Conversational Hypnosis: Conceptual and Technical Differences Relative to Traditional Hypnosis

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ABSTRACT

This article provides an overview of conversational hypnosis (CH) as distinct from traditional forms. The article includes a history of Ericksonian hypnosis followed by a conceptual model and operational definitions for CH. The analysis is built on three levels of comparison and contrast. Three concepts commonly used in the general hypnosis literature—focusing, engaging, and inciting structure a comprehensive definition of CH. The article concludes with recommendations for future research.

ARTICLE

Although conversational hypnosis (CH), also known as the "conversational approach"(Erickson & Rossi, 1979, p. 102), continues to gain popularity among Ericksonian hypnotherapists around the globe, and has recently been associated with a set of measurable core competencies (Short, 2017), very little experimental research can be found on the specific subject of CH. One reason for the problem is that CH has not been carefully outlined in the research literature in terms of its conceptual and operational definitions. This article seeks to address this omission by providing a brief overview of the practice of CH as something distinct from traditional forms of hypnosis.

In addition to having its own set of techniques, CH also requires a paradigm shift to understand the intended end that these techniques are designed to achieve. This analysis of similarities and differences avoids jargon that is exclusive to a particular theoretical orientation. While different students of Erickson have developed competing models for CH, this article utilizes a nomenclature that is recognizable by the hypnosis community at large. This review seeks to build the conceptual structure needed to critically analyze technical and interpersonal differences and to better inform progress monitoring and documentation of outcomes.

Ericksonian hypnosis is a distinctive style of hypnotism inspired by one of the most influential hypnotherapists of the 20th century, Milton H. Erickson (1901–1980). Widely regarded as the father of modern clinical hypnosis, Erickson introduced the concept of CH. Erickson's use of CH integrated seamlessly into his approach to brief therapy, which used paradox, metaphors, analogies, indirect and permissive suggestions, and teaching stories to modify behaviors (Lynn & Kirsch, 2015). The first detailed account of Erickson's approach to CH is illustrated in his treatment for cancer pain while working with a man identified as "Joe," a florist by trade (Erickson, 1966, pp. 203–207; Haley, 1973, pp. 301–306). With no clear-cut induction procedure and no formal procedure for increasing suggestibility, Erickson's naturalistic approach to hypnosis, which will be defined here in terms of CH, ostensibly turns the paradigm of traditional hypnosis on its head.

Early in his career Erickson (1944) shifted away from the induction ritual and toward the cultivation of a special relationship characterized by a communication

of ideas aimed at a subconscious intelligence—an organized collection of socially responsive mental processes capable of acting independently of conscious intention, which he termed the unconscious mind (what some researchers now refer to as implicit social cognition; see Gawronski & Payne, 2010).

Highlighting this shift in emphasis, Erickson (1944) states that "any technique that permits the hypnotist to secure adequate and ready cooperation in this highly specialized interpersonal relationship of hypnosis constitutes a good technique. The able hypnotist is the one who is able to adapt technique to the personality needs of each subject" (p. 643; emphasis added). In other words, the essence of the Ericksonian approach is creating the social context that will allow hypnosis to occur (Erickson, 1980; Matthews, Lankton, & Lankton, 1993) without having to establish an arbitrary boundary dividing induction versus postinduction phases of hypnotic suggestion (Lynn, Maxwell, & Green, 2017; Reid, 2016).

Erickson also broadened the identification of meaningful hypnotherapeutic responses to include resistance to suggestion. This is a critical paradigm shift: Inciting subconscious process work is more important than behavioral compliance with suggestion. Though obscure, this distinction is crucial to understanding the fundamental difference between responsiveness to ideas and suggestibility. Consider a situation in which a subject is directed to feel increased warmth in her hands. She responds, "My hands are getting colder." The command to feel warmth is repeated, but the subject insists that her hands are colder yet. This is considered a failure of suggestibility, especially within the context of traditional hypnosis. In contrast, in CH, any physiological change is considered to be evidence of responsiveness to ideas.

