

HYPNOSIS and HYPNOTHERAPY

Ericksonian Hypnosis: A Review Of the Empirical Data

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There are a four basic assumptions underlying Ericksonian hypnosis. These assumptions are: (1) hypnosis is an altered state of consciousness; and as such (2) there are markers of this altered state that distinguish it from the waking state; (3) hypnotizability of the subject/client is more a function of the hypnotist's skill (i.e. utilization strategies) than the subject/client's ability; and (4) the use of indirect hypnotic suggestion is, at least in some instances, more effective in producing hypnotic responses than is direct suggestion. The relevant empirical literature reviewed in this article fails to support the above assumptions. The work of Milton Erickson is considered from a socio-cognitive model and the relevant theory and research are cited to support this view. (Sleep and Hypnosis 1999;1:47-56)

Key words: hypnosis, ericksonian hypnosis

The use of hypnosis has proved to be both an enduring and valid clinical tool used by a wide variety of health care professionals. Since the 18th century, hypnosis has been practiced in varying styles and approach, from Anton Mesmer's use of his own perceived animal magnetism, to Sigmund Freud's authoritarian and directive style, to that of Milton Erickson's flexible and utilitarian approach. As practiced by Freud and others in the last century, hypnosis was used as a treatment modality for symptom removal or relief. As Kirsch, Lynn, Rhue (1) indicated, hypnosis, in its current use, is practiced not as an exclusive treatment modality but rather as an adjunct to some other form of psychotherapy. An important question prior to considering the specific claims of Ericksonian hypnotherapy is whether hypnosis as a clinical intervention enhances the effectiveness of treatment. Kirsch et al (2) concluded that the effect of adding hypnosis to psychotherapy is substantial, and was found to be particularly useful in the treatment of obesity, especially at long-term follow-up intervals where the effect of losing weight remained. Thus, in the most general of statements, hypnosis as an ancillary form of treatment is effective. Given these data, two basic questions become relevant: (1) How effective is a given approach to hypnosis as compared to other approaches?; and (2) What elements within a given approach are central to its effectiveness?

The Influence of Milton Erickson

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). There are numerous Ericksonian Institutes in the U.S., Europe, and Australia, hundreds of books published, annual national and international conferences detailing clinical interventions directly derivative of Erickson's ideas. In a questionnaire distributed by Rodolfa, Kraft and Reilley (4) 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:(1) Erickson was the respondents clear choice in terms of a specific theorist with whom they most closely identified in their work; (2) Erickson was preferred in their sample population by a ten to one ratio; and (3) 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's 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. (5) ranked first, followed by Clinical and Experimental Hypnosis (6). While the Rodolfa

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et al. (4) may well be a biased sample (especially considering the 32% return rate), it does reflect the common observation of Erickson's significant influence on the field, particularly over the last two decades.

From Intuitive Belief to Empirical Validation

Thomas Kuhn (7), in his seminal 1970 *The Structure of Scientific Revolutions*, describes the process of science as passing through three distinct stages: the preparadigmatic stage during which different theories compete for dominance within a given field, the paradigmatic stage in which the process of solving specific scientific puzzles occurs, and the revolutionary stage in which a previous paradigm is replaced by a new paradigm. The work of Milton Erickson has certainly been revolutionary and has challenged the previous clinical paradigm, i.e. that of a psychodynamically oriented psychotherapy in which a causal, linear, and historical approach focused primarily on the intrapsychic machinations of the individual to one that is present oriented, solution focused, and based on the interactional nature of human activity.

Following Kuhn's thesis, we would suggest that we now face the paradigmatic stage of scientific development with regards to Ericksonian ideas lest we fall prey to beliefs in the absence of data and engage in uninformed clinical practice which could be both inefficient and unethical. It is simply not enough to believe in Ericksonian ideas. The profession of such belief merely begs the question: "On what basis is such belief merited?" Basic research questions of therapeutic effectiveness of this approach needs to be empirically assessed. What elements of the approach control the variance, i.e. the power of a particular suggestion, the client's belief that hypnosis will be effective, or the belief in the therapist's competency that results in change? Is indirect suggestion as effective as direct suggestions in producing hypnotic and/or clinical responsiveness. How effective is the use of metaphor? How do client's make meaning of metaphor?

