conscious and unconscious aspects by creatively using words that can stimulate the right hemisphere of the brain, having a greater therapeutic value (Rossi, 1977).

Presupposition

Erickson utilized presupposition as an antecedent for intention and visualization to elicit what clients want. This supports clients in using use language to describe details of their solutions in session (Edgette & Edgette, 1995; Lankton, 2008). Presupposition is an attempt to get clients to accept a description of some level of change (Bandler & Grinder, 1975b). This is demonstrated in the following excerpt as Berg gives feedback, connecting the exception to the client's new goals in movement toward her solution.

T-B826: Right. It is going to *take a longer time.* //

C-B827: Ah ha.

T-B828: That will be the major *DIFFERENCE between the two.* //

C-B829: Ah ha.

T-B830: Besides, in addition to.. *you cannot do without EATING.*

In the above excerpt in italics, Berg pointed out a difference in the client's exception, using it to emphasize the client's strength in moving toward her solution. In the following excerpt, Berg moved on to another presupposition as she utilized what the client stated earlier in the session to facilitate intention and visualization toward the client's solution.

T-B849: And.. as you are saying,// *you know what you have to do.*//

T-B850: You have to PRAY a lot,//..

C-B851: Ah ha.

T-B852: And, ah.. you just, once you, *when you are ready.. you will do it.*//

C-B853: Ah ha.

T-B854: And, ah// *just stay out of your own way.*//

C-B855: Yeah,.. if I COULD JUST DO that I'd would be okay.

T-B856: Then.. well, *you know what.. it takes.*//

Berg utilized presupposition to facilitate the client's awareness of what she wanted in her solution. She incorporated aspects of the presented problem, as well as the exception in which the client was successful, as she used compliments and attention to the client's strength, she used all of this as a bridge to the client's solution.

Combining Utilization Tools

I noted several of the tools that both Erickson's and Berg, illustrating how Berg put them into action in both of the sessions I chose to examine. In the following excerpts from T-A249 to T-A264, Berg moved within the context of strengths and goals in a manner that is similar to Erickson's approach. This included aspects of the crystal ball technique, seeding, the rehearsal technique, the confusion technique, future progression,

and stories and anecdotes. In addition, Berg utilized aspects of the client’s strength, reframing, building, presupposition, and an increased interpersonal sensitivity—aspects that are common in both approaches. In T-A249, Berg asked this question to facilitate clarity of what the client wanted, moving into increased visualization of the solution, an aspect that is common in several of Erickson’s tools described above. In the excerpt below, the client answered Berg’s question, noting her strength and identifying aspects that came forward from the exceptions.

T-A249: Is that what you mean by *PICKING YOUR BATTLES?*//

C-A250: Ah ha, ah ha, mhm, mhm. If it, *if it's something I really WANT TO DO*

C-A251: . . . and *BELIEVE IN*.

In the following excerpt, Berg used the client’s words and reframed them, emphasizing aspects of the client’s strength by stressing the concept of being “definite.” This led to the client’s continued theme of being clear about what she wanted. Using Erickson’s seeding and crystal ball techniques, Berg helped the client become more aware of what she wanted. She also utilized aspects of the rehearsal technique to repeat and reframe words the client had used earlier in the session.

T-A252: And *you're DEFINITE* about . . .

C-A253: And *I'm DEFINITE* about it.

T-A254: This is *the RIGHT THING* to do.

C-A255: Right. *No one's going to CHANGE MY MIND*.

C-A256: I'm *not going to let anybody GET TO ME*,//

C-A257: . . . and *I'm not going to GET UPSET* by what anybody says.

C-A258: *I'm going to do that*,

In the previous excerpt, Berg and the client elaborated on what had been said. Aspects of Erickson's building, crystalizing, seeding, and rehearsing techniques are apparent in the client's new story,, which she provided as a response to Berg's earlier questions and statements (as illustrated in T-A249, T-A252, and T-A254). The question and statements also showed aspects of Erickson's confusion technique, as Berg had a sense of wonder in knowing what the client wanted toward her solution. Berg followed with her famous, "Wow," which brought forth aspects of strength. The client elaborated further in the following excerpt.

T-A259: *Wow.*

C-A260: . . . yeah that you're *not going to let him BOTHER YOU.*

C-A261: *No matter what he said.*

Berg continued in the following cluster to expand on the client's exception, paying attention to the client's resources from her experience at that time.

T-A262: Ah, oh. So,.. *how did you know that ON SUNDAY.. that's your BATTLE?*//

C-A263: Oh, that, I, I really didn't know.

T-A264: *WHAT TOLD YOU that's THE BATTLE?*//

The above excerpt showed similarities to Erickson's approach. Berg utilized aspects of the confusion technique to hear more from the exception. She reframed aspects of the talk and utilized presupposition, which led to aspects of the exception that the client noted in her success. This is similar to seeding, the crystal ball technique, and future progression, as Berg encouraged the client to draw on her own resources in visualizing what she did in the past to connect with what she will do in her solution.

As Berg combined the tools, she also utilized aspects of the client's problem as the symptom prescription. She facilitated movement from the problem model toward a new solution oriented model, and worked with a strength-based perspective of hope and expectancy. Berg used a combination of tools in selecting, building, and bridging.

Resemblances in the Two Cases

Throughout the two cases, I noted how often Ericksonian concepts appeared, as well as what Ericksonian concepts occurred during various SFBT stages. The Ericksonian concepts that appeared in the two cases include: the crystal ball technique, suggestion, seeding, confusion technique, presuppositional questions, rehearsal technique, anecdote/stories, priming, multi-dissociation technique, and ratification. The frequency and type of Ericksonian concepts that I identified in each of Berg's cases are illustrated in Table 7.

Table 7

Ericksonian Concepts Noted in the Two Cases

Ericksonian Approach	Case One	Case Two
Crystal Ball Technique	57	76
Suggestion	15	49
Seeding	54	40
Confusion Technique	28	37
Presuppositional Questions	15	34
Rehearsal Technique	21	26
Anecdote/Stories	18	25
Priming	12	13

Multi-Dissociation Technique	5	12
Ratification	13	10
Future Progression	27	13

I also tracked the Ericksonian concepts that occurred within each SFBT stage. Throughout the sessions, I noted a wide use of building and bridging, the use of metaphors and reframes, hope and expectancy, the use of a strength perspective, the use of maps and patterns, and a heightened interpersonal sensitivity. This varied according to the specifics of the talk at various times in the sessions. I found that an effective use of listening, selecting, and building requires several delicate practices, found in SFBT and in Ericksonian hypnotherapy. Berg appeared to use certain speech acts and pragmatics used by Erickson, coupled with an intentional aim in practice. An example of Ericksonian concepts present in SFBT stages is illustrated in Table 8.

Table 8

Ericksonian Aspects in SFBT Stages

SFBT Stages	Problem Stage	Goal Stage	Exception Stage	Feedback Stage
Ericksonian Utilization Tools	interpersonal sensitivity	interpersonal sensitivity	interpersonal sensitivity	interpersonal sensitivity
	hope and expectancy	hope and expectancy	hope and expectancy	hope and expectancy
	building and bridging	building and bridging	building and bridging	building and bridging
	metaphors and reframes	metaphors and reframes	metaphors and reframes	metaphors and reframes
	strength	strength	strength	strength

perspective	perspective	perspective	perspective
maps and patterns	maps and patterns	maps and patterns	maps and patterns
anecdote/stories	anecdote/stories	anecdote/stories	anecdote/stories
multi-dissociation technique		multi-dissociation technique	
	priming, seeding	priming, seeding	priming, seeding
symptom prescription	symptom prescription		
		crystal ball technique	crystal ball technique
	confusion technique	confusion technique	confusion technique
		ratification	
		suggestion	suggestion
rehearsal technique	rehearsal technique	rehearsal technique	rehearsal technique
	presuppositional questions	presuppositional questions	presuppositional questions

All stages of the SFBT sessions appeared to have similarities with Erickson's intent to increase interpersonal sensitivity, bring forth hope and expectancy, utilize aspects of the client's strength, bridge and build throughout, utilize metaphors and reframes, utilize maps and patterns, utilize aspects of stories and anecdotes, and utilize aspects of the rehearsal technique. Aspects of Erickson's symptom prescription appeared in the problem and goal stage. Elements of Erickson's priming, seeding, confusion

technique, and presupposition questions appeared in the goal, exception, and feedback stages. Erickson's crystal ball technique and suggestion appeared in the exception and feedback stage. Erickson's multi-dissociation technique appeared in the problem and exception stage, and aspects of ratification appeared in the exception stage. These Ericksonian and SFBT utilization skills appeared to be vital in the delicate process of listening, selecting, and building for the SFBT therapeutic process to be effective. It seems that these skills are used across all stages in tandem in the form of clusters.

Resemblances in Part B: Clusters

Throughout the two cases, I observed that Berg worked in clusters. Her utilization of the SFBT stages moved forward, slightly back, and again forward in a recursive manner. This was done in an organic way according to the uniqueness of the client in a given time.