For example, with one subject, I measured her skin temperature with a digital thermometer. After I repeatedly stated, "Your hands are becoming warmer and warmer," I recorded a drop of 10 degrees in her hand temperature. After confirming her objections that it was "not working" by verifying the drop in temperature, I switched and suggested, "Your hands can become colder—much colder." Immediately, her fingers regained their pinkish color and eventually became 12 degrees warmer. Later, this

individual confessed, "When you made that switch, something happened inside of me. I knew that you understood how I work and that you would be able to help me with my [knee] pain." The woman was not highly suggestible, but she was responsive to ideas and was ready to learn how to manage her presenting symptoms in her own unique way.

During CH, a suggestion was given to her: "You will resolve this pain in a way that only you can do." At her two-year follow-up, she still had complete freedom from knee pain. In this approach, trance is conceptualized as an experiential learning state where a person's own creative, subconscious processes can generate healing and transformation (Gilligan, 2012). For purposes of operational definition, Erickson often described hypnosis as an inward focus of attention behaviorally manifested as "trance behavior"—specifically, an alteration in gaze, a narrowing of speech content (or intermittent periods of silence), and reduced effort to maintain orientation to the external environment through bodily movement or visual and auditory tracking (Erickson & Rossi, 1979, 1981; Erickson, Rossi, & Rossi, 1976). Erickson did not believe that hypnosis produced any meaningful differences in suggestibility. As Erickson (1932) states, Far from making them [300 research subjects] hypersuggestible, it was found necessary to deal very gingerly with them to keep from losing their cooperation and it was often felt that they developed a compensatory negativism toward the hypnotist to offset any increased suggestibility … if there is a development of increased suggestibility, it is negligible in extent. (p. 322).

This discovery was not unique to Erickson. In 1889, Pierre Janet stated that "suggestibility does not vary simultaneously with somnambulism, and does not vary in the same direction" (p. 282). This observation was corroborated in 1909 by Edouard Claparède, "It is very doubtful whether hypnosis can be regarded as increased suggestibility. Certain subjects are more suggestible in the waking state than during hypnotic sleep" (Janet, 1925, p. 282). Finally, it should be noted that other modern conceptual models of hypnosis, such as the sociocognitive model, have also rejected traditional views on hypersuggestibility and instead view hypnotic responsiveness as the by-product of a 100 constellation of potentially modifiable attitudes, beliefs, and expectations, as well a imaginative skills and strategies (Barber, 1969; Kirsch, 1991; Lynn, 2004; Lynn, Laurence, & Kirsch, 2015).

Definition of Terms

CH is operationally defined by two concomitant, observable variables: (1) the intentional use of verbal suggestion designed to elicit automatic, dissociated, or subconscious responding—the universal hallmark of hypnosis (Edgette & Edgette, 1995; Janet, 1925; Lynn & Kirsch, 2015; Lynn et al., 2015); and (2) an increase in trance behavior without the subject having been subjected to a formal induction ritual.

Furthermore, the term hypnotic delineates the type of conversation that is likely to elicit or further enhance a trance state. The word trance refers to a phenomenological event that has certain, expected (i.e., culturally defined) behavioral markers. The word hypnotherapist identifies the person in the conversation who is responsible for managing the effects of suggestion for therapeutic benefit. The word suggestion refers to any attempt to incite action or experience outside the parameters of conscious intention. Finally, the word hypnosis is a supraordinal concept, meaning that it refers to the entire class of actions and effects (Araoz, 1982). Thus, the results are very general classifications, including heterohypnosis, self-hypnosis, group hypnosis, traditional hypnosis, and conversational hypnosis—each of which represents a collection of possibilities for intentionally organizing and augmenting the power of human consciousness. To compare and contrast CH with traditional hypnosis, a tertiary level of classification is needed to organize two conceptually disparate systems of thought. Thus, I have utilized a set of ultra-concepts—focusing, engaging, and inciting—each of which is preexistent in the hypnosis literature but not exclusive to a particular conceptual model.