These are but some of the basic questions that need a more formal systematic and empirically based assessment. In the absence of empirical support for various Ericksonian ideas and claims, the work of Milton Erickson and his followers will be dismissed as cultish or faddish, and become isolated from the larger scientific community not unlike what has become of Sigmund Freud and psychoanalysis. The focus of this article will be to consider the second of the questions raised i.e. What elements are central to the Ericksonian approach?

The issue of outcome effectiveness of psychotherapy is of course quite significant (cf. *American Psychologist*, 1996;8) but is beyond the intended scope of this article.

Basic Assumptions of Ericksonian Hypnosis

There are a four basic assumptions underlying Ericksonian hypnosis for which we will consider the empirical data to date. These assumptions are: (1) hypnosis is an altered state of consciousness; and as such (2) there are markers of this altered state that distinguish it from the waking state; (3) hypnotizability of the subject/client is

more a function of the hypnotist's skill (i.e. utilization strategies) than the subject/client's ability; and (4) the use of indirect hypnotic suggestion is, at least in some instances, more effective in producing hypnotic responses than is direct suggestion.

Hypnosis: The State/Non-State Issue

Historically hypnosis has been considered by both its practitioners as well as the lay public to be an altered state of consciousness, which is to say, a state of functioning fundamentally and significantly different from the waking, and/or the sleep state (9-16). Milton Erickson was a strong proponent of the altered state position (5,17,18) as has been by a number of his followers (e.g. 19-22). This altered state of consciousness is produced by some form of hypnotic induction in responsive persons. The state produced is distinguishable from other altered states and while suggestibility is a characteristic of this altered state it is not the only distinguishing characteristic (3). The state position has been articulately challenged by a number of non-state theorists who suggest that the behavior produced by hypnosis is entirely explainable absent the construct of an altered state (23-27). Sarbin and Slagle (28) point out the problems of tautology in defining hypnosis as an altered state: "No sophisticated analysis of hypnosis can avoid recognition of the tautology contained in the classical explanation of hypnosis. The tautology can be expressed simply: behaviors ordinarily subsumed under hypnosis, such as catalepsies, rigidities, paramnesias, and posthypnotic feats, are the effects of the hypnotic trance; the presence of hypnotic trance is noted by catalepsies, rigidities, paramnesias, and posthypnotic feats. The circularity follows from the lack of an independent criterion (p. 274)." Sarbin and Slagle's 1979 review of the literature on physiological indicants 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) that such physiological changes can be influenced by stimulation conditions, symbolic processes, and imaginings (p. 300). Careful and systematic empirical research, at least as yet, has failed to yield any consistent replicable physiological indicants of a hypnotic state (3,28). However, as Kirsch and Lynn (3) point out, there could be an identifiable indicator of state yet to be identified which makes the state hypothesis not falsifiable. T.X. Barber (23-25) has been a prolific researcher in considering an alternative explanation to the hypnotic state. The data produced by Barber and his colleagues (i.e. 24) have lead them to conclude that hypnotic behaviors (e.g. production of blisters, wart removal, pain reduction, etc.) and phenomena (i.e. amnesia, age regression, age progression, visual and auditory hallucinations, arm catalepsy, etc.) are a function the client/subject's motivations, attitudes, and expectations rather than as a result of an altered state of consciousness. Literalism as an indicator the hypnotic state. Erickson (17, 18) has been a strong proponent of literalism as a clear