A cluster can be defined in the following ways: a number of similar things that occur together; an aggregation of stars or galaxies that appear close together in the sky and are gravitationally associated; a collection; constellation; to grow, assemble, or occur in a cluster; to come together to form a group; a number of similar things growing or grouped closely together; to grow, collect, or assemble in a bunch (Merriam-Webster, 2017). Berg utilized language to group together similar ideas and concepts, bringing together aspects that are "gravitationally associated" and assist the client in "growing and assembling" while moving from problems to solutions. In this way, she attempted to bridge and build collaboratively with the client, as well as connect cluster to cluster with an aim to facilitate difference. Keeney (1991) described the importance of listening to the client's words and linking them together as ingredients and building blocks. This process

can be utilized to understand the details of the problem that build toward the details and clarity in the solution. These building blocks are perhaps similar to Berg's use of clusters, as she linked problems in movement toward solutions. Bandler and Grinder (1975b) called these linkages, as the therapist attempts to link what is in the present with what can be toward a solution. This can also be described as bridging and building to assist in new discoveries, utilizing the client's resources and creating and building new ones; this is a large aspect of what Erickson used in hypnotherapy (Lankton, 1980; Zieg, 1990).

The following excerpts provide an example of how Berg utilized clusters. She moved through the SFBT stages of listening, selecting, and building, yet there was a forward and back movement between these stages. Although Berg went forward and back at times, she continued moving in the direction of solutions. This movement is demonstrated in the example of the client's strengths below, and informs the cluster that follows.

C-A245: These are the reasons I *made my decision*.

C-A246: *I'm going to do it*.

C-A247: *End of discussion*, you know.

C-A248: And, um, that's *when I have real control*.

The cluster below demonstrated how Berg elaborated on the client's strengths and goals stated earlier, an aspect that Erickson also stressed in drawing from the client's resources.

T-A249: Is that what you mean by PICKING YOUR BATTLES?//

C-A250: Ah ha, ah ha, mhm, mhm. If it, if it's something I really *WANT TO DO*

C-A251: . . . and *BELIEVE IN*.

T-A252: And you're *DEFINITE* about . . .

C-A253: And I'm *DEFINITE* about it.

T-A254: This is the *RIGHT THING* to do.

C-A255: Right. No one's going to *CHANGE MY MIND*.

C-A256: *I'm not going to let anybody GET TO ME, //*

C-A257: . . . and *I'm not going to GET UPSET* by what anybody says.

C-A258: *I'm going to do that,*

T-A259: *Wow.*

C-A260: . . . yeah that you're *not going to let him BOTHER YOU.*

C-A261: No matter what he said.

The cluster above shows how the words in italics are linked together, as well as how the client's strengths and goals are linked together. This helped the client to visualize her positive experience in her exception and link to what she presently wanted. Berg and the client worked interchangeably like a dance, building to a deeper visualization. This is similar to Erickson's utilization of the rehearsal technique, seeding, and crystallization. Berg facilitated, as Erickson, a connection from past to present to solidify, crystalize, link, and summarize, taking aspects from the earlier parts of the session toward the future. In the following cluster, Berg facilitated the client in expansion, bridging from the cluster above.

T-A262: Ah, oh. So,.. how did you know that *ON SUNDAY.. that's your BATTLE? //*

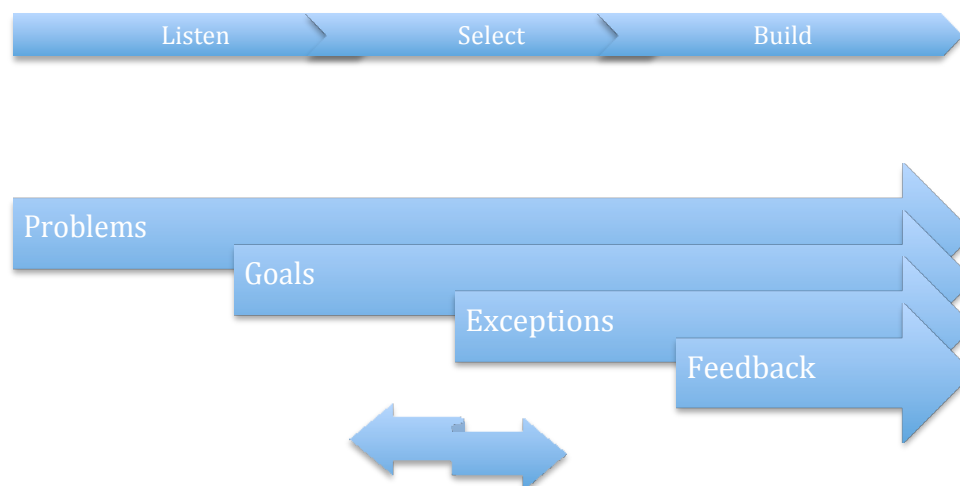
C-A263: Oh, that, I, I really didn't know.

T-A264: *WHAT TOLD YOU that's THE BATTLE? //*

Berg's questions in the excerpt above helped the client see more of the exception; the intention behind the questions was to move the client more fully into her goals toward the solution. Berg connected to the earlier cluster and asked more about "the battle" to increase visualization in movement backwards. She then moved forward toward building the details to assist in a more concrete solution. Although the more popular miracle question was not utilized, this bridging and building functioned very similarly. These clusters built upon each other, but recursively moved back and forth with an overall ongoing forward direction, as demonstrated in Figure 3.

Figure 3

Movement of SFBT in Clusters



Erickson utilized this method in hypnotherapy, moving forward and back recursively. As clients experience more choices that come from self-discovery, they connect to their resources and bridge and build toward solutions (Bandler & Grinder, 1975b; Lankton, 1980). This method of clustering was similar to Keeney's (1991) description of resource frames, as the client's words are grouped together in a creative way to move from past or present ideas to new groups of ideas.

Erickson often grouped ideas, stimulating the client's internal wisdom and bridging and seeding toward new possibilities (Zeig, 1990). This was also seen in Berg's work in excerpts C-A245 to T-A264. As the client described herself in the first cluster, she stated in C-A248, "And, um, that's when I have real control." Berg then linked this concept and assisted the client in describing and visualizing more thoroughly.

In the second cluster, Berg facilitated the client in T-A249 with her question, "Is that what you mean by picking your battles?" This cluster continued with the client's description, but then was linked by Berg to the next cluster in T-A262: "Ah, oh. So, how did you know that on Sunday, that's your battle?" Berg's ability to link to an exception assisted the client by increasing her ability to visualize even more; these aspects are very similar to seeding and crystallization. This process of bridging and building in clusters appeared to be very much like Erickson's manner of moving forward in facilitating a clear vision of what the client wants. These clusters included a combination of skills, as described earlier; they bridge and build upon each other. Lankton (1980) described this as bridging the client's experiences with the creation of something new, which was demonstrated in Berg's sessions as she bridged clusters toward solutions.

Conclusion

Several resemblances of Ericksonian hypnotherapy in SFBT were demonstrated in my analysis of the two cases. Specific Ericksonian and SFBT utilization tools, aspects of combining these tools, and bridging and building in clusters were observed in Berg's two cases of SFBT. Erickson and SFBT's delicate process of therapeutic intervention was apparent in the findings of this study, and awareness of this process can be of great benefit in the teaching and training of the SFBT process.

CHAPTER V: DISCUSSION AND IMPLICATIONS

This study focused on the resemblances of Ericksonian hypnotherapy in SFBT. I applied Gee's (1999, 2011) discourse analysis, incorporating Gee's 28 tools and questions to explore two of Berg's client sessions. I explored the sessions first from an SFBT lens, then an Ericksonian lens, and lastly from a third lens consisting of an overlap of the two approaches. As I used these lenses while carefully observing the cases, an extensive view of the SFBT process came forth.

I observed several resemblances throughout both cases, as Berg moved through the SFBT stages: describing the problem, developing well-formed goals, exploring exceptions, providing end of session feedback, and evaluating the client's progress (De Jong & Berg, 1998). These resemblances included aspects of SFBT and Ericksonian utilization techniques; working in clusters to select, build, and bridge to solutions; utilizing the use of strength and internal wisdom throughout; and bringing forward the significant use of exceptions. Some of these findings were identified in the literature, but several of the findings appeared to be unique and significant for the learning and practice of SFBT. These aspects bring attention to a relational quality that is apparent in Ericksonian hypnotherapy and is necessary in the SFBT approach. This relational quality is readily seen in a postmodern perspective, which posits that realities are constructed (Gergen, 2009). In the Ericksonian and SFBT's approaches, problems are viewed as realities constructed within the client's ecosystem, and observational data from the client's problems is utilized to relationally connect to solutions. This serves to influence the client and their socially constructed environment. Although Erickson predated the concept of social constructionism, it appears his approach followed this relational style of

viewing problems and solutions.

I propose that applying an Ericksonian lens to the practice of SFBT can increase its effectiveness by attending to the fine and delicate process that Berg and de Shazer intended. An overlapping third lens of increased awareness of Ericksonian concepts in concert with SFBT concepts can enrich and enhance the SFBT therapeutic stance. This comprehensive view appears to be significant in teaching the SFBT approach in the delicate process of listening, selecting, and building. Certain aspects of my study of Berg's SFBT sessions are significant, offering a third lens by addressing aspects of both approaches that can be beneficial in training programs.

New Developments and Contributions of the Study

After I explored the two sessions, I found several resemblances that appeared to be significant for the practice and training of SFBT. Although several of the resemblances shed light on the SFBT therapeutic approach, there are seven aspects that appear to be most significant: (1) using heightened sensitivity, (2) maintaining a strength based session, (3) utilizing aspects of symptom prescription, (4) maintaining awareness of the client's maps and models of the world, (5) utilizing exceptions, (6) bridging and building, and (7) using clusters.

