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Chapter 4
The Contributions of Milton Erickson to Modern Clinical Hypnosis

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Abstract

Milton H. Erickson, M.D., is an important figure in the history of hypnosis who pioneered many new hypnotherapeutic strategies and a paradigmatic shift from mechanistic, unilateral models of influence to a person-centered, competency-oriented, co-constructive approach to hypnosis. As explained in this chapter, Erickson placed high value on creativity, individual autonomy, and differentiated treatment. These values are reflected in all of Erickson's contributions to hypnosis, with this chapter specifically covering: the naturalistic approach, individualism, experiential arousal, incubation, reframing resistance, and individuation. We also review emerging research foundations and implications for training and professional development.

The first author, Roxanna Erickson-Klein, Ph.D., is a daughter of Milton Erickson. Her lifelong interest in health care was inspired by her father, learning both as a subject of his hypnotic explorations and from his mentorship of her own clinical career. Since 1982, she has been both a member of the board of directors for the Milton H. Erickson Foundation and an active member of the American Society of Clinical Hypnosis. Erickson-Klein is a Registered Nurse and Licensed Professional Counselor in private practice who has authored numerous books and articles about Ericksonian therapy. She is currently engaged in the digitization of her father's primary written works and building a website to help disseminate his works at www.erickson-rossi.com.

The second author, Dan Short, Ph.D., has a long history with the Milton H. Erickson Foundation having studied with others who have been key contributors to the exploration of Erickson's works. Short's collaborators include: Consuelo Casula, Betty Alice Erickson, Jay Haley, Stephen Lankton, Camillo Loriedo, Ernest Rossi, Bernhard Trenkle, and Jeff Zeig. Short served as Editor of the *Milton H. Erickson Foundation Newsletter* for five years and was selected as project manager to preserve the holdings of the Milton H. Erickson Foundation Archives. While transferring the audio content from reel-to-reel to digital format, Short was immersed in hundreds of hours of analysis. The 1500 hours of unique recordings of Erickson involved two years, working eight hours a day to organize materials. During this time, Short watched videos of Erickson's hypnotic demonstrations, listened to Erickson's words, transcribed many recordings, and made connections between the overarching ideas.

Erickson's Theoretical Framework

Erickson's bold exploration into the nature and parameters of hypnosis was both innovative and expansive. The methodology pioneered by Erickson was instrumental in the transformation of paradigms of clinical practice, helping to usher in a new era of brief therapy and modern hypnosis.

Milton Erickson's long career as a psychiatrist, spanning an interval of over half a century, was marked by ongoing explorations and fascination with hypnosis. During this period, there was a great deal of progress in societal values, in the arts, and in science. A metaphor Erickson often alluded to was that during his lifetime (1901 – 1980) man's ability to fly progressed from the Kitty Hawk (1903) to men walking on the moon (1969). When he made this statement to students, Erickson's intent was for the listener to automatically engage in a self-reflective process of orientation. The strategic use of comments and circumstances to stimulate an experiential inner-search was part of the way Erickson taught hypnosis.

While his own interest in the nature of suggestibly began in childhood, his explorations into hypnosis began in college, an era in which Sigmund Freud's ideas held a dominant influence on psychology and psychiatry. Additionally, Erickson was influenced by the writings of William James (Short, 2020b) and the work of Arthur P. Noyes, whose 1940 textbook he kept on his office shelf throughout his career. Erickson's ambition to bring hypnosis into the practice of

medicine was a commitment made early in life and from which he never deviated. While repeatedly at odds with researchers, at no time did he waver from his respect for scientific methodology as the optimal tool to advance professional understandings.

Looking at his work from the perspective of his publications, various trends are revealed. Within his first decade of practice, Erickson began to challenge the central ideology of psychoanalytic practice. His explorations into the advancement of clinical hypnosis and suggestive therapeutics in general continued from the mid-1920s until his death. Erickson's own style of practice gradually shifted from his earlier more traditional style of direct suggestion to the development of more open-ended, permissive techniques (B. A. Erickson & Erickson-Klein, 1991).

Though he enjoyed teaching throughout his career, during the final decade of his life (1970-1980), Erickson sought to engage the interest of younger psychotherapists who could continue investigations into the nature and applications of hypnosis. Following his death, a large number professionals, primarily those who had studied with him in the 1970's, emerged as "Ericksonians" and began to teach their own perspectives of key ideas central to his work (Hilgard, 1992).

What we see in this final decade and the subsequent interval, is an echo of Erickson's ideas with newly inspired students using differing viewpoints to define his ideas and strategies. Despite a series of attempts among Ericksonians to reach a concordance, perspectives remain as individualized as the approaches Erickson promoted. While a few key elements have been generally agreed upon and even operationalized (Short, 2019) the very nature of his work is a non-standardized and highly individualized experiential process.

Erickson distinguished between the waking state and the hypnotic state, and intentionally integrated hypnosis into much of his therapeutic work (M. H. Erickson, 1958). He advocated for professionals learning to identify naturalistic trance states and to capitalize on these moments in a strategic manner. In a 1966 lecture, Erickson stated that, "the [hypnotic] technique in itself serves no other purpose than that of securing and fixating the attention of patients, creating then a receptive and responsive mental state, and thereby enabling them to benefit from unrealized or only partially realized potentials for behavior of various types" (M. H. Erickson, 1966). Thus, Erickson emphasized that the goal of hypnotherapy is to move beyond the limitations of the conscious mind to the creativity of the unconscious mind (Gilligan, 2002).