indicator of hypnotic trance. Erickson (18) reported assessing literal responses in 1800 hypnotized and 3,000 non-hypnotized subjects over a 25 year period. Erickson asked such simple questions as "Do you mind telling me your name?". Erickson stated that 95% of the non-hypnotized (i.e. waking state) subjects responded to the implied question and gave their names. In contrast, 80-97% of the hypnotized subjects (ranging from light to deep trance) gave a literal response of "no". While initially interesting, ultimately these data are severely confounded as to allow no conclusions to be drawn. As Green, et al. (29) properly pointed out, Erickson's study was a series of informal trials over a 25 year period, the experimenter (Erickson) was not blind to the hypothesis, the hypnotizability of the subjects was not formally assessed, some subjects were asked the questions both in the waking state and while hypnotized, others only when hypnotized, depth of hypnosis was not defined. Perhaps most significantly, there was no attempt to control for demand characteristics of the context. In their first experimentally controlled study of literalism Green et al. (29) compared the performance of high hypnotizable subjects to that of task-motivated subjects and found that the 87.5% of the hypnotizables did not give literal responses. Additionally, they also reported that the hypnotic and task-motivated subjects did not differ in their rate of literal responding. In a follow-up study, Green, et al. (29) compared the literal responding of very high hypnotizables (so called hypnotic virtuosos) to a group of unhypnotizable simulating subjects. In addition, to evaluate Erickson's claim that waking state subjects almost invariably respond in non-literal manner the authors assessed the base rate of literal responding in unhypnotized subjects in a naturalistic setting. Green, et al.(29) found that the hypnotic virtuosos gave literal response less than 30% of the time, that non-hypnotizable subjects (simulators) surpassed the hypnotic subjects in literal responding (58.3%), and the hypnotic subjects performance in literal responding was equal to non-hypnotized individuals in a naturalistic setting (21.7%). In a second study on literalism, Lynn, et al.(30) sought to systematically investigate the earlier finding that simulator subjects were significantly more literal in their responses than hypnotized subjects. To address this issue, Lynn et al. (30) compared the literal response rate of hypnotized subjects to non-hypnotized subjects all of whom were highly hypnotizable. They found that 87.5% of the hypnotized subjects responses were non-literal. They also found no difference in literal responding between the hypnotized and non-hypnotized task motivated subjects. The results from these studies strongly dispute Erickson's claim of literalism as a marker of hypnotic trance. In the absence of clear distinguishable physiological changes or behaviors (e.g. literalism) that would define hypnosis as an altered state, state theorists focused on the subjective reports of clients/subjects, i.e. that subjects report feeling differently in their experience of hypnosis than in the normal waking state. In a well designed study, Kirsch, Mobayed, Council, and Kenny (31) sought to ascertain the accuracy of this claim. In their study, 60 subjects were randomly assigned to four experimental conditions: (1) a traditional hypnotic induction; (2) an alert induction in

which Ss were given a modified version of the Stanford Hypnotic Susceptibility Scale: C (Weitzenhoffer & Hilgard, 1963; 32) in which all references for relaxation, heaviness, etc., were replaced with suggestions for increased alertness, energy, and lightness; (3) relaxation training based on a standard relaxation procedure in which no mention of hypnosis was made prior to the procedure; and (4) imagination training in which subjects were given instructions for using goal directed fantasy to produce hypnotic responses. The subjects open-ended descriptions of their states of consciousness and of their subjective experience of the suggestions were rated by 18 expert in the field for degree of responsiveness to suggestion and for indications of the presence of hypnosis. Kirsch et al. (31) found that the experts' ratings failed to distinguish the traditional hypnotic induction from non-hypnotic relaxation training, that the subjective experience of hypnotic suggestions after imagination training is indistinguishable from that after hypnotic inductions and suggestibility is unrelated to state of consciousness as assessed by experts. In their conclusions, Kirsch et al. (31) were careful to state that while their study did not support the notion of hypnosis as an altered state, it "in no way negates the experience and behavior that are produced by suggestion" (p.661). Kirsch et al. (31) conclude by suggesting that hypnosis, rather than being an altered state of consciousness, is an interpersonal interaction between a person in the role of subject who responds to suggestions offered by a person in the role of hypnotist.

Hypnotizability

The Trait Perspective.