Researchers have addressed several aspects of SFBT, including research tools (Lehmann & Patton, 2012; Smock, 2012) and aspects of SFBT that can be utilized to treat for various diagnoses (Franklin et al., 2012; McCollum et al., 2012; Thompson & Sanchez 2012). Topics addressed in the existing literature that were more closely related to my study included exploration of the miracle question (McKeel, 2012; Nau & Shilts, 2000; Weatherall & Gibson, 2015), aspects of the therapist's role (Bavelas, 2012; Froerer

& Connie, 2016; Shilts et al., 1997;), the collaborative and co-construction process (McKeel, 1996; Molnar & de Shazer, 1987; Shilts et al., 1997), aspects of simplifying the client's response (Shilts & Gordon, 1993, 1996), benefits of delaying the therapeutic process (Shilts et al., 2003), and attention to language and communication (Bavelas, 2012; McKeel, 2012; Shilts, 2013). These studies are significant contributors to the learning and practice of SFBT. The findings from my study add to the larger body of literature by bringing more attention to utilization tools and the use of clusters in the SFBT therapeutic process.

Utilization Skills

Heightened sensitivity. Throughout the sessions, Berg demonstrated a heightened sensitivity as a clinician, which facilitated a heightened sensitivity of the client (Erickson, 1983). Erickson thought it was imperative for therapists and clients to heighten their interpersonal sensitivity in the process of observing and exploring in the therapy process to enhance their awareness. These sessions clearly demonstrated Berg's attentive state, which greatly facilitated the client's attentive state in order to draw from her strengths and resources, moving her toward solutions. This attentive state facilitated the client's ability to draw from strengths and resources and relationally connect to her solutions. Although heightened sensitivity was apparent in several of the studies in the literature describing the practice of SFBT, this concept was not overt or emphasized; it is a unique contribution. I find this sensitivity mandatory in the learning and practice of Ericksonian hypnotherapy and SFBT, and when reviewing the resemblances of these approaches, it became apparent that it is a significant aspect of both models. Erickson believed that all individuals could benefit from a heightened sensitivity to enhance their

interactions with the world. As the therapist works from a heightened state of awareness, it facilitates the client to move toward this state of awareness as well. I found Berg to work in this manner and believe it to be a great asset to her therapeutic skills.

Miller and de Shazer (1998) addressed aspects of heightened sensitivity, stressing the change that occurs in SFBT through the delicate process of language and action rather than an emphasis on techniques and procedures. They pointed to the importance of the therapist utilizing circular questions and attending to the meaning in the client's response. Other researchers have explored aspects of heightened sensitivity as well, but not as explicitly. For example, studies have focused on therapist characteristics such as attentiveness, listening skills, curiosity, pleasantness, respect, and attention to language (Froerer & Connie, 2016). Other studies have focused on clients' thoughts, feelings, and behaviors leading to change (Molnar & de Shazer, 1987). Some studies addressed the co-constructive, collaborative nature of the therapeutic relationship and its ability to bring forth greater awareness of the client and therapist's worlds, non-verbal cues, and clinical meanings in language (Bavelas, 2012; Molnar & de Shazer, 1987; Shilts et al., 2003). Aspects of heightened sensitivity in using the miracle question have also been examined as related to the process of joining prior to the miracle question (Nau & Shilts, 2000); delaying response to the miracle question to allow time for reflection (Shilts et al., 2003); and actively listening and echoing in the post-miracle stage (Weatherall & Gibson, 2015). Studies have also explored the importance of the miracle question in client discovery (Stith et al., 2012).

These studies all bring forth aspects that are significant in facilitating client awareness and discovery in the therapeutic process. Although these areas are valuable,

particular attention to the concept of heightened sensitivity was not overtly discussed. I propose that this concept is learned and practiced, and is a significant skill in the Ericksonian hypnotherapy and SFBT therapeutic processes. This is more than collaboration, joining, caring, being concerned, having respect, having empathy, being pleasant, facilitating reflection, stimulating thinking processes, or listening. It is an attentiveness that for most requires practice and training to address the delicate process in SFBT, which requires an ability to attend to the observable data in the problems and exceptions. It also requires an ability to relationally connect, link, and bridge data by utilizing language to move from problems toward solutions. Learning aspects of Ericksonian hypnotherapy, meditation, mindfulness, and perhaps other modalities that facilitate this sensitivity can benefit therapists in practicing SFBT to its fullest.

Strength based. Berg began each session with aspects that highlighted clients' strength and resilience; she tapped into clients' resources from the beginning of each session, even before the problem was addressed. De Jong and Miller (1995) remarked that bringing attention to how clients manage in present time brings forth the clients' strengths. Erickson utilized clients' resources and internal abilities to move them toward change (Edgette & Edgette, 1995), all the while respecting and valuing their resilience to move forward (Lankton, 1980). Erickson honored his clients' strengths and stressed that clients just need assistance in the facilitation of change (Wilk, 1985). This brings forth joining and initiation of the respectful, collaborative style of working that many scholars highlighted in their studies (Bavelas, 2012; Franklin et al., 2016; Froerer & Connie, 2016; McKneel, 2012; Nau & Shilts, 2000; Shilts et al., 1997; Shilts et al., 2003; Weatherall & Gibson, 2015).

I noted in Berg's sessions that she respectfully and collaboratively facilitated the clients' internal wisdom and resources from the start, setting the tone of a strength based perspective. Berg moved forward and relationally connected strength throughout the sessions toward aspects of the clients' solutions. Focusing on strength from the beginning of each session is a unique contribution of this study that is not overt in earlier studies. This can be described as stimulating internal awareness in the conscious state that leads to therapeutic change (Haley, 1967; O'Hanlon & Martin, 1992). The concept of utilizing strength in SFBT is well known; however, initiating the session in strength can be emphasized. I believe that it would be beneficial to stress the importance of initiating a session in a place of strength in training programs.

Symptom prescription. Berg spent time from the beginning of her sessions and throughout the therapeutic process accessing and reframing symptoms—something Erickson referred to as symptom prescription (Rossi, 1988). Symptoms are taken at face value and used as observable data (de Shazer, 1985). They are forms of communication (Erickson & Rossi, 1979) utilized in a relational way to facilitate solutions. Erickson felt that clients are often unclear about what the problem is; therefore, time spent on what clients present in session is significant in the process of moving toward solutions (de Shazer, 1985). Berg spent time throughout the sessions fine-tuning aspects that influenced the problem, which often included looking at what maintained it (Zeig, 1988). I observed Berg's exploration of the problem throughout the sessions, and it appeared that she utilized symptom words to relationally move toward solution words—another common aspect of the Ericksonian approach (Zeig, 1994). Erickson called this process prescribing a symptom, in which aspects of what the client presents are reconstructed and

utilized toward solutions (Rossi, 1988). Bavelas (2012), Froerer and Connie (2016), and Weatherall and Gibson (2015) emphasized the importance of good listening and selecting skills; Molnar and de Shazer (1987) underscored aspects of meaning that come forward with language; and Shilts et al. (2003) highlighted attention to the client's voice and joining. These are all significant skills in the SFBT process; however, therapists in training would benefit from increased attention to the process of symptom prescription.

Models and maps. As Berg moved through the sessions, she got closer and closer to the clients' models and maps of their world, particularly as related to the presenting problem. She utilized this to move and relationally connect toward a new map and model when working toward solutions. Erickson (Erickson & Rossi, 1979) utilized clients' frames of reference to facilitate solutions, an aspect that Berg demonstrated throughout the sessions. Without this clarity, bridging toward a solution would not be possible, as Berg ever so delicately aided the clients in moving from the problem by utilizing certain aspects of it to assist in solutions. Erickson (Haley, 1967) worked toward facilitating some type of difference in the client's map or model. He (1983) often wondered whether he was doing hypnosis or just assisting in adjusting the client's orientation. Berg appeared to do the same in her utilization of SFBT in these cases.

Bateson (1972) commonly referred to maps and models as context markers (Wilk, 1985), because the data is perceived through the eyes of the observer, becoming the client's frame. He stressed that individuals often do not know how they perceive, but only what they perceive. A map or model is the client's view of what he or she believes the world to be (Bandler & Grinder, 1975a ; de Shazer, 1988a). De Shazer (1988a) and Erickson (Erickson & Rossi, 1979) used their observations of the client's life

experiences, maps, and patterns of learning to move toward solutions. Solutions represent the descriptive map connected to the problem (de Shazer, 1985); they expand clients' maps toward something new, altering their existing maps of the world (Bateson, 1972; Lankton, 1980).

Several researchers have addressed aspects that are similar to maps and models, but this concept has not been significantly emphasized. For example, Bavelas (2012), Froerer and Connie (2016), and Weatherall and Gibson (2015) focused on clients' words; Molnar and de Shazer (1987) accentuated clinical meaning in language; and Nau and Shilts (2000) stressed empathetic listening to clients' problems and reaction patterns. These findings are significant to the teaching and practice of SFBT; however, more attention to the use of clients' current maps and models is significant in the SFBT process of moving toward something new. The process of identifying themes and patterns was largely addressed in both Erickson's and Berg's work in these sessions, and highlighting this in training programs can be advantageous.