To describe the phenomena, Erickson (1961a) wrote a six-page definition of hypnosis for the Encyclopedia Britannica that exceeds space available here. Included within that, Erickson states that, "hypnosis is a unique complex form of unusual but normal behavior which can probably be induced in all normal persons under suitable conditions…" He goes on to discuss different aspects of the trance state.

When asked to define hypnosis in teaching seminars, the first author (Roxanna) remembers that he frequently would offer a succinct explanation, "Hypnosis is a dissociation of the conscious mind from the unconscious mind." In a later discussion with Ernest Rossi, Erickson

expresses that trance is "a deep state of inner absorption … resorted to in order to cope with a problem that was apparently overwhelming for his conscious mind" (M. H. Erickson & Rossi, 1977, p. 197).

Shortly before his death, the second author (Dan) asked Ernest Rossi (Erickson's closest collaborator) which written work best summarized Erickson's views on hypnosis. Rossi replied that the book, *Hypnotic Realities*, was the greatest exposition of Erickson's ideas. In this work, Erickson and Rossi state that the purpose of trance induction is to focus patients' attention inward and help them alter habitual attitudes and belief systems that are associated with "everyday consciousness" (Erickson & Rossi, 1976, p. 225). Throughout the same book, Erickson repeatedly identifies therapeutic trance as being characterized primarily by feelings of comfort, limited awareness, and heightened expectancy. Interestingly, recent neurobiological research suggest that comfort and relaxation help facilitate sudden insight--problems that are solved without the use of conscious deliberation. As insight researcher John Kounios puts it, "If you want to encourage insights, then you've got to also encourage people to relax" (quoted in Lehrer, 2008, p. 40).

The relevance of relaxation to trance, and learning in general, is of interest to researchers and clinicians alike. Even so, the field of hypnosis remains polarized by the "state versus non-state" debate, which traces back to a disagreement between T.X. Barber and Milton Erickson over the meaningfulness of trance behavior. While a majority of clinicians view Erickson as the person who set the standards of modern hypnosis (Baker, 1988; Rodolfa et al., 1985), many researchers argue that distinction should go to Barber (Gauld, 1992). To better understand Erickson's defense of trance, we turn to a transcript of a face-to-face debate between Erickson and Barber.

During this panel discussion, Barber's basic argument was that if trance is a defining feature of hypnosis, then trance phenomena should not occur outside of trance. However, his research had shown hypnotic phenomena can be easily obtained with unhypnotized subjects (no trance) given sufficient motivation and positive expectancies (Barber, 1961). For example, Barber posited that hypno-catatonic behavior is nothing more than giving a special label to a person sitting rigidly in a chair. In Barber's words, "The only research we need to do on 'catalepsy' is to show that it can readily be duplicated by a motivated person, and hypnotic subjects are usually very motivated" (Erickson, 1960, p. 329). Barber's implication was clear -- clinicians, such as Erickson, were unwittingly manipulating their subject's motivations, attitudes, and expectancies with trance having no bearing on responsiveness to suggestion. In Barber's words, "I am bothered by Dr. Erickson's formulations because I get the impression that there is magic being attributed here that does not promote scientific understanding or investigation" (M. H. Erickson, 1960, p. 328).

To address this criticism, Erickson replied, "I believe that the hypnotic subject can, in the trance state, do something besides please Dr. Barber. I think he can use his own behavior for his own purposes and do it in his own way. He doesn't lose his capacity to behave to please himself" (M.

H. Erickson, 1960, p. 329). Three decades prior, Erickson had reported a lack of relationship between depth of trance and suggestibility. To the contrary, Erickson found that subjects demonstrating deep trance behavior were sometimes more resistant to suggestion (M. H. Erickson, 1932). What Barber failed to recognize was that Erickson did not use trance to achieve greater compliance, but rather to stimulate unconscious intelligence (Short, 2022).

Furthermore, Erickson rejected the premise that positive outcomes achieved with hypnosis must be exclusive to hypnosis. As Erickson had already explained, "I have known people who *never went into hypnosis*, but who went to a movie because they had a severe headache, forgot their headache during the course of an interesting movie which had involved them, and perhaps didn't remember the headache until the next day" (M. H. Erickson, 1960, p. 321). Again, trying to explain that amnesic behavior is not exclusive to hypnosis, Erickson stated, "I believe that the hypnotic subject can do in a trance state the same sort of things he can do in the waking state. I might introduce someone to a dozen other people. At the end of that time, by virtue of having directed this person's attention first to Mr. Jones then to Mr. Green, to Mr. Brown, etc., and after I had finished the 15th or 16th introduction, I could ask him, 'Tell me, what was the name of the first man, the second man, the third, the fourth, the fifth?' We would readily appreciate how rapidly a person can forget something, especially when his attention is constantly redirected" (M. H. Erickson, 1960, p. 329).