Ultra-Concept 1: Focusing

The first ultra-concept is focusing, which represents the intention of the hypnotherapist to focus another person's attention and hold it in a state of fixation. Unlike classical approaches to hypnosis, in which the initiative for starting and ending the procedure belongs primarily to the hypnotherapist, in CH the process is reversed. Typically, during CH the hypnotherapist will be carefully observing the spontaneous behavior of the client and recognize that a particular idea or experience has therapeutic value or deep personal significance. Then he or she will ask questions or make statements designed to focus the client's attention more intensely on that singular idea (Yapko, 2012). This might be accomplished by seeking more details, requesting greater ration, or asking questions that encourage further internal exploration. Using the terminology of absorption, Zeig (2011) points to the possibility of focusing attention on a sensation, a perception, a fantasy, a memory, and/or on the production of hypnotic phenomena.

For CH to be effective, the focusing needs to be conveyed with enough intensity and duration that normal patterns of reality orientation no longer seem applicable. Erickson (1952) illustrates this idea describing a conversation in which the client is told to "see a dog over there." At this point, the client typically responds, "But there is no dog over there." Erickson then increases the inward focus, by means of what he calls "an intensity of expectation," by simply stating, "Yes, that is right. But I want you to just see the dog, over there," as he points to an empty spot. For Erickson, this was often sufficient to induce a visual hallucination. Erickson later elaborated on this concept, stating, "Thus by manner, attitude, bearing, in every conceivable way of expression, one

simply expects and wants the patient to develop a trance and the words employed are thus only the means of communicating this expectation and confidence" (Erickson, 1962). But this is only half of the story.

While seeking to define the concept of focusing as applied to CH, it is important to consider its social complexity as a process that is both interactive and reciprocal. As the client becomes highly focused, so too does the hypnotherapist, with an increased attentiveness to the client and to the selection and articulation of each spoken word 155 (Lankton & Lankton, 1983). In some cases, the hypnotherapist might take on a distant gaze. This could be followed by a change in vocal tonality, such that the hypnotherapist's voice is slower and quieter, perhaps falling to a level that is barely perceptible to normal conscious awareness.

Each of these shifts—change in respiration, vocal tonality and cadence, posture, and even pupil dilatation (see Kahneman, Tursky, Shapiro, & Crider, 1969)—is likely to occur automatically as the hypnotherapist focuses his or her entire attention on the client, thus serving as a model for the trance state. As stated by Erickson, hypnosis often occurs at the "breath level," as a shift in breathing naturally leads to alterations in consciousness without much being spoken (Erickson & Rossi, 1977; Haley, 1985). Within the context of CH, this reciprocal interaction transforms the experience from one of unilateral intervention to a more egalitarian and collaborative framework.

Operationally speaking, the focus of attention is fixated either inwardly or outwardly, which in turn impacts the nature of the altered state of consciousness. For the hypnotherapist, the attention is externally focused and fixated on the client. This orientation is assumed to be the best way for the hypnotherapist to maintain a state of careful observation, noticing all of the client's responses and incorporating them into the hypnotherapeutic work (Yapko, 2012). In contrast, during CH the client's attention is typically focused inward, with suggestions for deep internal absorption.

Thus, for CH, traditional hypnotic induction is eliminated, replaced with an intense readiness to follow the client's lead as various ideas are shared in conversation. Zeig (2011) argues for the importance of eliciting an experience that develops from within the client versus imposing a prescribed response. Because there is no obvious starting point for the hypnotic procedure, the hypnotherapist must carefully observe the client's nonverbal behavior for readiness to respond to hypnotic suggestion. As Yapko (2012) states, "When the clinician notices hypnotic responses building (e.g., absorption, changes in breathing, a fixed posture, muscular tension dissipating), he or she can begin to engage clients in the process of induction and deepening" (p. 322). Similarly, trance experience often concludes with spontaneous reorienting by the client rather than a formal "awakening" ritual. When the hypnotherapist observes the client seeking to reorient to the external world (versus the internal world of ideas), the hypnotherapist merely adopts a conversational manner typical of normal social attention

and behavior (Erickson & Rossi, 1979, 1981). This opportunistic vigilance is ideally maintained from the beginning of the therapy session until its conclusion (Short, Erickson, & Erickson-Klein, 2005).

