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ERICKSONIAN APPROACHES TO HYPNOSIS AND THERAPY: Where Are We Now?

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Abstract: Ericksonian approaches to psychotherapy and hypnosis have had a significant impact on many clinical practitioners over the last two decades. This article reviews the current empirical research with regard to the efficacy of these treatment approaches as well as for the key Ericksonian assumptions of: (a) belief in an altered state of consciousness and the existence of specific markers indicating an altered state; (b) the superiority of indirect suggestion over direct suggestion; and (c) client hypnotizability is a function of the hypnotist's skill. The current literature provides empirical support neither for efficacy nor for these key assumptions. The article concludes with a discussion of the need for empirically based research to test the efficacy of Ericksonian therapy and its core components, lest this approach become isolated from the scientific hypnosis and therapy communities.

The work of Milton Erickson (1901-1980) has provided significant markers on the hypnotic landscape for at least the last half of this century. Erickson's ideas about psychotherapy (of which his use of hypnosis was a significant part) have contributed to the development of a number of different therapeutic approaches (e.g., brief therapy, strategic therapy, solution-focused therapy, neurolinguistic programming, and, of course, Ericksonian hypnosis itself). There are numerous Ericksonian Institutes in the United States, Europe, and Australia; hundreds of books published; and annual national and international conferences detailing clinical interventions directly derivative of Erickson's ideas.

In a questionnaire by Rodolfa, Kraft, and Reilley (1985) to 500 members of the American Society of Clinical Hypnosis, 161 professionals, including physicians, psychologists, and dentists, with a mean age of 50 years, returned the completed survey. The authors reported that: (a) Erickson was the respondents' clear choice in terms of a specific theorist with whom they most closely identified in their work; (b) Erickson was preferred in their sample population by a ten to one ratio; and

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(c) respondents selected Erickson as the most pervasive influence of any contributor in the field of hypnosis.

Similarly, the survey reflected the popularity of Ericksonian hypnosis in its influence in a wide range of applications, such as behavioral medicine, choice of reading materials, training seminars attended, and research interests. In this survey, two books were cited as most representative of the hypnosis field, with the *Advanced Techniques of Hypnosis and Therapy: Selected Papers of Milton H. Erickson, M.D.* (Haley, 1967) ranked first, followed by *Clinical and Experimental Hypnosis* (Kroger, 1963). Although the survey by Rodolfa et al. (1985) may reflect sampling bias, it is consistent with the common observation of Erickson’s significant influence on the field. That Erickson’s ideas about hypnosis and psychotherapy have had an impact on the professional psychological community, there can be little doubt. However, now 20 years after Erickson’s death, it is legitimate to ask: (a) has the technique identified as *Ericksonian hypnosis* been established as efficacious, and (b) what empirical support exists for the underlying core constructs of this approach?

**Assessing Efficacy**

Is hypnosis effective as a clinical intervention? Kirsch, Montgomery, and Sapirstein (1995) performed a meta-analysis on 18 studies in which cognitive-behavioral therapy with and without hypnosis was analyzed. Their results indicated that treatment outcome is significantly enhanced by the addition of hypnosis. Their data showed a 70% greater improvement by those clients receiving cognitive-behavioral hypnotherapy, as compared to subjects receiving nonhypnotic cognitive-behavioral therapy. Kirsch et al. concluded that the effect of adding hypnosis to psychotherapy is substantial for a broad range of presenting problems. Although the Kirsch et al. meta-analysis supports the effectiveness of cognitive-behavioral-based hypnosis, what of Ericksonian hypnosis?

It is often stated by many clinicians that clinical research trials are artificial, contrived situations that do not reflect real world clinical practice, which should be, of necessity, naturalistic and self-correcting (Silberschatz, 1999). The importance of being naturalistic, self-correcting, and clinically flexible is particularly valued by Ericksonian-oriented therapists (e.g., Edgette & Edgette, 1995; Gilligan, 1987; Lankton & Lankton, 1983; Matthews, Lankton, & Lankton, 1993). Ultimately, the necessity of self-correction by the therapist in relationship to client response, the importance of being clinically flexible, and the effectiveness of utilizing the client’s clinical presentation are empirical questions. Randomized clinical trials, even with inherent methodological limitations, are an effective method to determine clinical efficacy, effectiveness,

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3Hypnosis in conjunction with cognitive-behavioral therapy has been designated as a probably efficacious treatment by American Psychological Association, Division 12.
and to provide component analysis of complex treatment packages, (Jacobson & Christensen, 1996).