Recognizing that for the researchers in the room the term "trance" was automatically associated with 18th century thinking, Erickson sought to explain his position using different terminology, "You alter a person's state of awareness by the conditions associated with, and the character of, the stimulation which you offer along with the inner behavior of potentials in that person. I do not think that I am in error to give the general term 'state of awareness' to the memories, ideas, and emotions characterizing a person at a given time, nor do I consider this a 'mystical appellation'" (M. H. Erickson, 1960, p. 326). More succinctly, in a later publication, Erickson would write, "Of significant importance to the author in furthering his awareness that waking state realities were quite different from the realities of the hypnotic state …" (M. H. Erickson, 1967, p. 89). Returning to the title of the book mentioned at the start of this section, *Hypnotic Realities*, it is reasonable to conclude that Erickson was less concerned with altered states of consciousness than with altered states of reality.

The argument has been made that Erickson's use of hypnosis to advance the flourishing of human consciousness has deep roots in the psychology of William James (Short, 2020b). This is reflected in Erickson's embrace of a dynamic dualism in which the unconscious mind and conscious mind possess different resources and serve different functions, any of which can and should be utilized in therapy. These Jamesean psychodynamics involve embracing unseen processes of reorganization, reassociation, and adaptation—the opposite of Freudian psychodynamics. Above all else, Erickson insisted that therapy should recognize a person's capacity for innate healing and growth. Thus, he taught that the use of hypnotic suggestion should be permissive enough to address the human need for freedom and the exercise of self-

determination. These ideas can be traced back to James who argued that freedom of choice must be the starting point in any attempt to influence others. In James's own words, "The first thing to learn in intercourse with others is noninterference with their own peculiar ways of being happy, provided those ways do not assume to interfere by violence with ours" (quoted in Short, 2020b, p. 2).

Erickson's Top Six Contributions to Hypnosis Practice and Theory

Attempts to encapsulate Erickson's approaches in definable or operationalized concepts is as elusive as working with a translucent rubrics cube. Attempts to isolate principal contributions become a perceptual window that can be seen from many different perspectives, each intertwined and connected to other aspects of Erickson's work. Further, Erickson's investigations and contributions to hypnosis are integrated into the context of the times including different standards of practice, science, and cultural tradition. This chapter will focus on central areas in which Erickson's contributions clearly influenced the broader structure of the practice of hypnosis. Along with these innovations, new paradigms began to emerge. We offer a description of six fundamental building blocks from which Erickson's innovative and unique explorations clearly impacted the way hypnosis is understood and practiced today.

1. Naturalistic approach

One of Erickson's most celebrated innovations in hypnosis is his method of conversational hypnosis, which is essentially the practice of hypnosis without the use of a formal trance induction or awakening (Short, 2018). To understand how this works, we must recognize that Erickson operated from the premise that hypnotic states are an information processing capability that has universal value for learning and problem-solving.

What Erickson called "the naturalistic approach to hypnosis" differs significantly from the traditional premise of hypnotizability (i.e., not everyone is responsive to hypnosis). In Erickson's words, "there is an imperative need to accept and to utilize those psychological states, understandings, and attitudes that each patient brings into the situation. To ignore those factors in favor of some ritual of procedure may and often does delay, impede, limit, or even prevent the desired results. The acceptance and utilization of those factors, on the other hand, promotes more rapid trance induction, the development of more profound trance states, the more ready acceptance of therapy, and greater ease for the handling of the total therapeutic situation" (M. H. Erickson, 1958, p. 269).

As demonstrated in the following case example, trance states are a spontaneous, natural response to collaborative engagement when: 1) both parties agree on the problem to be solved, and 2) existing response tendencies are given structure through highly appealing hypnotic suggestions. In this case, the parents brought Erickson a child who was enuretic and angry. The parents had their own opinion about the nature of the problem. But Erickson recognized that the boy had been dreaming of owning a dog. So he used these attitudes to

define his approach, telling the young boy to "see a dog over there"—to which the child responded, "But there is no dog over there." Erickson then increased his "intensity of expectation," by simply stating, "Yes, that is right. But I want you to just SEE the dog, over there," as he pointed to an empty spot. This induced a visual hallucination (M. H. Erickson, 1952). Connecting this altered state of reality to a larger therapeutic agenda, Erickson told the child, "I don't think that you or I have to tell your parents anything. In fact, maybe it would serve them just right for the way they brought you here if you waited until the school year was almost over. But one thing certain, you can just bet that after you've had a dry bed for a month, they will get you a puppy just about like little Spotty there, even if you never say a word to them about it. They just have to!" (also see M. H. Erickson, 1958, p. 267). The actual puppy was delivered by the boy's father 31 days later.

One of clinical psychology's most recent paradigm shifts is the slow transition away from the mechanistic models of logical positivism, which prioritize technique and standardization, to a more wholistic model that prioritizes human connection. In support of this shift, numerous outcome studies have shown that quality of relationship is the greatest predictor of success in psychotherapy (Shirk & Karver, 2003). Of course, relationships are founded on conversation, spontaneity, and interest in individual uniqueness. With Erickson's naturalistic approach, these same qualities were introduced into the methodology of hypnosis.