Ultra-Concept 2: Engaging

Engaging involves the effort of the hypnotherapist to structure the interpersonal encounter. This process includes affirming, validating, and accepting who the client is and what he or she is doing. In contrast to traditional hypnosis, CH uses a more permissive style of engagement that takes the inward focus of attention and points it to previously unrecognized personal resources and aptitudes. Thus, during CH, all acts of engagement are characterized by an overarching sentiment: the answers you need are within (Lankton & Lankton, 1983). 200

In Ericksonian hypnotherapy utilization is a key concept. Broadly stated, utilization is a style of engagement that accepts and utilizes the client's unique way of being (Gilligan, 2012). By placing emphasis on the importance of highly individualized and flexible engagement, the responsibility for success shifts from the client to the professional. The utilization approach to hypnosis assumes that anyone is capable of a meaningful hypnotic experience, if existing resources are engaged and productively utilized.

In operationalized terms, there are three ways of engaging internal psychological resources for therapeutic purposes: (1) accessing the client's experiential past, (2) accessing the client's established system of beliefs, and (3) accessing the client's creative imagination. In each of these, the primary objective for CH is to utilize existing resources.

As an example of the first item, a client who is dealing with a challenging transition could be engaged in a conversation about his first steps as a toddler, his first time holding a pencil to write his name, or his first days living away from his parents. These are all challenges he mastered; thus, this history contains crucial information for how to make difficult transitions. When individuals embrace a new challenge by first considering what has proven effective in the past, the probability of success is increased. Erickson (2009) referred to this experience as transference of learning.

When introducing this term, Erickson (2009) illustrated its meaning using hypnotic induction. To facilitate rapid trance, Erickson explains, "The procedure is to get the subjects to recall from the beginning in a reasonably orderly, detailed manner the events of a previous successful hypnotic trance" (p. 346). This procedure can point to a recent experience, such as the previous therapy session, or focus on long-forgotten memories, such as therapeutic work accomplished decades ago with a master therapist. Assessing the client's established system of beliefs is premised on the phenomenology of the spoken word (i.e., words mean different things to different people) and the instinctual tendency to defend one's beliefs. As demonstrated throughout recorded

history, people are sometimes willing to use denial, magical thinking, or temporary flights into delusional fantasy, or even die for emotion-laden beliefs (Mercer, 2010). For these reasons, the hypnotherapist engages the client within the system of belief that she is most likely to accept (i.e., her own). As a telling example of this style of engagement, Erickson (1965) describes his work with a patient who requested hypnoanalgesia for dental work. The man went into trance easily and responded to suggestion well, until the point that analgesia was suggested. At that moment, he developed hypersensitivity to the lightest touch. The man consciously wanted to be free of pain; however, in response to the suggestion to be pain free, he experienced even greater sensitivity to pain. Both the dentist and Erickson were unable to convey the suggestion for oral analgesia in any meaningful way. Then Erickson recognized the problem was the man's absolute belief that his presence in a dental office must include the experience of pain. In Erickson's words, "Apparently, the patient's fixed, psychological understanding was that dental work must absolutely be associated with hypersensitivity" (p. 62). So Erickson engaged that implicit belief system by suggesting hypersensitivity to pain in the man's right hand, which he became very fearful of anyone touching. As Erickson explains, "Thus all pain expectation was centered in his hand, resulting in an anesthesia of the rest of his body, including his mouth" (p. 62).

Finally, accessing the client's own creative imagination focuses on the pride in ownership (i.e., "That was my idea"), the growth that accompanies deliberate attempts to practice creative problem solving (i.e., "I can solve my own problems"), and the goodness of fit that comes with a self-styled solution (i.e., "I am doing this my way"). In contrast to traditional hypnosis and its emphasis on directing the will of the patient, Erickson believed the unconscious mind has uniquely creative wisdom and powerful means of perception and discernment (Short & Erickson-Klein, 2015). Subsequently, the next generation of Ericksonian therapists opined that creative action also requires resources associated with conscious thought, which enables us to properly name and represent experience, and to organize actions in a sequential and linear way, which is exceedingly useful when making plans and setting goals (Erickson, 2016; Gilligan, 2012).