According to the trait perspective, people vary in their ability to experience hypnosis and this variability is a relatively stable characteristic. In essence, trait theorists (e.g. 12, 33-36) maintain that the ability to experience hypnosis exists primarily within the person not the hypnotist. As Kirsch and Lynn (3) in their review of the trait debate stated "There is ample support for the hypothesis that hypnotic responsiveness is a traitlike, aptitudinal capacity of the person: Different measures of hypnotizability are moderately to highly intercorrelated, typically in excess of .60 and a test-test correlation of .71 has been reported for a re-test interval of 25 years (p. 849)". Implied in this notion of a stable trait is the belief that clinicians using hypnosis should have a clear and reliable indication of the client's hypnotic capability. If the client has low hypnotic ability then a non-hypnotic treatment should be employed. Trait theorists are careful to point out that if a clinician were to successfully use hypnosis in the treatment of a low hypnotizable client, this in no way implies that hypnotizability is not relevant but rather the effectiveness is due to the non-specific effects of treatment (i.e. client motivation, positive expectancy for change, the client-therapist relationship). E.R. Hilgard (37) stated "the main source of the belief held by many practicing clinicians is that everyone is hypnotizable is a confusion between the success of their psychotherapy and the role of hypnosis in it" (p. 398). The Ericksonian Perspective. 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. The use of standardized techniques is eschewed because such standardization is, by definition, inflexible and fails to utilize the uniqueness of the specific individual. This idea is in direct contrast to that of the trait theorists mentioned earlier. An individual's ability to experience hypnosis is a function of hypnotist creativity, not a trait of the respondent (38). As Bates (39) observed, while this notion of the universal hypnotic potential was suggested by Bernheim, Forel, and Moll in the late 19th and early 20th centuries, it was Erickson who brought this notion into modern prominence (17, 18, 40). The resistance of the individual to experience hypnosis was a reflection and/or a function of the hypnotist's inflexibility. There are numerous examples of Erickson's stunning ingenuity in tailoring his hypnotic induction in order help a client/subject experience hypnosis (5, 18). Such examples include the "tomato plant induction" in which the client suffering from intractable cancer pain and who was not amenable to direct hypnotic suggestion was communicated with on two different levels of meaning (i.e. tomato plants and the need for comfort). There are numerous instances in which Erickson offers to the subject non-verbal examples of hypnotic responses such as hand levitation to which the subject frequently lifts his or her hand. In reading these now familiar case examples, it is not unreasonable to conclude these hypnotic experiences may not have occurred had the subjects been given a standardized hypnotic suggestibility scale. Bates (39) observed that a fundamental implication of Erickson's approach has been to expand the domain of hypnosis to include indirect and non-verbal forms of communication. It is legitimate to ask, however, by what definitional criteria does such communication qualify as occurring within the domain of hypnosis (39)

When 3 year old Robert Erickson fell down a flight of stairs and injured himself such that medical attention was required, Erickson was masterful in utilizing the situational context to help Robert survive this painful experience. Erickson describes a series of interventions in which Robert's pain was acknowledged, in which he was asked to ascertain the good quality of his newly spilled blood, and asked to try to count how many stitches he would receive (5). There was no formal induction of hypnosis during this interaction with Robert. Erickson stated "The question may well be asked at what point hypnosis was employed. Actually, hypnosis began with the first statement to him and became apparent when he gave his full and undivided interested and pleased attention to each of the succeeding events that constituted the medical handling of his problem" (5; pp 422).

The question remains by what definitional criteria does this wonderful intervention with Robert constitute hypnosis? At the very least, an effective distraction technique was employed. However, as Hilgard and LeBaron (41) indicated, distraction from pain is different from that achieved via hypnosis and constitutes a non-hypnotic intervention. As this example demonstrates, Erickson was interested in what worked regardless of whether a

particular intervention could be defined as hypnotic or non-hypnotic.

It is important to note that what is included in the domain of hypnosis is significant for understanding the phenomenon (39). That all individuals are hypnotizable is a function of the limits or (expanded limits) used in defining hypnosis. The same issue applies in considering whether a particular intervention is hypnotic (as in the case of Robert) and as such responsible the therapeutic change. Under a broad definition of hypnotic responding and what constitutes hypnotic treatment, it would of course be possible to conclude that everyone is hypnotizable and that all forms of therapeutic communication constitute a form of hypnosis, direct or otherwise. Such broad definitions of hypnotizability and hypnosis, makes empirical verification impossible and ultimately have no meaning. While there is ample data to support the notion of hypnotizability as a trait, the debate on this issue remains vigorous. Gfeller (42, 43) suggests that through a cognitive skills approach, initially low hypnotizable subjects were able to enhance their hypnotic abilities comparable to those rated as high hypnotizables. More research needs to be done to determine if these results represent actual enhanced hypnotizability or are a function of compliance with experimental demands. In addition, the relevance to the clinical context has yet to be established. Increased compliance, motivation, and expectancy are no doubt relevant issues for clinical success. However, whether a trait is being modified is a separate question.