2. Individualization

Clark Hull, a distinguished researcher in the field of behaviorism, published the first textbook of controlled hypnotic experimentation (Hull, 1933). While he was still an undergraduate, Erickson was invited by Hull to present findings of his research to Hull's graduate seminar in hypnosis. Erickson initially accepted Hull's structured procedural approach (Fromm & Shor, 1979, p. 33). However, as Erickson's exploration of hypnosis broadened, a schism emerged between Erickson's commitment to individualization and Hull's commitment to logical positivism and standardized treatment procedures.

The concept of individualization, also known as tailoring, is considered by many to be a distinguishing element of Erickson's approach. As written in other commentary, "Because each person is an individual, each session is a unique creation. When therapist and client first meet, they create a relationship that did not exist before. In this new system, each will influence the other in potentially unexpected ways" (Short, 2019, p. 27).

Weizenhoffer (1957) observed that, "According to Erickson hypnosis is a highly individualistic process because it is a function of intrapersonal (or intrapsychic) relationships and of the interpersonal relationships, they themselves are contingent and dependent upon the former. Every individual has a unique personality, and his behavior, including that of the trance inducing situation, is a function of his personality, the time, the situation and the purposes which are served. Thus, it is invalid to assume that under identical conditions of administration, identical

suggestions must invariably yield identical responses in different subjects or in the same subject at different times" (p. 269-270).

Erickson's ongoing emphasis on the need for an individualized approach to hypnosis contributed to his clinical acumen even as it created impediments for researchers to conduct controlled experimentation. Unfortunately, individualized care does not lend itself well to an operationally defined, evidenced-based approach to treatment. Information Erickson gathered in communication with a subject, both verbal and non-verbal, was utilized in an individual manner specific to the subject and their needs at that specific point in time. Unfortunately, Erickson's commitment to the necessity of activating unique individual inner resources has created stumbling blocks to the clinicians who seek reimbursement in a field dominated by evidence-based therapies. It is only during the last five years that the development of operationally defined evaluations of Ericksonian approaches have begun to bridge the gap between the pragmatic needs of research and the individual attention and creativity required for tailored approaches to hypnosis.

3. Experiential arousal

Erickson's experiences as an adolescent, rehabilitating from the ravages of polio, led to a thousand-mile Mississippi River canoe journey which challenged the limits of his physical capacity. This odyssey served as a benchmark for the powerful combination of conscious aspirations and unconscious capabilities (Erickson, 1922). For example, Erickson challenged himself to restrain from directly requesting assistance by learning a multitude of indirect ways to stimulate curiosity in others by using unfamiliar, novel, communications. His indirect methods attracted the attention of those who volunteered to assist him in certain portages, which he was unable to manage individually. Erickson's determination to overcome the limitations imposed by polio served as an experiential metaphor that undoubtedly helped frame his future. This journey modeled the process of discovering hidden potential as one seeks to exceed the apparent limits of immediate circumstances.

Erickson's subsequent undergraduate research with Clark Hull involved investigations of automatic writing, hand levitation, and kinesthetic imagery as various means of trance induction. Each of these techniques involves direct or imagined physical activity (M. H. Erickson, 1961b). Erickson continued his investigations into the nature of the mind body interface in the 1940s, publishing a number of articles in the *Journal of Psychosomatic Medicine*. His pioneering exploration of hypnotic deafness and hypnotic color blindness increased his appreciation for the multitude of ways that body and mind are inextricably linked (M. H. Erickson, 1943).

Having demonstrated the hand levitation techniques in his college studies, Erickson continued using hand levitation with frequency. In the 1950s, he went on to develop the *My Friend John Technique* in which a positive hallucination involved hand levitation in a hallucinated

companion. His own explanation about hand levitation techniques emphasize its utility for induction, trance ratification, and in particular to enhance dissociation (M. H. Erickson, 1961b).

A dramatic demonstration at Stanford Laboratory of Hypnosis Research during the 1960's clarified that experience is an intrapersonal process. Erickson's demonstration involved a subject who reported no sensation in his hand when touched. Also, while positioned in front of him, he hallucinated his hand to be resting in his lap (Hilgard, 1992, p. 72). In a discussion about ideomotor feedback, Erickson notes that the key element of initiating motor activity, real or imagined, is a means of fixating and focusing the subject's attention on inner experiential learnings and capabilities. This process of tacit learning is then linked to unconsciously acquired patterns of behavior (Rossi, 2002). As Erickson (1945) explains:

> …the subject is told that, as he goes to sleep, his hand will gradually and involuntarily begin to lift up in the air. This he may not notice at first, but when he does become aware of it, he will find himself tremendously interested and absorbed in sensing and enjoying that effortless, involuntary movement of his hand and arm. Thus, the subject is given the opportunity of observing his hypnotic response as a personal experience that is occurring within himself. There follow suggestions that soon the direction of the hand movement will change, that he is to be greatly interested in discovering what the new direction may be. This suggestion does result in an alteration of the hand movement, an alteration recognized by the subject as not determined in direction by specific hypnotic suggestions but determined by the continuing processes within himself as a hypnotic subject. This gives him a growing realization of his active participation in a progressive intrapsychic experience in which he plays an undefined but definite directive role governed by forces within him (p. 39).