This method of engagement can be very subtle and surprisingly simple. For example, with the client who is not responding well to suggestion, the hypnotherapist can ask, "What do you think would help you respond better to therapy?" or "Under what circumstances do you think you would be able to do this?" For those dealing with trauma, the therapist can inquire, "How did you find the strength to survive this?" (see Meichenbaum, 2014). Each of these questions activates the client's own creative process work.

This method can also be very sophisticated and utilize advanced trance phenomena, such as dissociation and pseudo-orientation in time (Rossi, Erickson-Klein, & Rossi, 2008). For example, Erickson would sometimes use hypnosis to project the client into

the future, to a time when the presenting problem had been successfully resolved. He would then ask the individual to tell him how the therapy was achieved, after which he could use the trance experience as a virtual reality in which the client experiences the treatment multiple times. Or Erickson might reorient the individual and merely implement the prescribed form of therapy himself, exactly as depicted by the client (Haley, 1985). This single aspect of hypnotic engagement has proven to be so powerful that it was developed into a full system of therapy by De Shazer (1988), a student of CH.

Ultra-Concept 3: Inciting

Inciting is the production of some sort of meaningful achievement (i.e., "a call to action"). Practically speaking, the clinician expects hypnosis to incite new behavior or experience. The process is especially hypnotic when change is incited without requiring conscious effort. To achieve this, traditional hypnosis relies primarily on the use of direct verbal suggestion, while CH relies more heavily on indirect suggestion (both verbal and nonverbal).

Within the framework of traditional hypnosis, the incitement of a specific action potential is best exemplified in terms of the centuries-old technique of posthypnotic suggestion. The declarative nature of the technique makes it very clear that the client will do something meaningful, either immediately after trance or in the near or distant future. This is essential to the hypnotherapeutic endeavor if there are to be benefits extending beyond the immediate encounter. What posthypnotic suggestion makes less clear, however, is that the client has taken action (presumably to solve a problem) by means of his or her own agency (i.e., self-determination).

Because indirect suggestion is more covert, it can come in many different forms and without conscious intention. As a pervasive phenomenon, indirect suggestion has been studied for its relevance to research (in terms of experimenter bias), its relevance to education (in terms of Pygmalion effects), and in clinical practice (in terms of placebo effects and hypnotic intervention). In each context, indirect suggestion has been established as a significant means of influencing outcomes.

For example, the effects of subconscious experimenter bias, documented in 1959 by Martin Orne, have been found to create demand haracteristics that are likely to influence the experimental outcome (Orne, 1962). This finding led to the widespread adaptation of double-blind experimental design to control for the unintended consequences of indirect suggestion. In contrast, the use of indirect suggestion in hypnotherapy is both intentional and presumably within the range of conscious ability. This difference distinguishes Ericksonian uses of indirect suggestion from other classes of expectancy effects, such as the well-documented Pygmalion hypothesis (Rosenthal & Jacobson, 1968). In other words, with Pygmalion effects there is no conscious intent to influence. But researchers have discovered that "when we expect certain behaviors of others, we are

likely to act in ways that make the expected behavior more likely to occur" (Rosenthal & Babad, 1985, p. 36). During CH this interpersonal dynamic is taken into consideration.

Toward the end of his long career, Erickson (1977) concluded that the secret of psychotherapy lies in getting patients to do something they want to do but ordinarily would not. This concept of inciting action is foundational to CH because it is the essential element that differentiates it from other forms of therapeutic conversation, such as a Rogerian or Freudian dialogue. Both of these focus attention inward, and evoke strong emotion, but in a nondirective style.