To date, I am aware of no research on Ericksonian therapy (with or without the use of hypnosis) that would meet the criteria (American Psychological Association Task Force on Psychological Intervention Guidelines, 1994) of an empirically validated treatment. The lack of outcome research on effectiveness, coupled with the reliance on clinical anecdote or uncontrolled single-case study common in the Ericksonian literature, have created inescapable limitations for Ericksonian hypnotherapy in determining its efficacy and effectiveness. Let us consider the empirical literature in regard to the key assumptions that underpin Ericksonian hypnosis.

**Assessing Three Core Constructs of Ericksonian Hypnosis**

As I have discussed elsewhere (Matthews, in press; Matthews, Conti, & Starr, 1998), there are three basic assumptions that underlie Ericksonian hypnosis. These assumptions are: (a) hypnosis is an altered state of consciousness with markers that are distinguishable from the waking state; (b) hypnotizability of the subject/client is primarily a function of the hypnotist’s skill (i.e., utilization strategies) and less a function of the subject/client’s hypnotic ability and; (c) the use of indirect hypnotic suggestion is, at least in some instances, more effective in producing hypnotic responses than is direct suggestion. Let us consider the empirical support for each of these assumptions.

**Hypnosis as a state.** Milton Erickson was a strong proponent of the altered state position (Erickson & Rossi, 1979, 1980b; Haley, 1967), as were a number of his followers (e.g., Dolan, 1991; Edgette & Edgette, 1995; Gilligan, 1987; Lankton & Lankton, 1983; Matthews, 1985, to name but a few). Within this view, the altered state of consciousness is produced by some form of hypnotic induction in responsive persons and is distinguishable from other altered states. Although suggestibility is a characteristic of this altered state, it is not the only distinguishing characteristic.

Sarbin and Slagle’s 1979 review of the literature on physiological correlates of the hypnotic state considered a wide range of research on respiratory, cardiovascular, hemodynamics, vasomotor, genitourinary, gastrointestinal, endocrine, and cutaneous functions. These authors conclude that: (a) there is simply no evidence that physiological changes in the aforementioned functions are attributable to a hypnotic trance state, and (b) such physiological changes can be influenced by stimulation conditions, symbolic processes, and imaginings (p. 300). Careful and systematic empirical research has failed, at least as yet, to yield any

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3 Although there are a plethora of case studies and anecdotal reports, there are few empirical studies on Ericksonian approaches in the literature (cf. Nugent, 1989, 1993; Otani, 1989).
consistent replicable physiological indicator of a hypnotic state (Kirsch & Lynn, 1995; Sarbin & Slagle, 1979). However, as Kirsch and Lynn point out, there could be an indicator of state yet to be identified. For example, the recent work by Barabasz et al. (1999) on cortical event-related potentials is suggestive of physiological markers of hypnosis (cf. Crawford, 1990, 1994).

Related to the notion of hypnosis as a state, within the Ericksonian model, is the emphasis on the construct of the unconscious mind (e.g., Erickson & Rossi, 1979, 1980b; Lankton & Lankton, 1983). During hypnotic induction or the intervention phase of hypnosis, this notion is often expressed to the client in phrases such as “trust your unconscious mind.” From the Ericksonian perspective, a wise unconscious mind provides the basis by which the client may be able to develop solutions not available to the conscious mind (Erickson & Rossi, 1980a; Lankton & Lankton, 1983). Simply stated, there is precious little evidence for a “wise” portion of the unconscious in which solutions unavailable to the conscious mind can be generated.