While hypnosis is by nature experiential, the addition of physical activity within the trance state amplifies the opportunity for dissociative effects that can then be integrated into therapeutic objectives. Over the years, Erickson developed a reputation for assigning tasks to his patients that sometimes involved moderate to intensive physical exercise, including hiking up a nearby mountain. As suggested in the discussion of Erickson's canoe journey, the integration of vigorous activity into personal improvement began early in his life. As he developed his professional style, of which the utilization of hypnotic trance was thoroughly integrated, he also explored incorporation of a multitude of additional ways to engage physical and emotional responses.

Shock and surprise are techniques liberally integrated into Erickson's repertoire of approaches. While there are distinctions between physical movement, and emotional responses, they may serve a similar stimulation. Erickson describes his work eliciting surprises in this way, "all that I hope to know in most such experimental situations that I devise is the possible general variety of psychological processes and reactions I would like to elicit, but do not know if I shall succeed in so doing, nor in what manner this will occur. Thus as the subjects respond in their own fashion, I promptly utilize that response" (M. H. Erickson, 1961b).

In his clinical explorations, Erickson found that various physiological interrelationships and interdependencies seemed to vary substantially between individuals without a direct relationship to hypnotic suggestion. Erickson posited that, "it may be that the primary task in the therapy of various psychopathological conditions may be dependent on an approach seemingly unrelated to the actual problem" (M. H. Erickson, 1943, pp. 17–18).

Thus, it is not surprising to find examples of behavioral tasks in Erickson's earliest casework. One case that Erickson favored is known as the African Violet Queen (M. H. Erickson, 1979). The woman in the story apparently lived alone and was socially isolated and depressed. After a relative asked Erickson to make a house call, Erickson was able to motivate the woman to become more engaged in her church community and to begin to distribute violet plants she had grown to an ever-increasing social circle. The successful expansion of this woman's world, while not reported as a response to hypnotic suggestion, is but one of a large multitude of examples in the ways that Erickson engineered transformational experiences. In his experiential approach, Erickson integrated clients' interests and activities to generate opportunities for the emergence of self-reinforcing healthy patterns of behavior.

Rossi has posited that Erickson's role-modeling of enthusiasm, adaptation, and anticipation of independent decision-making stimulates mirror neurons. In ongoing investigations, Ernest and Kathryn Rossi spearheaded studies to identify correlations of Erickson's approaches through study of psychosocial genomics. Studies have verified suggestive and behavioral activities, similar Erickson's approaches, correlates with stimulation of activity-dependent gene expression (Rossi et al, 2010).

4. Incubation

Some of Erickson's most striking contributions to the practice of hypnosis continue to germinate beneath the field's collective awareness. While most who study Ericksonian hypnosis are familiar with the concept of seeding (gradual exposure and subsequent elaboration of new ideas in advance of utilizing them for therapeutic purposes) few fully appreciate the value of incubation – the strategic practice of patiently waiting for ideas to grow outside of conscious awareness. Both constructs relate to the element of time, an essential component of growth and maturity.

Consider this, in Erickson's case studies there are examples of him patiently waiting 1-2 hours in silence, as the patient sits motionless in a trance state (e.g., M. H. Erickson, 1954). This makes no sense within the context of traditional hypnosis, where the hypnotic procedure depends on repetitiously suggesting new attitudes, beliefs, or behaviors to the patient. But rather than viewing hypnosis strictly through the lens of suggestive therapeutics, Erickson expanded its application to include process work (Short, 2021). As stated by Erickson, "I don't think the therapist does anything except provide the opportunity to think about your problem in a favorable climate" (Zeig, 1980, p. 219).

Using the analogy of a gardener, we could say Erickson planted seeds in the form of evocative ideas that were intentionally obscured from conscious review during an incubation period. As unconscious processing of these ideas took place, Erickson patiently waited to see what would grow. Erickson described that this pause enabled patients to create their own solutions -- in their own way, in their own good time (Rossi, 1973). As Erickson put it, "You should enjoy the process of waiting …There is nothing more delightful than planting flower seeds and not knowing what kind of flowers are going to come up" (M. H. Erickson & Rossi, 1979, p. xiv).

An essential point made by Erickson is that, "it is possible that hypnotherapy can take place entirely at an unconscious level without the patient (and sometimes even the therapist) knowing the 'why' of the cure" (M. H. Erickson & Rossi, 1979, p. 165). This Ericksonian principle seems strange and unrealistic from a Freudian perspective. Freud's approach was founded on the philosophies of the seventeenth- and eighteenth-century enlightenment, which squarely equates conscious reason with human progress.

More recently, the role of unconscious thought in producing insight has been studied by Ap Dijksterhuis of the University of Amsterdam and his colleagues. What Dijksterhuis has found is that conscious thinking enables a person to follow precise rules using small amounts of information. However, unconscious processing permits the detection of meaningful patterns in an extremely large mass of information. This is the essence of unconscious thought theory (UTT), which was introduced by Dijksterhuis in 2004. In numerous studies, he has shown that people make better decisions when they thought about it unconsciously rather than consciously. The argument by Dijksterhuis and colleagues (2006) is that conscious thought is not capable of processing all the complex information that leads to the best decisions.