Exceptions versus miracle question. Throughout Berg's sessions, I found exceptions to be vital in the SFBT process; they were often coupled with an emphasis on the client's strengths. De Shazer (1988a) said that the therapist begins constructing a solution by initiating a search for exceptions, frequently beginning in the first session. Exploration exceptions facilitates unrecognized meaning and difference (De Jong & Berg, 1998), bringing forth awareness that can be utilized to create solutions (De Jong & Miller, 1995). I found exceptions to be similar to aspects of induction and trance in Ericksonian hypnotherapy. As Berg moved from the positive experience in the exception toward a positive experience the client could utilize in her solution, the exception was

relationally connected to the solution. Erickson (Rossi, 1993) viewed trance and induction as a transformation of thought into action, sensation, movement, or vision; because it occurs so quickly, there is no intellectual inhibition. Exceptions allow for an awareness that is necessary—whether the miracle question is utilized or not—in order to move forward toward solutions.

Berg (1996) described the miracle question as a way to help clients take steps toward something different by shifting the conversation quickly into the future. I propose that this shift involves exploration of exceptions, and can be followed by the utilization of the miracle question to shift forward. De Shazer (1988a) stated that Erickson utilized a component of exceptions to bridge toward something new, which he described as the crystal ball technique. Erickson (Havens, 1996) facilitated the client in exploring the past, present, and future—an aspect that appears similar to the process of SFBT in its use of exceptions (de Shazer, et al., 2012).

Ericksonian utilization skills such as the crystal ball technique, seeding, and suggestion appear to have several similar qualities in their use of exceptions. When I applied an Ericksonian lens to my analysis of Berg's sessions, I found that exceptions often came before or at the same time as the crystal ball technique. Erickson frequently used indirect techniques to facilitate awareness beyond conscious limitation (Zalaquette, 1988), an aspect that appeared to surface in Berg's use of exceptions. The crystal ball technique is an orientation to the future as if it has already been achieved (Haley, 1967); it also includes suggestions that help clients bring forward what they already have within themselves (Erickson & Rossi, 1979). De Shazer (1978; 1988a) emphasized that positive and pleasant crystal balls from the past can be utilized to build a vision toward future

expectations and solutions. Molnar and de Shazer (1993) noted that the crystal ball technique could be seen as a precedent in facilitating the client toward solutions.

McKneel (2012) pointed out that the use of exceptions can assist with the miracle question, together with aspects of hope, joining, and the use of scaling questions to facilitate something new. Nau and Shilts' (2000) advocated significant joining and the importance of exceptions in moving toward the miracle question. Other studies that focused on the miracle question do not appear to emphasize aspects of exceptions. Shilts and Gordon (1993) stressed the importance of Erickson's approach of simplification to move in small stages for the miracle question to be effective. Their emphasis on Erickson's approach of simplification may include aspects that are similar to what I found to be significant in Berg's sessions when she utilized aspects of exceptions prior to the miracle. Other researchers who focused on the miracle question brought forth several noteworthy aspects of the miracle question; however, the use of bridging and building and exceptions prior to asking the miracle question were not overtly addressed (Shilts & Gordon, 1996; Shilts, Rambo, & Huntley, 2003; Stith et al., 2012; Weatherall & Gibson, 2015).

In the SFBT sessions I studied, Berg focused on exceptions in the beginning as well as throughout the session, which appeared to be necessary prior to utilizing aspects of the miracle question. I found that Berg's SFBT sessions highly utilized exceptions and had great similarities to the crystal ball technique. Exceptions appeared to be a primary tool in Berg's use of SFBT, and she utilized them throughout the sessions to facilitate the client in movement toward solutions, a unique contribution to the SFBT process. Greater attention to the use of exceptions can benefit the process of listening, selecting, and

building toward solutions, and highlighting the significance of exceptions can be vital in facilitating clients' awareness of their internal resources and strengths.

Bridging and building. Bridging and building can be described as connecting, seeding, chaining, transitioning, and integrating. A basic definition of the word bridging is described as “a passage linking two sections of a composition,” and building as, “the art or business of assembling materials into a structure” (Merriam-Webster, 2017). Berg's SFBT process of listening, selecting and building in the sessions I analyzed appeared to work in this manner; she utilized “a passage linking two sections of a composition” through “the art or business of assembling materials into a structure” (Merriam-Webster, 2017). This describes the intricate bridging and building process as Berg moved forward in listening, selecting, and building from problems toward solutions.

De Jong and Berg (1998) stated that echoing the client's words is significant; the therapist paraphrases the client's problems and utilizes them to bridge toward facilitating solutions. Erickson worked in a similar manner by introducing something new and connecting it to what was previously said (Haley, 1986). This involves the collaborative nature of utilizing language in moving from problems to solutions while bridging and building.

Various aspects of collaboratively bridging and building are addressed in the literature. Several studies focused on the significance of working collaboratively (Bevalas, 2012; Franklin et al., 2016; Miller & de Shazer, 1998; Molnar & de Shazer, 1987; Shilts et al., 1997). Froerer and Connie (2016) stressed the significance of collaboratively listening, selecting, and building. McKneel (2012) emphasized the collaborative process of connecting problems toward solutions. Nau and Shilts (2000)

emphasized the significance of moving forward with the client, and bridging what the client presents toward the future. Shilts and Gordon (1996) underscored the use of scaling questions together with the miracle question to move toward change. In a later study, Shilts (2003) focused on the collaborative process of exposing clients to ideas that move toward solutions, and emphasized the weaving that occurs through the therapeutic process (Shilts, 2013). It is well known that SFBT involves a bridging and building process, and increased emphasis to the delicate mechanics of bridging and building can assist in the learning and practice of SFBT.

In this study, Berg demonstrated the collaborative process that is enhanced by the use of exceptions in bridging and building. Through exceptions, Berg utilized what the client brought to the session in a collaborative nature, which facilitated awareness as the session moved forward in bridging and building toward solutions. Erickson, Rossi, and Rossi (1976) described this awareness as facilitating aspects that have been out of the client's conscious view—a process similar to the client absorbing information in a hypnotic state (Geary, 1994). Bridging and building can assist the client in going from confusion to clarity, opening a vision toward solutions (de Shazer, 1988). This process involves a relational style, linking aspects of the observable data in problems and exceptions toward data that leads to solutions.

Berg's process of bridging and building in SFBT appeared to resemble several of Erickson's utilization tools, including crystal ball technique, priming, seeding, suggestion, multiple-dissociation technique, future progressions and hallucinations, rehearsal technique, ratification, anecdotes and stories, confusion technique, presuppositions, and metaphors and reframing. In addition, Erickson's use of higher

sensitivity, emphasis on the client's strength, use of symptoms, and maps and models were also noted in Berg's therapeutic approach.

Berg's bridging and building resembled Erickson's bridging and building, especially in her use of exceptions, her use of the client's strength and resources, and her use of the miracle question. I found that Berg's tools assisted the client in moving through the sessions in groups of clusters toward difference to collaboratively bridge and build in a relational way toward solutions. This is more than simple bridging and building; it is a delicate process that requires several utilization tools that must be emphasized in the learning and practice of SFBT.

Use of Clusters

Berg utilized clusters within and throughout the SFBT stages, moving forward and back in order to facilitate solutions. She moved recursively and interchangeably in a relational manner throughout the sessions, often using aspects of various stages in one cluster to connect and build toward the next in movement forward. Although Berg moved forward and back between stages in the sessions I analyzed, I found that her intent continued in a forward direction. She started from strengths and moved toward goals, problems, exceptions, and solutions.

It is significant to note that in Berg's sessions, she often did not initially address problems but rather explored them throughout the session after attending to the client's strengths and goals. This brought forth a strong strength based theme, because aspects of strength began at the start of the session, setting the tone and vision. Throughout the clusters, Berg carried the figured world (Gee, 1999, 2011) in a theme of strength; she utilized the client's resources and linked cluster to cluster in a general movement toward

solutions. Trepper et al. (2012) described the SFBT process as working together with the client collaboratively to construct new meanings and new realities by connecting and building.

It appeared Berg used these clusters together with the utilization tools in a similar fashion as Erickson. This is an aspect that Erickson often followed himself in the process of hypnotherapy. Bandler and Grinder (1975b) called these “linkages,” Zeig (1990) utilized new bridges to assist in seeding, and Lankton (1980) called bridging “overlapping” in which the client’s resources are utilized to create new experiences. This process involves a relational style of linking, bridging, and overlapping that both Berg and Erickson utilize.

Although the collaborative nature of bridging and building is addressed in the literature, aspects related to the relational style of clusters have not been noted and are a unique contribution to the SFBT process. It appears both Berg and Erickson worked in clusters while applying significant listening skills in a given moment; selecting, bridging, and building; and facilitating the client in awareness of their resources to move toward new experiences (Bandler & Grinder, 1975b; Keeney, 1991; Lankton, 1980). In Berg’s sessions, each cluster built upon each other and facilitated a crystallization of solutions within and between the client’s resources. This is similar to what Gilligan (1988) described as the therapist maintaining sustained attention to facilitate exploration toward solutions. As Berg facilitated the process of selecting, bridging, and building in clusters, she brought forth a type of mindful visualization similar to what Lankton (2008) described as symbolic imagery. This process requires an openness to be creative with the

client so insight toward solutions can surface (de Shazer, 1988a; Rossi, 1993). Integrating this creativity in clusters into training programs can benefit developing therapists.

Strengths and Limitations of the Study

I explored this study as a researcher and clinician with experience and passion in SFBT and Ericksonian hypnotherapy. I brought forth my holistic view of the body and mind as a physical therapist and psychotherapist, with a great emphasis on systemic systems and a relational perspective. It is through these eyes and through this lens that I viewed Berg's SFBT sessions. I view my knowledge and practice of Ericksonian hypnotherapy and SFBT as an asset in exploring the finer details of Berg's sessions.