In addition, Erickson stressed the importance of a growth process that in modern terminology is identified as self-organizing change (Short & Erickson-Klein, 2015). As Erickson explains, "Hypnotic suggestion is the process of evoking and utilizing a patient's own mental processes in ways that are outside his usual range of intentional or voluntary control." Erickson continues to explain that the point of this experiential process is to "help patients gain access to their own associations and abilities to solve their own problem" (Erickson et al., 1976, pp. 19–22). Thus, it could be argued that an essential task of CH is to mobilize meaningful action. By shifting attention away from demands for a specific outcome (i.e., direct suggestion) toward permission to discover the outcome (i.e., permissive suggestion), it is accomplished in a manner that contributes to a feeling of self-efficacy.

Although the terms indirect and permissive are sometimes used interchangeably, Erickson described permissive suggestion as an adaptation of indirect suggestion (Erickson, Hershman, & Sector, 1961, p. 272). The difference becomes more obvious after studying the premises in each of these concepts. The basic premise behind indirect suggestion is that the unconscious mind is always listening/watching and will automatically seek to make meaning of anything that is said and done, in a self-referential manner (see Bornstein & Pittman, 1992). For example, if I'm speaking of a third person whom I feel should be more assertive, others who hear my comments are likely to consider whether they have been sufficiently assertive. In theory, this questioning could take place at a purely subconscious level, by means of implicit ssociative processes, and be recognized only consciously as an uneasy feeling (see Gawronski & Bodenhausen, 2006).

In contrast, the basic premise behind permissive suggestion is that people can be trusted to use their unconscious mind to discover the most appropriate solution for their problems. Thus, permissive suggestions often have a degree of ambiguity and allow for increased latitude in response by the client. By contrast, direct suggestion is a clear request by the hypnotist for a particular response from the subject (Matthews et al., 1993). The distinction between indirect and permissive becomes clearer when it is recognized that a permissive suggestion can be stated in terms of direct suggestion—for example, "You will find the answers you need when you are ready." This statement is

both direct and permissive. The same suggestion can be conveyed indirectly by inserting it in a story, metaphor, or a description of clinical work with a different client. The message becomes slightly more direct, but still remains indirect, when delivered in the form of a presupposition. For example, "In regard to your progress, it is difficult to know exactly what way it will occur, when it will begin, and where it will lead you" (i.e., progress is certain to occur). This shift, away from outcomes and toward process, creates the psychological space in which the client can cultivate his or her intention.

This emphasis on individualized, permissive, indirect, and process-oriented suggestion is a crucial difference that sets CH apart from traditional forms of hypnosis (Yapko, 2012). This attention to process is most often achieved by inciting action indirectly, by means of inspirational metaphors or healing stories, rather than by means of direct suggestion (see Battino, 2002; Burns, 2007; Rosen, 1982). Perhaps one of the most natural metaphors to use in a hypnotherapeutic context is clinical parallels (Zeig, 1980). This type of metaphoric suggestion typically starts with a casual reference to personal experience: "This reminds me of another client, who had a problem very similar to yours." After hearing such a statement, there is a natural tendency to identify with the person in the story and thus promote curiosity about what happened with this case. Any description of positive outcomes then serves as a roadmap for the client's subconscious behavior. The effect is increased if the description of another's progress includes experiences the immediate client can appreciate, such as temporary setbacks, feelings of isolation, or a long history of being unable to change. Rather than being told what to do (i.e., outcome focus), the client ideally feels that he is ready to do something—the exact nature of which seems to come automatically from his "unconscious mind."

Recommendations for Research

Rather than focusing directly on CH, the majority of existing research seeks to assess the efficacy of indirect versus direct hypnotic suggestion. Findings have generally not supported the claim that indirect suggestion is more effective in creating hypnotic phenomena than direct suggestion following formal induction procedures (Lynn, Neufeld, & Maré, 1993; Matthews & Mosher, 1988; McConkey, 1984; Weekes & Lynn, 1990). However, there are serious problems with the conceptual design of these studies, most of which ask the wrong question.

The most obvious limitation is the use of standardized hypnotic scales to measure outcomes. These standardized tests are meant to measure suggestibility. Thus, they are unable to document changes in implicit social cognition (i.e., subconscious activity), self-efficacy (i.e., therapeutic change), or the mediating effects of interpersonal context and the relevancy of the hypnotic tasks to the individual (e.g., paradoxical responses).