Rather than being opposed to the possibility of conscious insight and enlightenment, Erickson relegates it to a secondary position, following a period of unconscious incubation. As Erickson states, "And then the results of that unconscious functioning can become conscious. But first they have to get beyond their conscious understanding of what is possible" (M. H. Erickson & Rossi, 1976, p. 10). Similarly, cognitive scientists now argue that successful performance on tasks that require creative recategorization is best accomplished by downregulation of the cognitive control regions. For example, one study found that when individuals were induced to allow their minds to wander, they showed an improvement of 40% compared to their baseline level of creative performance. This was achieved by simply saying, "move the problem to the back of your mind" (Baird et al., 2012).

This fits with research by Dijksterhuis and Meurs (2006) who have shown that unconscious thought is more divergent and associative (it makes lots of creative connections) than conscious thought. Furthermore, this implicit intellectual process benefits from an incubation period. When considering the value of a relaxed, self-absorbed trance state, it is interesting to look at the neurological studies of Jung-Beeman who argues that effortful thought interferes with insight because focused concentration favors the left hemisphere, causing the right to become

less active. Studies by Jung-Beeman show that insight is not likely to occur until the person is helped to relax and focus his or her attention elsewhere (interview by Lehrer 2012).

In addition to conscious surrender and relaxation, a third crucial element in preparation for insight is time. When tested, longer unconscious thought has led to better decisions than brief unconscious thought (Dijksterhuis, 2004). Using meta-analysis, Sio and Ormerod (2009) found that longer preparation periods gave a greater incubation effect, whereas filling an incubation period with high cognitive demand tasks produced a smaller incubation effect. Also, low cognitive demand tasks (mind wandering) yielded a stronger incubation effect than did rest during an incubation period when solving insight problems. Most importantly, Sio and Ormerod (2009) found that incubation works best for problems that require creative solutions (divergent thinking).

In competency-based therapies, the primary objective behind all psychotherapeutic endeavors is to stimulate the activation of unrecognized abilities for purposes determined by the will of the patient. Growth-oriented change is achieved by inviting the client to exercise choice and creative problem-solving—often at unconscious levels. Whether it is the problem-solving step of: defining the problem, identifying a solution, or solution implementation; at all stages of the process, Erickson sought the involvement of the client's unconscious intelligence (Short, 2021).

5. Reframing resistance

Paradoxically, Erickson broadened the identification of meaningful hypnotherapeutic responses to include resistance to suggestion. To help others understand this critical paradigm shift, Erickson used the analogy of a car stuck in a ditch. He pointed out that only by rocking backward can you obtain the momentum needed to move forward (M. H. Erickson & Haley, 1985, p. 306). In other words, there is often paradoxicality to human progress. While logic tells us that to achieve success we must avoid failure, history shows that only those who have willingly embraced failure go furthest in their accomplishments. Similarly, to succeed at hypnosis the clinician must be willing to fail.

Viewing resistance as a legitimate starting point for progress, Erickson found ways to get his patients to commit to "discharging" their resistance. For example, one patient announced that he wanted to be treated with hypnosis but then insisted that he could not be hypnotized. This position represents a contradictory attitude not only to hypnosis but to the whole of therapy—otherwise the patient would have requested a form of therapy that he thought would work well. For this reason, we should recognize that Erickson's response was not limited to the process of induction but to the patient's responsiveness to therapy as a whole.

Erickson commented to the patient, "There is, of course, a possibility that you can be hypnotized." Then Erickson predicted, "There is more possibility that you can't be hypnotized" (p. 221). Paradoxically, Erickson seems to be suggesting failure rather than success. Next, Erickson observed that there were three additional chairs in the office. Again, he speculated

that if hypnosis were attempted in each of these chairs, the induction would probably fail more times than it succeeded. For the induction, Erickson merely said, "Now let's try this chair. If you fail in this one, there is still the possibility that you can go into trance [in a different chair]." After trying three chairs, unsuccessfully, the patient entered into a spontaneous trance in the fourth chair. In other words, Erickson removed all performance pressure and turned failure into an asset (M. H. Erickson & Rossi, 1976, p. 221).

It is easy to see how this same strategy could be applied to posthypnotic suggestion. Imagine that you had a client struggling with sleep issues who after sleeping easily, in response to hypnosis, expressed strong concern that they would not be able to achieve the same results at home. The expectation of failure can be accommodated by saying, "This is a learning process. I will give you therapeutic suggestions each visit. However, it may not work until after the third or forth visit. But with each failure, I believe you will come closer and closer to success."

This sounds easy. But for most of us it is reflexive to resist resistance, perhaps politely countering the previous client's concern with "After doing so well here, I'm sure you can do it at home." Such a well-intended statement does not accept the client's position. In contrast, when you are willing to account for failure in the predictions you make, two important things occur: 1) performance pressure is greatly diminished, and 2) a process of unconscious goal striving is initiated (Short, 2021). While some might argue that this is a risky strategy that could make the client unhappy, we should recognize that happiness is not obtained by avoiding unhappiness and confidence is not obtained by avoiding risks.