For quality control, I utilized Gee's (1999, 2011) qualitative discourse analysis to thoroughly guide me through my research method. Gee's tools and questions allowed me to move closer to the talk within Berg's sessions. They assisted me in delicately exploring the language and identifying a figured world of strength throughout. I decided to observe SFBT sessions by Berg due to her expertise in the field. Although observing a variety of clinicians may have been beneficial in showing consistency of the SFBT approach as implemented by various therapists, I chose two of Berg's cases with two adult women presenting with minimal to moderate problems. I did this to provide similarity in the clinician, as well as similarity in the clients' problems in order to focus fully on technique. Both sessions are commercially available mock training videos. I chose them to represent Berg and the SFBT approach, and they proved to be consistent in my analysis. Although these were not real sessions, Berg and her associates specifically developed them to assist in the education of SFBT. These sessions are among other training videos that therapists and educators can utilize in training developing therapists,

because live sessions by Berg and de Shazer are no longer possible. These videos are valuable in observing the SFBT process as Berg and de Shazer intended.

Throughout the process of transcribing and analyzing the data, I maintained a hard copy audit trail of my work (see Figures 1 and 2). I also utilized more than one excerpt from Berg's sessions to demonstrate aspects of each approach, using citations from Erickson and SFBT literature to support my findings. I periodically met with my committee members to assure reliability of my process.

Researcher's Reflections

As I reflect upon my initial training of SFBT, I realize the simplistic view I had when I initially learned and practiced this approach. As my clinical work continues to grow, I often combine several techniques in the therapeutic process. I realize that SFBT and Ericksonian hypnotherapy are delicate processes that rely on attentive observational skills and listening skills. Both require the ability to join and connect in collaboration, as well as the ability to consistently attend to clients' resources.

I have noticed that while conducting this study, my clinical sessions as both a physical therapist and psychotherapist have organically improved. I have become more highly attuned to both SFBT and Ericksonian hypnotherapy. For me, this skill level has become intuitive and heightened, which Erickson would perhaps have described as heightened interpersonal sensitivity (Erickson, 1983). This sensitivity is imperative in utilizing Ericksonian hypnotherapy and SFBT to their full potential. As I use both Ericksonian hypnotherapy and SFBT in my clinical practice, I become more aware of the similarities and benefits of applying a lens that incorporates this level of thinking when applying SFBT. This level of thinking is significant in the training of SFBT, not only in

the classroom setting, but also in clinical practicum with supervisors who are experienced in Berg and de Shazer's delicate process of SFBT.

Implications for Clinical Practice and Training

The information gained from this study provides new insights that could benefit the training and practice of all developing psychotherapists in all fields of practice, especially therapists working in a relational and collaborative style and those emphasizing a positive psychology perspective. The findings indicate a need for training programs to focus on the therapist and client's heightened interpersonal sensitivity (Erickson, 1983). Developing therapists can also benefit from paying attention to a strength based therapeutic approach from the start, bringing forth aspects of symptom prescription (Rossi, 1988) to assist in awareness of what the client presents. This can also help them in stressing movement of the client's present models or maps toward something different, and utilizing clustering as a process to assist in bridging and building from problems toward solutions.

In this therapeutic process, Berg and Erickson both worked in a social constructionist manner, maintaining an awareness that problems occur because they are maintained by clients' present state and environment (De Shazer, 1988). Gergen (1982) stated that "a change in language equals a change in experience, for the social constructionist believes that reality cannot be achieved directly" (p. 10). Social constructionist therapists work to deconstruct clients' assumptions; they aim to co-construct something new through the use of language (Becvar & Becvar, 1982). In exploring the development of SFBT, Lipchik et al. (2012) stated that SFBT was "ecosystemic and problem focused" (p. 6); however, as SFBT evolved, the social

constructionist framework became more apparent. I noted that both Berg and Erickson honored clients' observational data. They explored everything that influenced their clients, attempting to collaboratively reconstruct solutions as they bridged and built in a relational style with a social constructionist framework.

Currently, the Solution Focused Brief Therapy Association's (SFBTA) manual includes the following components of the SFBT process: the movement of therapy in stages; the use of co-construction in language; a collaborative approach of exploring meaning; leading from behind; and a process of listening, selecting, and building. The manual also describes key techniques including the miracle question, scaling questions, setting goals, exploring exceptions, end of session feedback, and the use of homework. This manual provides useful information for therapists wanting to practice the SFBT approach. However, there are additional elements presented in my study that may enhance the practice of SFBT as Berg and de Shazer intended. Adding the significance of clusters that relationally incorporate heightened sensitivity, a strength based tone from the start, observational data in symptom prescription and maps and models, the vital use of exceptions, and the fine attention to bridging and building can uniquely contribute to the delicate process of SFBT. These elements can be enhanced by the practice of Ericksonian hypnotherapy skills, bringing forth a relational style of learning SFBT. This goes beyond SFBT techniques and procedures, adding components of Ericksonian's approach in the training and practice of the SFBT model.

I believe the educational curriculum of marriage and family therapy programs, as well as other psychotherapy programs, can provide a fuller perspective and understanding of SFBT. Courses in Ericksonian hypnotherapy can be incorporated to heighten

developing therapists' skills of delicately listening, selecting, and building. Presently, most MFT programs focus on technical skills, but utilizing a social constructionist perspective together with a strong relational focus could allow for more integration in the curriculum. Heightened attention to the integration of coursework along with practical training can enhance the development of these vital skills. Currently, Ericksonian hypnotherapy is not a required course in the COAMFTE guidelines; although some MFT programs do include it, its significance can be more widely brought to the forefront. Incorporating Ericksonian hypnotherapy in courses focused on SFBT can be valuable. I believe psychotherapy is more than cognitively exploring conscious problems and solutions; it is a means of stimulating and facilitating change that involves all aspects of the therapist and client's representational system (Bandler & Grinder, 1975a).

Erickson's style was a means to stimulate the right brain, which facilitates holistic thinking, creativity, emotions, and imagery; together with the left brain's verbal-linguistic and analytical qualities, an enhanced therapeutic process emerges (Rossi, 1993). Working in this manner facilitates a systemic and relational style of psychotherapy. Erickson's influence enhances the heightened interpersonal sensitivity (Erickson, 1983) that is valuable in the therapist and client's relationship for an effective therapeutic process. Clinical practice and training in this therapeutic style can be a great asset to developing therapists' skills. The Ericksonian manner of utilization skills, bridging and building, and the relational use of clusters could assist developing therapists in staying true to the SFBT process as it was intended.

Implications for Future Research

There are several key areas emphasized in this study, some of which can benefit from future research. Due to the primary focus of this study on language, aspects of the use of silence and non-verbal communication was not explored, and these appear to be significant in SFBT as well as in Ericksonian hypnotherapy. Within the areas that were addressed in this study, it would be beneficial to continue to explore significance of the SFBT stages and the effects of the recursive relationship between them, as well as variances in their sequence. It would be advantageous to further explore aspects of the strength based theme initiated from the start of a session and the significance of maintaining this theme throughout. In addition, I believe more attention needs to be given to the significance of utilizing exceptions, bringing it more to the forefront and stressing its significance in the bridging and building that appears in clusters. More focus can be put on the delicate process and heightened interpersonal sensitivity (Erickson, 1983) necessary for the therapist and client. The SFBT approach intricately and collaboratively builds a solution that becomes detailed and tangible to both the therapist and client—an aspect that closely resembles Ericksonian hypnotherapy. Continued research can enhance training and practice.

Conclusion

Just as de Shazer and Berg (De Jong & Berg, 1998) holistically observed their clients with a breakdown of the intrinsically related parts, I explored both Ericksonian hypnotherapy and SFBT in the same manner through Gee's (1999; 2011) discourse analysis. Within these approaches, language is utilized in a fashion that facilitates difference. Therapists carefully choose their language, paying close attention to what

clients verbalize. Winograd (1972) stated, “The structure of a sentence can be viewed as the result of a series of syntactic choices made in generating it. The speaker encodes meaning by choosing to build the sentence with certain syntactic features, chosen from a limited set” (p. 16). I intricately observed these processes by analyzing the verbal communication that occurred in Berg’s sessions, attending to language and associated themes, patterns, meanings, and intentions of the sessions. I explored the possibility of these approaches having a recursive relationship, whether their delivery occurred in similar social contexts, and whether an SFBT solution induction resembles an Ericksonian solution induction.

In developing SFBT, de Shazer stated that the approach was “historically rooted in a tradition that starts with Milton H. Erickson and flows through Gregory Bateson (1979), and the group of therapist-thinkers in MRI” (de Shazer, 1982, p. xi). He went on to say that “the influence of Buddhist and Taoist thought upon the epistemology and the model is central” (p. x). I noted these aspects in Berg’s sessions, including basic SFBT skills, as well as resemblances of the Ericksonian approach in SFBT. Ericksonian hypnotherapy utilization tools and practice can enhance the relational aspect of SFBT that is significant in the learning and practice.