Indirect and Direct Suggestion

While Milton Erickson, as his early professional work would attest (44), was no stranger to the use of direct suggestion in his hypnotic approach, he has perhaps become most celebrated for his extremely creative use of indirection (i.e. indirect suggestion, puns, metaphors, anecdotes, etc.) in the process of hypnosis and hypnotic induction. Erickson (18) stated that: ". . .(1) indirect suggestion permits the subject's individuality, previous life experience, and unique potentials to become manifest; (2) the classical psychodynamics of learning with processes like association, contiguity, similarity, contrast, etc. are all involved on more less unconscious level so that; (3) indirect suggestion tends to bypass conscious criticism and because of this can be more effective than direct suggestion" (p. 455). In their comprehensive review of the literature on indirect suggestions, Lynn, Neufeld, and Maré (45) point out the problem of operationally defining indirect suggestion. These authors conclude that indirect suggestion, while an umbrella term covering a wide range of communication, has 2 basic components: (1) the use of permissive language i.e. "can", "may", "might", "could", etc. in contrast to the authoritative language of direct suggestion; (2) indirection offers an apparent choice of responses, in contrast to direct suggestion which specifies clearly defined responses. Allman and Carney (46) using audio-taped inductions of direct and indirect suggestions compared male and female subjects for responsiveness to post-hypnotic suggestions. They reported that indirect suggestions were more successful in producing post-hypnotic behavior than were direct suggestions.

McConkey (47) used direct and indirect suggestions with real and simulating hypnotic subjects. He found that while all the simulating subjects recognized the expectation for a positive hallucination, half of the real subjects responded to the indirect suggestions while half did not. He concluded that "indirection may not be the clinically important notion as much as the creation of a motivational context where the overall suggestion is acceptable such as making the ideas congruent with the other aims and hopes of a patient" (p. 312).

Stone and Lundy (48) investigated the effectiveness of indirect and direct suggestions in eliciting body movements following hypnotic induction. They reported indirect suggestions to be more effective than direct suggestions in eliciting the target behaviors. However, they did not find indirect suggestions to be more effective with resistant subjects as Erickson and Rossi (18) claimed.

Bandler and Grinder (49) claimed that the double hypnotic induction procedure based on Erickson's notion of two-level communication in which Erickson would offer one set of suggestions with one voice tone while interspersing another set of suggestions in a different voice tone was superior to traditional hypnosis. Bandler and Grinder (49) utilized two separate hypnotists speaking simultaneously to the subject and hypothesized that this induction procedure was particularly effective. Matthews, Kirsch, and Mosher (50) compared a standard induction (Stanford Hypnotic Susceptibility Scale, form C, Weitzenhoffer & Hilgard, 1963; 32) with a double hypnotic induction (in which an indirect Ericksonian hand levitation induction was directed, via audio headset, to the dominant hemisphere, while simple childlike messages were directed, on a second channel via audio headset to the non-dominant hemisphere). They found no significant differences between the two inductions in terms of depth of trance as measured by behavioral response to suggestion. Additionally, they reported that the double hypnotic induction may have actually decreased hypnotic responsiveness. They found no support for Bandler and Grinder's (49) the claim of greater trance depth for the double induction. Mosher and Matthews (51) investigated the claim by Lankton and Lankton (20) that embedding a series of metaphors will create a natural structure for amnesia for material presented in the middle of the metaphoric material. The authors compared treatment groups who received multiply embedded stories with indirect suggestion for amnesia to control groups who received multiple embedded metaphor without indirect suggestions for amnesia. They found support for the structural effect of embedding metaphors on amnesia but also reported that indirect suggestion did not enhance the effect of amnesia.

Matthews, Bennett, Bean, and Gallagher (52) compared subjects responses on the Stanford Hypnotic Clinical Scale (Morgan & Hilgard, 1978; 53) to subjects responses on the same scale re-written (Indirect Suggestion Scale) to include only indirect suggestions for each item. They found no

significant behavioral differences between the two scales. However, they did report that individuals who received the indirect suggestions perceived themselves to be more hypnotized than those who received the SHCS. It should be noted that the administration of the ISS was considerably longer than the SHCS which may have accounted for the difference in subject reports.