Erickson role-modeled his own experience of enthusiastic discovery as he learned more about the person's real time responses. With his astute observations he integrated what he learned about the individual, their motivation, their readiness, and their participation in the hypnotic process to individualize his approach in working with them. By fully accepting the client's doubts and uncertainty, he gradually shifted to a process of discovery. What he offered was confidence, enthusiasm, hope and just enough guidance to mobilize and sustain adaptive internal processes.

6. Individuation

Reinforcement of self-organizing change is a pillar seen in Erickson's earliest case comments and amplified as therapeutic brevity and present/future orientation emerged as hallmarks of his work. The principle of individuation goes beyond techniques developed by Erickson. It informs the deeper constructs of self-organizing change and self-responsibility. Through favoring individualized, self-defined, assessments of health and functionality, Erickson's clinical approach departed from the more standard objectives of compliance with societal norms.

Rather than seeking understanding and explanations that made rational sense, Erickson focused on creating an atmosphere within which the subject could successfully adapt to living life in a manner that was meaningful and satisfactory to him or her. The therapeutic style that

evolved over Erickson's decades of clinical work was above all else pragmatic and highly efficient. Tangible progress was often achieved without insight. Erika Fromm and Ronald Shor, known for their psychoanalytic approaches to hypnotherapy, described Ericksons work figuratively, "Erickson enters the world of the patient's neuroses with him and with clinical artistry and intuitive understanding of non-rational dynamics rearranges definitions and symptoms to make the neuroses more successfully adaptive" (Fromm & Shor, 1979, p. 33).

In a paper titled, *The Burden of Effective Psychotherapy*, Erickson describes three cases in which hypnosis rapidly and effectively brought about a resolution to problems that these patients had already failed to resolve using traditional psychotherapy. These cases illustrate that it is the subjects' creative inner work that brings forth adaptive growth. Furthermore, the hypnotic approaches are focused on the acceptance of self-responsibility for needed changes (M. H. Erickson, 1964). Self-direction was further reinforced by his own ongoing observations related to individualized responsiveness to suggestions.

In some of Erickson's case stories he is very specific, such as this suggestion made to an athlete, "I told him in a trance state to feel all of his muscles, to get acquainted with his body" (M. H. Erickson, 1979, p. 62). Sometimes, his suggestions were so elusive the subject didn't recognize the activity as being an assignment, such as looking for the boojum tree in the botanical garden. The commonality is that Erickson had a deep trust in the patient's unconscious mind to work through what was needed in a personalized way and in the service of the individual personality.

Whereas many of Erickson's case consultations were time-limited in nature, he did not shy from working with severe mental illness. The well-known case of John (see Zeig, 1985) is an example of one of Erickson's long-term clients guided through major life adjustments. The patient, having spent a significant part of his youth confined to mental hospitals, set his own goal at living alone in an apartment. After a number of years adapting to the responsibilities of independent living, which included daily check-ins with Erickson, John was encouraged to adopt a pet dog. The complex arrangements included the dog residing at Erickson's home/office while John accepted responsibilities for care of the pet. Erickson linked one of the few happy memories of John's childhood with daily experiences of walking the dog. In addition to promotion of social contacts, the responsibilities with the pet demonstrated John's capacity to care for a living being, as well as the successful development of a friendship. Additional related assignments included John working with someone to construct a doghouse and periodic visits to the vet. Over the years, these contacts with others led to a broad base of interpersonal friendships. John adapted successfully to satisfactory self-care and independent living, despite a significant underlying mental disorder. His expanded social circle, and later his desire to "tell his story," became part of his adaptive process.

Assignments and case histories, such as this one, are outside of mainstream therapeutic practice, but emphasize the degree of dedication Erickson brought to his work with patients. Whereas the standards of confidentiality are more pronounced today than historically, Erickson communicated a profound respect for the safety and integrity of the patient's needs that also

went beyond the mainstream. Erickson argued that, "The essential necessity of safety of the patient remains paramount. It is essential that the subject feel protected if his full participation in hypnotic work is expected. The subject has a strong need for protection of infringement of his rights and privacy" (Weitzenhoffer, 1957, pp. 272–273).

Erickson's ability to work within the subject's own frame of reference, required a strong sense of respect for individual integrity and freedom of choice. He also had strong commitments to the welfare of society and to the advancement of knowledge. Having done studies in criminal behavior (M. H. Erickson, 1927) and participated in war efforts to interrogate enemy soldiers, Erickson debated with colleagues that hypnosis cannot be used to suggest criminal behavior contrary to the subject's internal self-directives (Estabrooks, 1943, p. 189). Erickson took a strong stand that such directives would be impossible, stating, "I feel strongly that you can get a person to do in the trance state at most only what he is willing to do in the waking state, but usually even not that much in the manner of offensive behavior" (M. H. Erickson, 2000, p. 204). Some classic experiments including those done by Stanley Milgram (1974) and Zimbardo (1973) inform us that individuals can be coerced and persuaded in a manner that seems counter to Erickson's position. This is particularly relevant today as opportunity to influence the masses through social media (including dangerous radicalization) is becoming more pronounced.

