What is Ericksonian Therapy: The use of Core Competencies to Operationally Define a Non-Standardized Approach to Psychotherapy

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Ericksonian Therapy (ET) is a treatment modality practiced internationally by medical and mental health providers who wish to utilize experiential techniques and practical problem solving as an integral part of the general therapeutic protocol. As a non-standardized approach to psychotherapy, which places high value on creativity and differentiated treatment, ET has been notoriously difficult to operationalize in terms precise enough for rigorous outcome study. Building a foundation for ongoing research, this paper provides an operational definition of ET using six core competencies that have been observed and measured. This conceptual frame is set within an historical context and delineated using principles discovered during a qualitative analysis of data from the field's leading authorities as well as extensive scholarly research.

Public Health Significance

Without knowing the essential features that define a given approach, it is impossible for practitioners or their patients to evaluate standard of care. This history and conceptual definition of Ericksonian Therapy helps researchers and consumers identify ET's essential core competencies and how they are measured.

The question addressed in this paper is whether there is such a thing as Ericksonian therapy (ET). Since the time of Freud, and his creation of psychoanalysis, we have become accustomed to mind therapies that revolve around a finite number of techniques, which are organized within a standardized protocol or series of stages, and presumed to lead to an outcome that fits with the theory's definition of mental health or emotional well-being. More recently, we have also come to expect these elements to be codified in a treatment manual. In contrast, ET seems to lay claim to an endless array of technical options while rejecting standardization in terms of diagnostic labeling, formalized technique, or normative behavioral goals. Furthermore, ET is allegedly so steeped in creativity that every therapist learns to conduct treatment in a way that fits his or her own unique personality, while also routinely inventing new techniques for different client needs. Given its inherent plasticity, it has been difficult to pin down exactly what is Ericksonian therapy.

Background Information

The following review of ET provides a context of understanding while differentiating what has already been accomplished from what still needs to be achieved. First, we begin with the historical backdrop. This provides some perspective on how the subject has developed and helps introduce technically relevant vocabulary.

Origins

Sometimes referred to as Ericksonian hypnosis as well as Ericksonian psychotherapy, ET has been defined as *any goal-oriented, problem-solving endeavor grounded in methodology inspired by the teachings and casework of Milton H. Erickson* (1901-1980) (Short & Erickson-Klein, 2015). Though licensed as an M.D. with prescription privileges, most of Erickson's 200 plus case studies are permeated by the principles of hypnosis and suggestion as well as techniques resembling a remarkably wide range of modern therapies. Having completed psychiatric training with his residency in a surgery hospital, and a masters in psychology under the influential behaviorist Clark L. Hull, Erickson was uniquely positioned to appreciate the importance and interdependency of the mind body connection. For classification relative to other schools of thought, ET has been described as an experiential, phenomenologically-based approach to problem solving that utilizes existing client attributes while evoking natural processes of learning and adaptation (Short, 2019).

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Though Erickson did not provide an explicit model of therapy, he is known for having coined the term "brief therapy" to represent his pragmatic approach of directly addressing the symptom, which at the time was a stark contrast to the time intensive commitments of traditional psychoanalysis (Guedalia, 2015). He is also recognized as a major source of inspiration for the family systems approach to therapy (Hoffman, 1981). He is also known for having greatly modernized the practice of hypnosis (Bloom, 2013). Yet it would be a mistake to define ET as a practice limited to a small number of sessions, with interventions aimed at family members, or as a specific set of hypnotherapeutic techniques. Many examples to the contrary can be found throughout Erickson's casework and in the work of contemporary leaders of ET.

While we are accustomed to distinguishing schools of therapy by the techniques they embrace, this is not possible with ET. As explained by Peter Bloom (2013), after attending his first Ericksonian Congress:

> I had not been able to account for the immense popularity of the Ericksonian movement if it were, as I believed, just based on popularizing Erickson's and his follower's own hypnotic techniques. It occurred to me, following this workshop, that the popularity of the Ericksonian movement was based primarily on offering a way of looking at and enhancing psychotherapy (p. 66).

As indicated by name, the initial work in developing and communicating the core competencies of ET was achieved by Milton Erickson. Erickson's emphasis on enhancing the generative nature of the psychotherapeutic alliance can be seen in his contributions to the scientific body of literature, as he wrote about his discovery of the importance of utilization during therapy (Erickson, 1948, 1959, 1960), of tailoring treatment to meet the needs of the individual (Erickson, 1966), of destabilizing existing patterns of behavior and thought (Erickson, 1964b), of strategically manipulating symptom expression (Erickson, 1954, 1965b), of strategically shifting the responsibility for change to the patient (Erickson, 1964a), of incorporating experiential elements to assist with learning (Erickson, 1948), creating a corrective emotional experience (Erickson, 1965a), and of using a naturalistic (or conversational) approach to hypnosis (Erickson, 1958b). From Erickson's work, a coherent approach to therapy emerged that is characterized by psychodynamic, humanistic/constructivist, cognitive-behavioral, systemic, and integrative elements.

Although references to the "psychotherapy" of Milton Erickson appear in the literature as early as 1971 (Beahrs, 1971), the initial spark that ignited mass interest in this approach was produced by Jay Haley when he described Erickson's casework in the book, *Uncommon Therapy* (Haley, 1973). In addition to Haley's contribution, initial growth can be traced to three other central figures who studied intensively under Erickson's guidance: Kay Thompson, Robert Pearson, and Ernest Rossi (Hammond, 1984). After this introduction, a stimulating body of ideas began to coagulate around the initial writings of Erickson, which by the time of his death included 140 scholarly articles and five books with Erickson as the lead co-author.