In a follow-up study, Matthews and Mosher (54) sought to compare direct and indirect hypnotic induction and direct and indirect suggestions using the SHCS and the ISS which were now equated for time of delivery. Thus, one-quarter of the subjects received direct induction followed by direct suggestions, one-quarter received indirect induction followed by indirect suggestion, while the remaining half of the subjects received a mixed procedure. The results did not support the efficacy of indirect induction and suggestion over direct induction and suggestion. Contrary to expectations, the data also revealed that subjects who received indirect induction and suggestions reported feeling more resistant to the hypnotist than did subjects who received direct induction and suggestion. Woolson, (55) compared 56 subject responses on the SHCS and an indirect-worded adaptation of the SHCS. He found no significant differences between subjects who received indirect suggestions and those who received direct suggestions in terms of objective responses or hypnotic depth. Woolson's data was consistent with the results of Van Der Does, Van Dyck, Spinhoven, and Kloosman (56) who compared subjects scores on a standard hypnotizability scale and a individualized (i.e. tailored) scale in which the hypnotist, in keeping with an Ericksonian style, was free to use whatever induction procedure and wording deemed useful for a given subject. They did not find suggestion style and/or wording to be significant determinants of subjects responses. The Van Der Does et al. (56) results were consistent with Murphy (57) who compared the behavioral responses to specific indirect suggestions and direct suggestions and found no support for the greater effectiveness of indirect suggestion. In a study investigating the hypnotic responsiveness of deaf subjects as compared to hearing subjects, (58, 59) no behavioral differences were found for direct versus indirect suggestions for hearing or deaf subjects on the ISS or SHCS. In sum, the research conducted by Matthews and his colleagues did not support the claim of superiority for indirect suggestions for observable behavior on standardized hypnosis scales. Following a similar line of research, Lynn and his associates (60-62) conducted a series of studies comparing subjects responses on the Alman-Wexler Indirect Hypnotic Susceptibility Scale (AWIHSS; 63) and the HGSHS: A, from which the AWIHSS was derived.

In sum, these studies did not find support for the belief that indirect forms of communication in a hypnotic context to be superior in producing observable hypnotic responses as compared to direct suggestions. Interestingly, Lynn et al. (60) and later replicated by Weekes and Lynn (62), found

that direct suggestion produced greater subjective involvement in the rating of involuntariness than did indirect suggestions which these authors found to enhance the fear of negative appraisal by the hypnotist.

In their review of the literature on indirect and direct suggestions, Lynn et al. (45) reviewed the clinical and experimental studies using the Rapid Induction of Analgesia (RIA) (64). The RIA is different from traditional hypnotic inductions in that it employs permissive language suggestions, double binds, and implicative suggestions for hypnotically induced analgesia. Four clinical studies reviewed by Lynn et al. (45) investigating dental pain, needle pain, and paraplegic chronic pain in which the RIA was employed, failed to support the hypothesis that the RIA was effective in alleviating acute pain. The review by Lynn et al. (45) is consistent with an earlier study by Van Gorp, Meyer, and Dunbar (65) which did not find the RIA to be effective in reducing cold pressor pain when compared to traditional hypnosis.

In their review of the available data, Lynn et al. (45) 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).

Erickson: A Social Influence View

If there is no empirical support for the notion of a hypnotic state, if hypnotizability is perhaps more a function of the subject/client than the hypnotist's utilization skills, and if there is no convincing empirical data that favors the superiority of indirect suggestion, then what do we have when we speak of Erickson and Ericksonian hypnotherapy? Matthews (21), Sherman and Lynn (66) suggest that the clinical brilliance of Milton Erickson can be understood from a social psychological frame. Erickson's unique skill was his ability to increase client motivation, expectancy, and belief that therapeutic change can and will occur. We would suggest that hypnotic "trance", depth of "trance" and hypnotizability are constructs that ultimately convey less meaning than expectancy and motivation. Sherman and Lynn (66) suggest that Erickson's clinical mastery are attributable to his use of patient reactance, seeding, framing/reframing, increasing patient effort, and including the patient as an active participant within the context of social influence. Let us briefly discuss this notion.