Erickson focused his work in hypnosis on the responsibilities of professionals in healing arts and on the process of healthy adaptation to individual needs and circumstances. His prolific writings of case consultations and his clinical exploration illustrate that all health professionals have a role in advancing science by challenging what is known and not yet known. And to work in the direction of promoting health and well-being with the resources and tools available today.

Core Competencies in Ericksonian Therapy

The Core Competencies of Ericksonian Therapy (Short, 2019) was developed as a research project spearheaded by Dan Short to address questions about what exactly is Ericksonian therapy and whether it is based on a coherent and consistent set of principles. In collaboration with experts from around the world, Short conducted a qualitative study that resulted in a series of foundational principles for practitioners and institutes seeking mastery in Ericksonian therapy.

The core skill sets that were able to reliably distinguish a competent Ericksonian therapist from other practitioners are tailoring, utilization, strategic, destabilization, experiential, and naturalistic. The meaning of these terms and the techniques associated with them have been described in teaching videos by leading figures in Ericksonian therapy in cooperation with the Erickson Foundation. These core elements can be adapted to most individual circumstances, and to a host of cultural differences. The manual and videos can be downloaded in English, Spanish, Portuguese, or Italian from: www.erickson-milton.com *or* www.iamdrshort.com.

The goal of this undertaking is to provide researchers and practitioners around the world with a thorough knowledge of the practical skill sets that are most closely associated with outstanding

clinical performance as an Ericksonian therapist. The great importance of this work is it supports Ericksonian therapy as a conceptually distinct approach with specific core competencies that can be taught and objectively measured in clinical practice.

Implications for Training and Professional Development

A worldwide communication network today brings opportunities to share knowledge and compile wisdom from others in an unprecedented manner. With this opportunity comes the many challenges associated with expanding expectations and responsibilities. Mental health concerns are rising in urgency around the world related to pandemic conditions and risks of future uncertainties. The availability of technology fostered rapid adaptation to internet-based delivery of services. Not only did internet-based teaching become popular but it was also demonstrated that global outreach through the internet is feasible, achievable, and rewarding. The last few years of communications developments have enabled individuals and organizations to build relationships in other countries, offering extensive and unique forums for us to learn about cultural as well as regulatory differences.

In particular, the International Society of Hypnosis' leadership in bringing together divergent perspectives is both unprecedented and extraordinary. It offers a forum for recognition of the value of working together and bringing forth a convergence of energy amongst professionals who share interest in the advancement of therapeutic hypnosis.

The responsibility for learners of today is to reach back in time to foundations of knowledge even as we seek to address immediate issues and anticipate needs of the future. Learning about Erickson's innovations, struggles and triumphs, through his own primary works, and then learning how that evolved into the next generation of Ericksonian ideology provides a multifaceted perspective of adaptation to the individual subject through the skills and talents of the individual professional. Clearly, we need to take advantage of times, resources, and circumstances used today, which offer glimpses to what will be needed for future adaptation.

Conclusion

As beneficiaries of the past, each of us must do our own small part to advance the works of our predecessors. Milton Erickson was clearly dedicated to an ongoing effort, over the fullness of his career, to promote and advance a better understanding of clinical psychology's oldest healing tradition -- hypnosis. In studying his primary works, in the context of time, we gain appreciation for the magnitude and breadth of his contributions. As one reflects upon his communication with professionals, colleagues, mentees, and students, the legacy he left is considerable. At the time of his death, Erickson had created what Jeffrey Zeig, Director of the Milton Erickson Foundation, refers to as streams of intellectual heirs that continue to influence upcoming generations of psychotherapists (Zeig, 2019, p. xiii). In other words, each student of Erickson has a unique perspective -- a constellation of personal knowledge, culture, experiences, and circumstances.

Similarly, the co-creation of outcomes is an ongoing process within the client that is only partially guided by the therapist. This approach involves utilization of the client's unique perspectives, behaviors and resources to facilitate needed or desired change (Lankton, 2010, p. 353). A close examination of Erickson's works reveals a consistent pattern of carefully crafted integration of experiential activities, changing frames of reference, and intrapersonal self-reinforcement in service of amplification of the subject's own ability to self-determine their path to healing (Gilligan, 2002).

Erickson's great faith in the ability of people to draw upon personal resources was one of his greatest attributes (Cheek, 1994, p. 16). In his own words, Erickson stated, "It isn't so much what the therapist does, it's what he gets his patients to do" (M. H. Erickson, 1979, p. 115). The ideas that became more and more central in Erickson's writings are the idea that nurturing a subject to take self-responsibility for their own growth and development is not only an element of therapeutic necessity but also of successful hypnotic suggestions (Gilligan, 2002).

As we join our colleagues from different backgrounds, from different nations, from different perspectives, and together learn from the legacy of this singular contributor, Milton Erickson, we enter the opportunity to co-create an experience that will benefit us all. Working together as an international community, uniting differing cultures, and historical efforts, we are given the opportunity to express our doubts, differences, and hesitations. Now is the time for us to ponder shared understandings as we appreciate a natural evolution of hypnosis as it finds its own place in the art and science of medicine.

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