I propose that there are additional elements to attend to in the teaching and practice of SFBT as related to the delicate relational style used to carry out the SFBT tenets and goals. A more relational style in training programs, together with a social constructionist perspective, could allow for more integration in marriage and family therapy curricula. The use of language in SFBT and Ericksonian hypnotherapy is a delicate process, and noting resemblances of Ericksonian hypnotherapy in SFBT can

influence how therapists utilize the SFBT approach. These approaches use a therapeutic communication in language to facilitate the client in experiencing something new, as well as exploring meaning in language to move toward solutions (Lankton, 1980; Parsons-Fein, 2013). I found special attention to the language in exceptions to be a primary tool in SFBT, tapping into the client's strengths and internal resources from the start, and engaging in a process of bridging and building in clusters. Berg and de Shazer (1996, 2012) described the significance of details in language, including follow-up questions that are delicately attuned to the client's language, descriptions of the client's symptoms, and the facilitation of movement in the client's models or maps toward something new; all of these require a heightened interpersonal sensitivity (Erickson, 1983), which brings the therapist and client together in a relational manner to facilitate internal wisdom that leads to solutions. De Shazer (1988a) shared that Erickson would often say, "Your conscious mind is intelligent and your unconscious mind is a hell of a lot smarter than you are" (p. 91). Erickson described language and communication as multileveled (Zeig, 1994); he listened to what he called "the unconscious mind" in language (Parsons-Fein, 2013) and explored magic in the language spoken by the therapist and client (Bandler & Grinder, 1975a).

Rosen (1988) commented that Erickson thought of therapy as a state of creating a sense of wonder and new reality in a world of magic. Erickson (Haley, 1993) believed there is no adequate theoretical framework that can be used alone; rather, theory should be put in the background, with the foreground focused on the client in the given moment. I found that Berg listened, selected, and built in this manner in a delicate process of relationally utilizing clusters that moved forward and back with an intentionally forward

direction toward solutions. This requires a relational style that can be enhanced through the incorporation of Ericksonian hypnotherapy skills. Berg delicately worked in a poetic interchange with her clients that unfolded like a dance—a delicate process necessary for the effective utilization of the SFBT approach.

References

- Bandler, R., & Grinder, J. (1975a). *The structure of magic*. Palo Alto, CA: Science and Behavior Books.
- Bandler, R., & Grinder, J. (1975b). *Patterns of the hypnotic techniques of Milton H. Erickson, M.D., Vol 1*. Soquel, CA: Meta Publications.
- Bateson, G. (1972). *Steps to an ecology of mind*. Chicago, IL: University of Chicago Press.
- Bavelas, J. B. (2012). Connecting the lab to the therapy room: Microanalysis, co-construction, and solution focused brief therapy. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 144-162), New York, NY: Oxford University Press.
- Becvar, D., & Becvar, R. (1999). *Systems theory and family therapy* (2 ed.). New York, NY: University Press of America.
- Berg, I. K. (1996). Solution-focused brief therapy with substance abusers. In A. M. Washton (Ed.), *Psychotherapy and substance abuse: A practitioner's handbook* (pp. 223-242). New York, NY: Guilford Press.
- Berg, I. K. (1997). *Psychotherapy with the experts*, Transcript, 1-33p. Retrieved from <http://asp6new.alexanderstreet.com.ezproxylocal.library.nova.edu/psyc/psyc.object.details.aspx?dorpID=1000840074&fulltext=Insoo%20Kim%20Berg>
- Berg, I. K. (1997). *Psychotherapy with the experts*. Video, San Francisco, CA: Psychotherapy.net. Retrieved from

- <http://search.alexanderstreet.com.ezproxylocal.library.nova.edu/view/work/17789> 15
- Berg, I. K. (2000). *Brief Therapy for addictions*, Transcript, 1-18p. Retrieved from <http://asp6new.alexanderstreet.com.ezproxylocal.library.nova.edu/psyc/psyc.object.details.aspx?dorpID=1001140390&fulltext=Insoo%20Kim%20Berg>
- Berg, I. K. (2000). *Brief Therapy for addictions*, Video, Chicago, IL: Allyn and Bacon. Retrieved from <http://search.alexanderstreet.com.ezproxylocal.library.nova.edu/view/work/17791> 91
- Berg, I. K. (2005). The state of miracles in relationships. *Journal of Family Psychotherapy*, 16(1-2), 115-118.
- Berg, I. K., & de Shazer, S. (1993). Making numbers talk: Language in therapy. In S. Friedman (Ed.), *The new language of change* (pp. 5-24). New York, NY: Guildford.
- Berg, I. K., & Dolan, Y. (2001). *Tales of solutions: A collection of hope-inspiring stories*. New York, NY: Norton.
- Berger, J., Zelditch, M., & Anderson, B. (1972). *Sociological theories in progress*. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/615864073?accountid=6579>
- Bernheim, H. (1890). *Suggestive therapeutics: A treatise on the nature and uses of hypnotism*. New York, NY: J. & P. Putnam's Sons.

- Bridging (2017). In *Merriam-Webster, Incorporated*. Retrieved from <https://www.merriam-webster.com/dictionary>
- Building (2017). In *Merriam-Webster, Incorporated*. Retrieved from <https://www.merriam-webster.com/dictionary>
- Cade, B., & O'Hanlon, W. H. (1993). *A brief guide to brief therapy*. New York, NY: W. W. Norton & Company.
- Clusters (2017). In *Merriam-Webster, Incorporated*. Retrieved from <https://www.merriam-webster.com/dictionary>
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Los Angeles, CA: Sage Publications.
- Commission on Accreditation for Marriage and Family Therapy Education (COAMFT) (2005). *MFT educational guidelines*. Retrieved from https://www.aamft.org/imis15/Documents/COAMFTE_MFT_Educational_Guidelines.pdf
- De Bono, E. (1971). *The mechanism of the mind*. London, United Kingdom: Penguin Books.
- Deissler, K. (1988). Inventive interviewing: How the systemic interview can be applied in everyday practice through variations on one question. In J. C. Hanson & E. Lipchik (Eds.), *The family therapy collections: Interviewing* (pp. 85-104). Alphen aan den Rijn, Netherlands: Aspen Publishers.
- De Jong, P., & Berg, I. K. (1998). *Interviewing for solutions*. Pacific Grove, CA: Brooks/Cole.

De Jong, P., & Berg, I. K. (n.d.) *Instructors resource manual: Interviewing for solutions.*

Retrieved from http://www.sfbta.org/sfbt_training.html

De Jong, P., & Miller, S. D. (1995). How to interview for client strengths. *Social Work, 40*(6), 729-736.

de Shazer, S. (1978). Brief hypnotherapy of two sexual dysfunctions: The crystal ball technique. *Journal of Clinical Hypnosis, 20*(3), 203-208 .

de Shazer, S. (1982) *Patterns of brief family therapy: An ecosystemic approach.* New York, NY: Guilford Press.

de Shazer, S. (1985). *Keys to solution in brief therapy.* New York, NY: W.W. Norton.

de Shazer, S., Berg, I. K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process, 25*(2), 207-221.

de Shazer, S. (1988a). *Clues, investigating solutions in brief therapy.* New York, NY: W. Norton and Company.

de Shazer, S. (1988b). Utilization: The foundation of solutions. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 112-124). New York, NY: Brunner/Mazel.

de Shazer, S. (1991). *Putting difference to work.* New York, NY: W.W. Norton.

Shazer, S. (2002). *Less is more: The discipline of brief therapy.* Presented at the Psychotherapy Networker Conference, Washington, DC.

de Shazer (2003). *Thinking about the miracle question.* Retrieved from:

http://www.sfbta.org/bftc/Steve&Insoo_PDFs/steve_thoughts_about_miracle_question.pdf

- de Shazer, S., Dolan, Y., Korman, H. Trepper, T., McCollum, E., Berg, & Insoo, I.K. (2012). *More than miracles-The state of the art of solution focused brief therapy*. New York, NY: Taylor and Francis.
- Dine, K. R. (1995). Visions of the future: The miracle question and the possibility of change. Doctoral dissertation, Boston: Massachusetts School of Professional Psychology.
- Dimond, R. E. (1988). Ericksonian psychotherapy is the state of the art: Suggestions for a future orientation. In J. K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian therapy: State of the art* (pp. 30-38). New York, NY: Brunner/Mazel.
- Edgette, J. H., & Edgette, S. E. (1995). *The handbook of hypnotic phenomena in psychotherapy*. New York, NY: Brunner/Mazel Publishers.
- Elliott, B. A. E. (1988). Reflections on training by Erickson: The mirror within. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 465- 476). New York, NY: Brunner/Mazel.
- Erickson, B. A., & Keeny, B. (Eds.) (2006). *Milton H. Erickson, M.D.: An American healer*. Sedgwick, ME: Leete's Island Books.
- Erickson, M. H. (1983). *Healing in hypnosis* (Vol. 1). New York, NY: Irvington Pub.
- Erickson, M. H., Rossi, E., & Rossi, S. (1976). *Hypnotic Realities*. New York, NY: Irvington.
- Erickson, M. H., & Rossi, S. (1979). *Hypnotherapy: An exploratory casebook*. New York, NY: Irvington Publishers.
- Fisch, R. (1982). Erickson's impact on brief psychotherapy. In J. K. Zeig (Ed.), *Ericksonian approaches to hypnosis and psychotherapy* (pp. 155-162). New

York, NY: Brunner/Mazel.