**Hypnotizability as a function of the hypnotist’s skill.** In the Ericksonian paradigm, essentially all individuals have the ability for hypnotic responding. The essence of achieving this responding lies in the individualizing of the hypnotic technique and the skill of the hypnotist, and perhaps an overly broad definition of hypnotic behavior. Trait theorists (e.g., Brown & Fromm, 1986; Hilgard, 1965; Kihlstrom, 1985; Orne & Dinges, 1989; and Spiegel & Spiegel, 1978) maintain that the ability to experience hypnosis exists primarily within the person, not the hypnotist. As Kirsch and Lynn (1995), in their review of the trait debate, stated, there is ample support for the hypothesis that hypnotic responsiveness is a trait-like, aptitudinal capacity of the person. Different measures of hypnotizability are moderately to highly intercorrelated, typically in excess of .60, and a test-retest correlation of .71 has been reported for a retest interval of 25 years. (p. 849)

Hilgard (1982) stated, "The main source of the belief held by many practicing clinicians that everyone is hypnotizable is a confusion between the success of their psychotherapy and the role of hypnosis in it” (p. 398).

**Indirect and direct suggestion.** Although Milton Erickson was no stranger to the use of direct suggestion (Hammond, 1984) in his hypnotic approach, he has perhaps become most celebrated for his use of indirection (i.e., indirect suggestion, puns, metaphors, anecdotes, etc.) in the process of hypnosis and hypnotic induction. Erickson (Erickson & Rossi, 1980b) suggests that indirect suggestion has utility in helping the client to access unique potential and earlier life experiences, as well as being a method by which to bypass conscious resistance. In a series of studies comparing direct and indirect hypnotic inductions on hypnotic responsiveness, Matthews and colleagues (Matthews, Bennett, Bean, &
Gallagher, 1985; Matthews & Isenberg, 1992; Matthews & Mosher, 1988) consistently failed to demonstrate the superiority of indirect suggestion over direct suggestion in a laboratory setting. In a comprehensive review of the available data comparing direct and indirect suggestion on hypnotic responsiveness, Lynn, Neufeld, & Maré (1993) conclude that

The best controlled studies provide no support for the superiority of indirect suggestions, and there are indications that direct suggestions are superior to indirect suggestions in terms of modifying subjects' experience of hypnosis. Nevertheless, the overriding conclusion is that differences between a wide variety of suggestions are either nonexistent or trivial in nature. (p. 138)

CONCLUSION

The question at the outset of this piece asks with regard to Ericksonian hypnosis and its use in psychotherapy, “Where are we now?” The research reviewed simply does not support long-held beliefs by Erickson or those who practice Ericksonian approaches to therapy. There is no definitive evidence for a trance state, the existence of a wise unconscious, the importance of indirect over direct suggestion, or the universality of hypnotizability. Although there are impressive and dramatic clinical anecdotes cited in the literature about Erickson and his work, there is no compelling need to invoke any sort of special curative processes active in Ericksonian approaches beyond those already documented as active in any form of effective psychotherapy (e.g., relationship, expectancies, construction of a compelling narrative, active client involvement). Unlike hypnosis as an adjunct to cognitive-behavioral therapy, it is not clear that hypnosis adds anything to this approach.

At this point, one might ask, “What is the future of Ericksonian hypnosis and psychotherapy?” The answer is at best uncertain. Due to the lack of empirical research for either the components of Ericksonian therapy or outcome evaluation as compared to other interventions. One may disagree, for example, with the statement that indirect suggestion is not more effective than direct suggestion. However, the burden is on the claimant to provide refutable empirical evidence in support of a given hypothesis. In the absence of data, one is left with only personal belief and clinical anecdote. In the absence of careful scientific evaluation, I fear that Ericksonian approaches to hypnosis and psychotherapy will become further isolated from the scientifically based hypnosis and therapy communities.