Expectancy

Kihlstrom (25) stated "Hypnosis may be defined as a social interaction in which one person, designated the subject, responds to suggestions offered by another person, designated the hypnotist, for experiences involving

alterations in perception, memory, and voluntary action" (p. 385). Kihlstrom offers a parsimonious definition of hypnosis based on social learning theory that does not require the notion of state but in its stead places importance on the interactional and meaning making nature of the relationship between hypnotist and subject/client. In social learning theory, human behavior is function of cognitive processes involving the acquisition of information. This information can be acquired by direct or vicarious experience. Expectancy and the reinforcement value are central concepts in social learning theory, i.e., what is the likelihood that an event will occur (expectancy) and what is the value placed on the event (reinforcement) (67). Kirsch (1) has made a convincing argument, based on social learning theory, for the role of expectancy as a singularly powerful determinant of hypnotic behavior. Kirsch (1) has shown that correlations between expectancy and hypnotizability are higher than correlations between imaginative involvement and hypnotizability. Goal directed imagery, considered by Barber (23) to be especially important determinant of hypnotic behavior, has been shown to be mediated by expectancy (68). Kirsch (1) makes the point that a good hypnotic induction is defined by what the subject believes a good induction to be, a good "trance" experience is based on subject belief and expectations of what a hypnotic experience will be. Rather than an artifact of hypnosis, Kirsch (1) concludes that "expectancy is an essential aspect of hypnosis, perhaps its most essential aspect" (p.143). Erickson was a master at social influence and expectancy manipulation. His pragmatic willingness and flexibility to achieve positive therapeutic goals are well documented. Erickson's goal in the context of therapy was to utilize the client's reactance or resistance such that client can develop a sense of personal mastery, associate or re-associate skills from one context to the desired context. As part of this process, Erickson provided the clinical atmosphere in which clients learned to modify beliefs, perceptions, and behaviors, i.e. he sought to create the expectancy for change. Indirection. Many of Erickson's interventions were based on indirection and circumventing client reactance/resistance. It is important to make a distinction between indirect approaches and the specific use of indirect suggestions for particular hypnotic behavior. While the empirical data is not supportive for the latter, there is some general support for the former (66). Social psychologists have long observed the tendency that in order for people to maintain a sense of personal mastery, they will often react to or challenge the perceived threat. (A notion to which any clinician who has worked with adolescents can attest.) To offset the possibility of reactance, social psychologists have used deception and unobtrusive measures in their research (66). Clearly, Erickson understood this notion and used deception and disguise of specific goals in order to achieve the desired results (5,21). Erickson understood that some clients, in order to maintain a sense of personal mastery, would challenge him be

refusing to experience hypnosis. Erickson typically assumed that ultimately the client wanted to have the hypnotic experience. He was exceptionally skilled at exploiting the client's challenge by instructing the client to fail and/or by defining any client response as some form of success (5,18). Recent developments in cognitive sciences suggest limitations to clients' conscious self-reports of their cognitive processes, thereby necessitating the need for alternative methods to work with the tacit and analogical levels of human experiencing (69). Metaphor, analogy, and/or stories can become useful tools to suggest the possibility of change at this tacit or unconscious level of cognitive representation. For Erickson, the value of such a manner of expression in therapy was the opportunity to redirect and restructure the client's view of self and his or her relationship to the presenting issue. This notion of circumventing the client's reactance by indirection (i.e. with stories, anecdotes, metaphors) raises interesting questions with regards to how indirection may be perceived by the client. Because the therapist assumes he or she is being indirect does not necessarily mean the client perceives the intervention similarly. Matthews and Langdell (70) conducted a clinical study using hypnosis and multiple embedded metaphors (20) with 6 clients from a university counseling center. All clients received 8 therapy sessions (four sessions employed hypnosis and the multiple embedded metaphor protocol in concert with 4 sessions using a cognitive behavioral approach). In post treatment interviews, five of the six clients essentially reported total recall for the metaphors each had received and recognized that the metaphors were related to their presenting issue. These clients also stated that their presenting problems (e.g. anxiety, moderate depression, study problems, etc.) to have significantly improved. The sixth client, however, reported no memory for the metaphors he was told as the theory would predict and reported no clinical improvement. The five clients who reported a positive clinical improvement indicated that while they were aware of what the therapist was doing (i.e. the purpose of the stories) they liked, trusted and believed the therapist to be working for their interest. The sixth client while reporting total amnesia did not like the process or feel comfortable with the therapist's approach. While the Matthews and Langdell (70) study has clear methodological and generalizability limitations, it is at least suggestive of the meaning clients may attach to the process of indirection which may differ significantly from that of the therapist.