- Feldman, L., & Pinsof W. (1982). Problem maintenance in family systems: An integrative model. *Journal of Marital and Family Therapy*, 8(3), 295-308.
- Flemons, D. (2004). Embodying the mind and minding the body: Using hypnosis in brief therapy. In S. Madigan (Ed.), *Therapeutic conversations 5: Therapy from outside in* (pp. 41-53). Vancouver, Canada: Yaletown Family Therapy.
- Flemons, D. G., & Wright K. (1999). Many lives, many traumas: The hypnotic construction of memory. In W. J. Matthews & J. H. Edgette (Eds.), *Current thinking and research in brief therapy, Vol. 3a* (pp. 179-195). Philadelphia, PA: Taylor & Francis.
- Franklin, C., Kim, J. S., & Brigman, K. S. (2012). Solution-focused brief therapy in the school setting. In C. Franklin, T. S. Trepper, W. J. Gingerich, E. E. McCollum, *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 231-246). New York, NY: Oxford University Press, Inc.
- Franklin, C., Zhang, A., Froerer, A., & Johnson, S. (2016). Solution focused brief therapy: A systematic review and meta-summary of process research. *Journal of Marital and Family Therapy*, 43(1), 16-30.
- Froerer, A. S., & Connie, E. E. (2016) Solution-building, the foundation of solution-focused brief therapy: A qualitative Delphi study *Journal Of Family Psychotherapy*, 27(1), 20-34.
- Geary, B. B. (1994). Seeding responsiveness to hypnotic processes. In J. Zeig *Ericksonian methods: The essence of the story* (pp. 315-332). New York, NY: Brunner/Mazel Publishers.

- Gee, J. P. (1999). *An introduction to discourse analysis: Theory and method*. New York, NY: Routledge.
- Gee, J. P. (2011). *How to do discourse analysis toolkit*. New York, NY: Routledge.
- Gergen, K. J. (2009). *An invitation to social construction*. London, England: Sage.
- Gilligan, S. G. (1988). Symptom phenomena as trance phenomena. In J. K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian therapy: State of the art* (pp. 327-352). New York, NY: Brunner/Mazel.
- Gilligan, S. (2012). *Generative trance: The experience of creative flow*. Carmarthen, United Kingdom: Crown House Publishing.
- Haley, J. (1967). *Advanced techniques of hypnosis and hypnotherapy: Selected papers of Milton H. Erickson, M.D.* New York, NY: Grune and Stratton.
- Haley, J. (Ed.). (1985). *Conversations with Milton H. Erickson, M.D.* New York, NY: Triangle Press.
- Haley, J. (1986). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson*. New York, NY: W. W. Norton & Company.
- Haley, J. (1993). *Jay Haley on Milton Erickson*. New York, NY: Brunner/Mazel.
- Harris, M. B., & Franklin, C. (2012). Taking charge: A solution-focused intervention for pregnant and parenting adolescents. In C. Franklin, T. S. Trepper, W. J. Gingerich, E. E. McCollum, *Solution focused brief therapy: A handbook of evidence based practice* (pp. 247-263). New York, NY: Oxford University Press.
- Havens, R. A. (1988). Erickson's wisdom regarding self-hypnosis: Is this state a necessary part of the art? In J. K. Zeig & S. R. Lankton (Eds.), *Developing*

- Ericksonian therapy: State of the art* (pp. 185-197). New York, NY: Brunner/Mazel.
- Havens, R. A. (1996). *The wisdom of Milton H. Erickson: The complete volume*. Carmarthen, United Kingdom: Crown House Publishing.
- Hendrick, S., Isebaert, L., & Dolan, Y. (2012). Solution-focused brief therapy in alcohol treatment. In C. Franklin, T. S. Trepper, W. J. Gingerich, E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 264-278). New York, NY: Oxford University Press.
- Hoyt, M. F. (1994). On the importance of keeping it simple and taking the patient seriously. A conversation between Steve de Shazer and John Weakland. In M.H. Hoyt (Ed.), *Constructive Therapies* (pp. 11-40). New York, NY: Guilford Press.
- Keeney, B. P. (1991). *Improvisational therapy*. New York, NY: The Guildford Press.
- Kihlstrom, J. F. (1987). The cognitive unconscious. *Science*, 237(4821), 1445-1452.
- Lankton, S. R. (1980). *Practical magic: A translation of basic neuro-linguistic programming into clinical psychotherapy*. Carmarthen, United Kingdom: Crown House Publishing.
- Lankton, S. R. (2004). *Assembling Erickson's therapy: The collected papers of Stephen Lankton*. Phoenix, AZ: Zeig, Tucker, & Theisen.
- Lankton, S. R. (2008). *Tools of intention: Strategies that inspire change*. Carmarthen, United Kingdom: Crown House Publishing.
- Lee, Y. L., Uken, A., & Sebold, J. (2012). Solution-focused model with court-mandated domestic violence offenders. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E.

- E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 165-182). New York, NY: Oxford University Press.
- Lehmann, P., & Patton, J. D. (2012). The development of a solution-focused fidelity instrument: A pilot study. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 39-54). New York, NY: Oxford University Press.
- Lipchik, E. (1994). The rush to be brief. *Family Therapy Networker*, 18(2), 37-39.
- Lipchik, E. (2002). *Beyond technique in solution-focused therapy*. New York, NY: The Guilford Press.
- Madanes, C. (1990). In J. K. Zeig & S. G. Gilligan (Eds), *Brief therapy: Myths, methods, and metaphors* (pp. 18-35). New York, NY: Brunner/Mazel.
- McCollum, E. E., Stith, S. M., & Thomsen, C. J. (2012). Solution-focused brief therapy in the conjoint couples treatment of intimate partner violence. In C. Franklin, T. S. Trepper, W. J. Gingerich, E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 183-195). New York, NY: Oxford University Press.
- McKeel, A. J. (1996). A clinician's guide to research on solution-focused therapy. In S. D. Miller, M. A. Hubble, & B. L. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 251-271). New York, NY: Haworth Press.
- McKeel, J. (2012). What works in solution-focused brief therapy. In C. Franklin, T. S. Trepper, W. J. Gingerich, E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 130-143). New York, NY: Oxford University Press .

- Miller, G., & de Shazer, S. (1998). Have you heard the latest rumor...? Solution-focused therapy as a rumor. *Family Process*, 37(3), 363-377.
- Molnar, A., & de Shazer, S. (1987). Solution-focused therapy: Toward the identification of therapeutic tasks. *Journal of Marital and Family Therapy*, 13(4), 349-358.
- Nau, D. S., & Shilts, L. (2000). When to use the miracle question: Clues from a qualitative study of four SFBT practitioners. *Journal of Systemic Therapies*, 19(1), 129-135.
- O'Hanlon, W. H. (1988). Solution-oriented therapy: a megatrend in psychotherapy. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 93-111). New York, NY: Brunner/Mazel.
- O'Hanlon, W. H., & Martin, M. (1992). *Solution-oriented hypnosis: An Erickson approach*. New York, NY: W. W. Norton & Company.
- Panayotov, P. A., Strahilov, B. E., & Anichkina, A. Y. (2012). Solution-focused brief therapy and medication adherence with schizophrenic patients. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 196-202). New York, NY: Oxford University Press, Inc.
- Parsons-Fein, J. (2013). *In the room with Milton H. Erickson*. New York, NY: Parsons-Fein Press.
- Rosen, S. (1988). What makes Ericksonian therapy so effective? In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 5-21). New York, NY: Brunner/Mazel.

- Rossi, E. (1977). The cerebral hemispheres in analytical psychology. *Journal of Analytical Psychology*, 22, 32-51.
- Rossi, E. (Ed.) (1980). *The nature of hypnosis and suggestion: The collected papers of Milton H. Erickson on hypnosis-Vol. 1*, New York, NY: Irvington Publishers.
- Rossi, E. (Ed.) (1980). *Hypnotic alteration of sensory, perceptual and psychophysiological processes: The collected papers of Milton H. Erickson on hypnosis-Vol. 2*. New York, NY: Irvington Publishers.
- Rossi, E. (Ed.) (1980). *Hypnotic investigation of psychodynamic processes: The collected papers of Milton H. Erickson on hypnosis-Vol. 3*. New York, NY: Irvington Publishers.
- Rossi, E. (Ed.) (1980). *Innovative hypnotherapy: The collected papers of Milton H. Erickson on hypnosis-Vol. 4*. New York, NY: Irvington Publishers.
- Rossi, E. (1988). The psychobiology of mind-body healing: The vision and state of the art. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 127-148). New York, NY: Brunner/Mazel.
- Rossi, E. (1993). *The psychobiology of mind-body healing*. New York, NY: W. W. Norton & Company.
- Satir, V. (1972). *Peoplemaking*. Palo Alto, CA: Science and Behavior Books.
- Schachter, S., & Singer, J. E. (1962). Cognitive, social, and physiological determinants of emotional state. *Psychological Review*, 69, 379-399.
- Sherman, S. J. (1988). Ericksonian psychotherapy and social psychology. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 127-148). New York, NY: Brunner/Mazel.