The parallel to psychoanalysis seems all too real. Freud eschewed scientific evaluation of his constructs, exclusively employed the case study method, and, as such, was subject to his own repeated confirmatory biases. As a result, traditional psychoanalysis became isolated from emerging discoveries in psychology, cognitive science, and neuroscience. Its status within mainstream scientific psychology was (and still is
to a degree) at peril. To a limited extent, recent and solid psychoanalytic process/outcome research has rescued psychoanalysis from what appeared to be its fate (Luborsky, 1984; Malan, 1995; and Strupp & Binder, 1984). Happily, there is nothing in the writings of Erickson to suggest he was at all opposed to scientific validation of his ideas as was Freud (cf. Crews, 1998; Sulloway, 1992). At this juncture, however, it is imperative that Ericksonian theorists begin the process of generating and empirically testing hypotheses that address if, when, how, and for whom Ericksonian approaches work. To do anything else is to risk irrelevance.

REFERENCES


Ericksons Hypnose- und Therapiemethoden: Der heutige Stand

William J. Matthews

Zusammenfassung: Erickson'sche Hypnose- und Therapiemethoden haben in den letzten zwei Jahrzehnten viele klinische Therapeuten deutlich beeinflusst. Der vorliegende Artikel untersucht die derzeitige empirische Forschung zum einen unter dem Aspekt der Wirksamkeit dieser Therapiemethoden und zum anderen in bezug auf die Hauptannahmen, auf denen die ericksonische Therapie beruht: (a) Annahme eines veränderten Bewusstseinszustands und das Vorhandensein von spezifischen Markern, die einen veränderten Bewusstseinszustand anzeigen; (b) Überlegenheit von indirekten Suggestionen über direkte Suggestionen; und (c) die Auffassung, dass die Suggestibilität des Klienten eine Funktion der Kompetenz des Hypnotherapeuten ist. Durch die gegenwärtige Forschungsliteratur werden weder diese Hauptannahmen noch deren Wirksamkeit empirisch gestützt. Der Artikel schließt mit einer Diskussion der Notwendigkeit von empirisch gestützter Forschung zur Überprüfung der Wirksamkeit der ericksonischen Therapie und ihrer zentralen Komponenten, um eine Ausgrenzung dieser Methode aus der wissenschaftlichen Hypnose- und Therapiefachgemeinschaft zu verhindern.

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Les approches ericksoniennes en hypnose et en thérapie: où en sommes-nous maintenant?

William J. Matthews

Résumé: Les approches ericksoniennes en psychothérapie et en hypnose ont eu un impact significatif sur beaucoup de praticiens cliniques pendant les 2 dernières décennies. Cet article passe en revue la recherche empirique actuelle pour ce qui concerne l’efficacité de ces approches de traitement comme acceptations principales ericksoniennes: (a) croyance dans un état modifié de conscience et l’existence des repères spécifiques indiquant un état modifié; (b) la supériorité de la suggestion indirecte par rapport de la suggestion directe; et (c) que le hypnotisabilité du client est fonction de la compétence de l’hypnothérapeute. La littérature actuelle ne fournit le support empirique ni pour l’efficacité ni pour ces prétentions principales. L'article conclut par une discussion autour du besoin de la recherche empirique basée sur le fait de tester l’efficacité de la thérapie ericksonienne et de ses composantes centrales, de peur que cette approche ne s’isole des communautés scientifiques d’hypnose et de thérapie.

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Enfoques Ericksonianos a la hipnosis y la terapia:  
¿En qué situación nos encontramos?

William J. Matthews

Resumen: Los enfoques Ericksonianos a la psicoterapia y la hipnosis han tenido un impacto importante en muchos profesionales clínicos en las últimas 2 décadas. Este artículo revisa la investigación empírica actual con respecto a la eficacia de estos enfoques de tratamiento así como las suposiciones claves Ericksonianas de: (a) la creencia en un estado alterado de consciencia y la existencia de ciertos marcadores específicos que indican dicho estado; (b) la supremacía de las sugestiones indirectas sobre las directas; y (c) que la hipnotizabilidad del cliente depende de la habilidad del hipnotista. La literatura actual no provee apoyo empírico ni para la eficacia de estos enfoques ni para estas suposiciones claves. El artículo concluye con una discusión sobre la necesidad de una investigación basada empíricamente para someter a prueba la eficacia de la terapia Ericksoniana y sus componentes claves, para evitar que este enfoque se aísle de las comunidades científicas hipnótica y terapeútica.

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