The Importance of Effort

Sherman and Lynn (66) cite cognitive dissonance theory as support for the concept that the greater the effort exerted toward a goal, the greater the worth attached to the goal. Erickson believed in the value of effort (20,21). His home work assignments of carrying objects, climbing mountains, visiting museums, etc. were all designed to increase the

expenditure of client effort in achieving the desired therapeutic goals. The greater the effort expended by the client the more likely he or she will invest in the process. Seeding/Priming. Erickson was clearly interested in influencing client thoughts and perception of events and frequently used the techniques of seeding or priming to begin to orient client thinking in the therapeutically desired direction. His case of reframing a husband's impotence as a complement to his wife (21) is a dramatic example of influencing the client's perception and altering the meaning of the initial presenting problem. There are a number of studies (71-73) that provide empirical support for the effect of priming a subject with a particular concept, idea, and its clear effect on subsequent behavior. There are numerous clinical examples of Erickson seeding ideas of change or suggesting particular behaviors early in the course of therapy or a given session such that they might occur at later time. Seeding ideas in this manner is directly related to the notion of expectancy discussed earlier (5, 18, 41). Erickson would frequently ask clients to think about or imagine themselves engaging in some particular behavior. Sherman and Lynn (1990) state that "by guiding clients' imagery, and the kinds of outcomes they thought about and explained, Erickson presumably affected how these clients behaved when the relevant situation arose" (p.41). The Client As Active Participant. In this process of guiding client imagery, Erickson, while clearly directing the therapeutic process and was seeking to engage the client as an active participant. Sherman and Lynn (66) note the ample psychological research supporting the concept that self-generated words, ideas, have greater weight and meaning in memory than information presented from an external source. In his use of metaphors, Erickson was presenting the client an opportunity and created a context to develop a new and different understanding of the presenting problem and its resolution than that held upon entering therapy. Matthews (in press) discusses Erickson from the relatively recent developments of narrative therapy.

In describing the narrative paradigm Gonyalves (74) and Lakoff (75) stated that: (a) humans are seen as storytellers; (b) thoughts are essentially metaphorical and imaginative; (c) the manipulation of thoughts is an intentional pursuit of meaning; and (d) reality is seen as set of ill-structured problems that can be accessed through hermeneutic and narrative operations. Within this perspective, Erickson's clinical interventions can be seen as a form of narrative reconstruction using direct and indirect techniques (stories, metaphors, etc.) to assist the client to construct a more useful life narrative.

CONCLUSION

The empirical research reviewed in this article, found little support for the traditionally held Ericksonian beliefs in hypnosis as a state with identifiable markers, the

universality of hypnotic suggestibility, or the increased effectiveness of indirect as compared to direct hypnotic suggestion. Instead we have argued that the effectiveness, creativity, and ingenuity of Milton Erickson can be understood in terms of his seemingly intuitive grasp of the importance of expectancy, belief, and motivation for both the client and the therapist. There is considerable empirically based support for this viewpoint. Matthews (21) suggested a cybernetic or interactional frame from which to consider the work of Erickson rather than a simple linear or causal frame. Matthews (21) in moving away from a hierarchical model (i.e., therapist as expert, client as passive recipient), suggested the client informs and influences the therapist as does the therapist with the client. It is our contention that essence of the Erickson's approach was to create an expectancy for change, disrupt, distract or otherwise occupy the limited conscious mind, and thereby

create a context for the client in which a change in his or her self narrative can occur. Within this perspective, hypnosis is used as a social interaction constructed by the therapist and client in which different multiple realities for the client can emerge. Hypnosis becomes a form of communication in which clients are provided a context to develop a more useful life narrative than that with which they entered therapy. Finally, one might ask for what purpose does it serve to make so fine a distinction between hypnotic "trance" and expectancy if the end result is clinical success? Our task as scientist/practitioners is to be as precise as possible in our operational definitions and use of various constructs in our attempt to understand observed phenomena. The rule of parsimony requires the simplest explanations that fits the data. Not to do so unnecessarily obfuscates and mystifies any attempt to understand the natural world.

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