- Shilts, L. (2013). Solution-focused brief therapy. In A. Rambo, C. West, A. Schooley, & T. V. Boyd (Eds.), *Family therapy review: Contrasting contemporary models*. (pp. 133-135). New York, NY: Routledge/Taylor & Francis Group.
- Shilts, L., & Gordon, A. B. (1993). Simplifying the miracle. *Family Therapy Case Studies*, 7, 53-59.
- Shilts, L., & Gordon, A. B. (1996). What to do after the miracle occurs. *Journal of Family Psychotherapy*, 7(1), 15-22.
- Shilts, L., Rambo, A., & Hernandez, L. (1997). Clients helping therapists find solutions in their therapy. *Contemporary Family Therapy*, 19, 117-132.
- Shilts, L., Rambo, A., & Huntley, E. (2003). The collaborative miracle: When to slow down the pace of brief therapy. *Journal of Systemic Therapies; Summer*, 22(2), 65.
- Smock, S. A. (2012). A review of solution-focused, standardized outcome measures and other strength-oriented outcome measures. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 55-72). New York, NY: Oxford University Press.
- Stith, S., Miller, M., Boyle, J., Swinton, J., Ratcliffe, G., & McCollum, E. (2012). Making a difference in making miracles: Common roadblocks to miracle question effectiveness. *Journal of Marital and Family Therapy*, 38(2), 380-393.
- Thompson, K. F. (1990). Metaphor: A myth with a method. In J. K. Zeig & S. G. Gilligan (Eds.), *Brief therapy: Myths, methods, and metaphors* (pp. 247-257). New York, NY: Brunner/Mazel.

- Thompson, S. J., & Sanchez, K. (2012). Solution-focused family therapy for troubled and runaway youths. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 216-230). New York, NY: Oxford University Press.
- Trepper, T. S., McCollum, E. E., DeJong, P., Korman, H., Gingerich, J. G., & Franklin, C. (2012). Solution-focused brief therapy treatment manual. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 20-36). New York, NY: Oxford University Press.
- Vaihinger, H. (1924). *The philosophy of "As If"*. New York, NY: Oxford University Press.
- Watzlawick, P. (1982). Erickson's contribution to the interactional view of psychotherapy. In J. K. Zeig (Ed.), *Ericksonian approaches to hypnosis and psychotherapy* (pp. 147-154). New York, NY: Brunner/Mazel.
- Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change*. New York, NY: W. W. Norton.
- Weatherall, A. & Gibson, M. (2015) "I'm going to ask you a very strange question": A conversation analytic case study of the miracle technique in solution-based therapy, *Qualitative Research in Psychology*, 12(2), 162-181.
- Wheller, J., & Hogg, V. (2012). Signs of safety and the child protection movement. In C. Franklin, T. S. Trepper, W. J. Gingerich, E. E. McCollum (Eds.), *Solution focused brief therapy: A handbook of evidenced based practice* (pp. 203-215). New York, NY: Oxford University Press.

- Wilk, J. (1985). Ericksonian therapeutic patterns: A pattern which connects. In J. K. Zeig (Ed.), *Ericksonian psychotherapy: Vol. 2. Clinical applications* (pp. 210-233). New York, NY: Brunner/Mazel.
- Wilson, J. (2015). *Hope-focused solutions: A relational hope focus of the solution-building stages in solution-focused brief therapy*. Dissertation Nova Southeastern University. Retrieved from http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1004&context=shss_dft_etd
- Winograd, T. (1972). Understanding natural language, *Cognitive Psychology*, 3(1), 1-191.
- Wittgenstein, L., (1984). *Culture and value* (trans. P Winch). Chicago, IL: University of Chicago Press.
- Wynne, L. (1987). Trying to create intimacy destroys it. *Family Therapy News*, April.
- Yapko, M. D. (1988). Individuation: Alone together. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 237-254). New York, NY: Brunner/Mazel.
- Zalaquett, C. (1988). Becoming an Ericksonian, becoming yourself: A personal perspective on becoming an Ericksonian. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 203-221). New York, NY: Brunner/Mazel.
- Zeig, J.K. (1980). *A teaching seminar with Milton H. Erickson*. New York, NY: Brunner/Mazel.

- Zeig, J.K. (1988). An Ericksonian phenomenological approach to therapeutic hypnotic induction and symptom utilization. In J. K. Zeig & S. R. Lankton (Eds), *Developing Ericksonian therapy: State of the art* (pp. 353-375). New York, NY: Brunner/Mazel.
- Zeig, J. (1990). Seeding. In J. K. Zeig & S. G. Gilligan (Eds), *Brief therapy: Myths, methods, and metaphors* (pp. 221-246). New York, NY: Brunner/Mazel.
- Zeig, J. (1992). The virtue of our faults: A key concept of Ericksonian psychotherapy. In J. K. Zeig (Ed.), *The evolution of psychotherapy: The second conference* (pp. 252-269). New York, NY: Brunner/Mazel.
- Zeig, J. (1994). Advanced techniques of utilization: An intervention metamodel and the use of sequences, symptom words, and figures of speech. In J. K. Zeig (Ed.), *Ericksonian methods: The essence of the story* (pp. 295-314). New York, NY: Brunner/Mazel.

Appendix A

Gee's List of Tools & Questions

1. The Diexis Tool- What deictics (specific identities from a certain perspective) are used in context and assumptions that listeners know?
2. The Fill In Tool- Based on what was said, what needs to be added for clarity? What are the assumptions?
3. The Making Strange Tool- What would someone find strange or confusing?
4. The Subject Tool- Why did the speakers choose the subject of discussion?
5. The Intonation Tool- How does intonation contribute to the meaning? What are the idea units?
6. The Frame Tool- After analyzing the data, check to see if any additional data can change the analysis.
7. The Doing and Not Just Saying Tool- What is the speaker saying and what are they trying to do?
8. The Vocabulary Tool- What sorts of words are utilized, from what origin? How is the style or social language contributing?
9. The Why This Way and Not That Way Tool- Why the speaker used the specific grammar and not other grammar?
10. The Integration Tool- How were clauses integrated or packaged together in sentences?
11. The Topic and Theme Tool- What is the topic and theme for each clause and why were these chosen?

12. The Stanza Tool- How are stanzas (an arrangement of sentences) clustered into larger blocks of information?

13. The Context is Reflexive Tool- How is what the speaker is saying relevant? How does the way the speakers speak help context? Is the speaker producing contexts without awareness? Is the speaker replicating contexts or changing them?

14. The Significance Building Tool- How do the words and grammar add to significance of what is being said?

15. The Activities Building Tool- What activities does the communication build?

16. The Identities Building Tool- What identities is the speaker trying to enact or be recognized? How does the speaker treat other's identity and positioning others?

17. The Relationships Building Tool- How are words and grammar used to build, sustain, or change relationships?

18. The Politics Building Tool- How are words and grammar used to build social good?

19. The Connections Building Tool- How are words and grammar used to connect, disconnect, or ignore connections between things?

20. The Cohesion Tool- How are pieces connected and in what ways? What is the speaker trying to achieve by connecting pieces?

21. Systems and Knowledge Building Tool- How do the words and grammar privilege or de-privilege in terms of technical versus everyday language, different ways of knowing, or different languages utilized?

22. The Topic Flow or Topic Chaining Tool- What are the topics of all main clauses and how are they linked?

23. The Situated Meaning Tool- What are the meanings of the words and phrases and how does this give context?
24. Social Languages Tool- How are words and grammar used for social language?
25. The Intertextuality Tool- How are words and grammar used to refer to other texts or other styles of language?
26. Figured World Tool- How are the words and phrases utilized to give a story or figured world?
27. The Big “D” Discourse Tool- How is the person using language interacting to represent a social identity?
28. The Big C Conversation Tool- What issues need to be known, what does the speaker know, and what needs to be known to understand the issue?

Biographical Sketch

Annette BoVee-Akyurek was born in Miami, Florida. She is married and has two teenage daughters, three cats, and a dog. Annette has worked for over 30 years in healthcare and is passionate about facilitating wellness. She personally applies several aspects of self-care in her own life, including exercise, meditation, yoga, time in nature, time with animals, music, and healthy eating habits; she applies her self-care philosophy to assist clients from a systemic and relational perspective. Her longtime work as a physical therapist specializing in craniosacral therapy, together with her view of individuals from a body and mind relational perspective, led her to continue her education in the area of psychotherapy. She has a bachelor's degree in physical therapy from University of Miami, a master's degree in mental health counseling from Nova Southeastern University, and is a doctoral candidate in the Department of Family Therapy at Nova Southeastern University.

Annette is a licensed physical therapist, licensed mental health counselor, national certified counselor (NCC), certified hypnotherapist, and craniosacral therapist. She specializes in the facilitation of wellness from a body and mind perspective, incorporating her physical therapy and psychotherapy skills as well as meditation, mindfulness, and other adjunct therapies. She is also a pre-clinical fellow and AAMFT supervisor candidate.

Annette has several years of experience working with children and adults in the treatment of various neurological and orthopedic disorders, chronic pain, gastrointestinal disorders, and headaches and back pain. She has worked in pre- and post-natal care, as well as with several stress related issues. Annette has also provided psychotherapy

services for children and adults with a variety of relational issues including, but not limited, to depression, self-esteem, addiction, anxiety, grief and loss, and overall wellness. Annette works from a systemic and relational perspective as a physical therapist and psychotherapist, incorporating SFBT, Ericksonian hypnotherapy, and other approaches in her practice.

In addition, Annette has worked as a clinician in the US, Germany, and Turkey as a clinician. She was a visiting instructor for wellness at Istanbul Technical University in Istanbul, Turkey and at the University of Miami in Miami, Florida focusing on therapeutic touch and alternatives in the practice of physical therapy. She has presented on several topics including refugees' unique needs and interventions, the body and mind system and multilevel communication, relationships in therapy, SFBT, and facilitated movement of the body and mind. Annette has submitted three articles for publication on refugees, SFBT, and the facilitation of movement. She plans to continue contributing to the teaching and practice of SFBT and Ericksonian hypnotherapy. She also intends to continue her clinical work, teaching, and writing, as well as the facilitation and exploration of wellness of the body, mind, and spirit.