Unfortunately, Erickson's emphasis on responsiveness to ideas, whether positive or negative, at a subconscious level of awareness, is beyond the pale of present assessment technology. Although psychometric devices have been created to measure implicit associations, such as the Implicit Association Test (IAT) and Name–Letter Test (NLT), empirical studies have failed to support the validity of these measures (Buhrmester, Blanton, & Swann, 2011). To assess the validity of CH, researchers would need to measure changes at the level of implicit social cognition (i.e., the socially dynamic unconscious mind).

As stated by experts in this domain of cognitive science, "The empirical phenomena of implicit social cognition involve introspectively inaccessible effects of current stimulus or prior experience variations on judgments and decisions" (Greenwald & Banaji, 1995, p. 6). In other words, self-report questionnaires and behavioral suggestibility scales are inadequate for studying this aspect of human consciousness.

Until such technology is developed, research would be more meaningful if it moved from the micro to the macro level of assessment by measuring overall outcomes, such as symptom reduction or broad measures of happiness and well-being. It should be recognized that, for clinicians, the value of CH lies in its ability to evoke and utilize the client's unrealized potential to achieve greater happiness and well-being (Matthews et al., 1993). Studies that examine treatment outcomes would enable clinicians to answer the question of whether CH and traditional hypnosis are subject to the same equivalence of outcomes shared among all other bona fide schools of psychotherapy (Budd & Hughes, 2009; Messer & Wampold, 2002; Miller, Wampold, & Varhely, 2008). The groundwork for outcome research has been laid with one small (n = 27) randomized clinical trial (Simpkins & Simpkins, 2008), but much more work is needed.

Conclusion

Science as a whole is an ever-evolving process of discovery (i.e., hypothesis generation) and controlled experimentation (i.e., hypothesis testing) that justifies belief in an idea by means of prediction and replication (see Reichenbach, 1938). Erickson's clinical achievements give exciting glimpses into what is possible while using a conversational approach to hypnotherapy. The operational definitions and ultra-concepts described in this article are meant to help both clinicians and researchers replicate the outcomes achieved by skillful practitioners of CH.

The bulk of this article has been dedicated to elucidating the central elements of CH that have been successfully replicated in clinical practice. Examples of the applied practice and replication of CH can be found in case reports and single-subject designs with pre- and post-test scores (e.g., Jacobs, Pelier, & Larkin, 1998; Krepps, 2002; Lankton & Zeig, 1988/2013; Matthews et al., 1993; Matthews, Lankton, & Lankton,

1996; Maudoux, Bonnet, Lhonneux-Ledoux, & Lefebvre, 2006; Nugent, 1993; Ross, Lange, Unterrainer, & Laszig, 2007; Short, 2016; Weiss, 1993).

While the aim of this article is to introduce greater clarity, the practice of CH requires greater methodological complexity. Benefits of CH's increased complexity include greater robustness when encountering cultural and individual diversity, as well as increasing discernment, divergent problem solving, and the exercise of clinical judgment.

Those writing about Ericksonian therapy, in general, have argued that this approach addresses greater social complexity by broadening the assumptions and pragmatics of traditional psychotherapy, to recognize and accommodate the worldview, values and communication style, and patterns of other cultures outside of the United States (Kim, 1983; Windle & Samko, 1992). The rapid spread of Ericksonian therapy in countries with wide-ranging cultural values lends some support to this argument. Countries in the West, such as France, Germany, Mexico, and Brazil, as well as countries in the East, such as Japan, all continue to experience high demand for training in CH and also have a growing number of institutes requesting formal affiliation with the Milton H. Erickson Foundation (Short, 2017). The major disadvantage of increased complexity is the loss of standardization, making research and training more difficult. CH is a highly fluid and socially responsive methodology that pivots on a fulcrum of creativity and the co-creation of opportunity. Within CH, the power of the hypnotic suggestion is in the client's idiosyncratic response, what this response means to the client, and how it can be utilized. Hopefully, as researchers develop more complex research methodology, the field will see more investigations into unique applications of CH.

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