In 1980, after seven years of study with Erickson, Jeffery Zeig organized the first "International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy." This event helped introduce the nomenclature of Ericksonian therapy to the field. The concept of Ericksonian principles was introduced to journal literature that same year in a theoretical paper (Zeig, 1980) and the designation of "Ericksonian therapy" appeared shortly after in a book edited by Zeig (1982). Shortly after, Zeig followed up with two additional books delineating some of the core principles of ET (Zeig, 1985a, 1985b).

In 1980, Zeig founded the Milton H. Erickson Foundation, Inc., to support Ericksonian conferences, publications, and a worldwide network of training institutes. In 1984, the Foundation Board established a scholarly publication to provide in-depth academic discussion of specific aspects of Ericksonian approaches. The point of the volumes, known as *The Erickson Monographs*, was to provide a vehicle for research, case studies, and theory. Stephen Lankton served as volunteer editor for a period of ten years, during which 10 issues were published. In 1997, a second series of annuals were released with volunteer co-editors William Mathews and John Edgette, entitled, *Current Research and Thinking in Brief Therapy*, resulting three in volumes. Thus, while Zeig is not the only voice from which ET evolved, it seems correct to identify him as the production architect of a movement that continues to model itself on the teachings and casework of Milton H. Erickson.

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Teaching and Training

The earliest attempts at training others to practice ET focused on replication of the micro dynamics occurring during Erickson's delivery of suggestive therapeutics (e.g., Erickson & Rossi, 1979; Grinder, DeLozier, & Bandler, 1975). However, this approach was criticized for its myopic approach to an endlessly complex field of interaction and for the spirit of cultism that it engendered (Hammond, 1984; Omer, 1982). As the field continued to evolve, emphasis shifted from imitating Erickson's style and precise methodology to understanding the principles of relationship and general strategies for conducting therapy process (Gilligan, 2002; Lankton, 1983; Short et al., 2005; Yapko et al., 1998; Zeig, 1985b). While the best of these teaching models always referenced primary source material (Erickson's case studies), there was no systematic effort to reconcile disparities or to collaboratively construct a unified perspective.

The diversity amongst ET's competing theoretical models was not only tolerated but viewed as fitting with Erickson's teaching that therapy process should be tailored to fit the unique personality of the therapist. However, some began to argue that rather than having a single Ericksonian position there were instead various interpreters of Erickson who share some common positions. What was called for instead was a "seminal" Ericksonian position that is more clearly defined and subjected to empirical investigation (Kessler, 1992).

Indeed, some students of Erickson, such as Zeig (1982) and Omer (1982), had proposed macro dynamics that seemed foundational to ET. For example, one such model sought to incorporate terminology from the increasingly popular cognitive-psychological perspective to describe ET's four major characteristics of change: (a) self-efficacy, (b) spontaneous compliance, (c) cognitive/experiential reorganization, and (d) global distribution of information (Otani, 1990). However, each of these theory-driven models were questioned on epistemological grounds and thus failed to garner mass support. Furthermore, the focus remained on the client's response to therapy rather than describing a measurable set of core competencies that are reliably demonstrated by practitioners of ET. For reasons such as these, the field remained unable to organize itself around a central set of guiding principles.

Overview of Theoretical Foundations

The relationship between theory and practice within the Ericksonian community has always been contentious. While the conventional wisdom within the research community is that good practice should be driven by theory, this is not the position taken by most scholars and teachers of ET. Erickson taught his students to be skeptical of a dependence on academic constructs, which have the potential to impede a practitioner's flexibility and creativity. Rather, practitioners of ET generally consider clinical practice to be an ongoing research process, one that has greater value than overly reductionist models elaborated by people who have no direct knowledge of the client, therapist, or the immediate treatment context.

Consistent with these views, some who identify with ET have embraced the routine collection of numerical data, at the beginning and end of each therapy session, using a methodology known as feedback-informed treatment (FIT: Miller et al., 2016; Prescott, 2017). While only some embrace systematic data collection, all ET practitioners emphasize the importance of knowledge developed through concrete experience and direct observation (Matthews & Edgette, 1998). For these reasons, ET has been slow to delineate a precise methodology and a consensus view of its theory of change. Instead, practitioners of this model are taught to provide *differentiated treatment*, which is defined as the use of highly individualized verbal content, emotional processing, strategic cognitive engagement, or alterations to the clinical setting, based on ongoing assessment and flexible treatment planning that enables clinical practitioners to respond uniquely to each and every client.

In regard to theory of change, the great majority of ET practitioners orient themselves around views originally taught by Milton Erickson. While not using this exact terminology, Erickson essentially argued that the human organism is a complex, ever-changing, organized collection of intellectual, emotional, and biological processes, which have both conscious and unconscious dimensions. Furthermore, all humans possess impressive self-organizing, adaptive abilities that should be evoked and brought into service during the course of therapy (Short & Erickson-Klein, 2015).

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Empirical Underpinnings

The type of commentary most compatible with an open and exploratory style of practice is the clinical case report. When speaking of the empirical underpinnings supporting ET, the body of work given primary importance is the numerous qualitative studies by Erickson in which he outlines his careful, naturalistic, approach to clinical experimentation (Procter, 2001). During his prolific career, as a writer and clinician, Erickson published over 200 case studies (O'Hanlon & Hexum, 1990). Others inspired by Erickson's work continue to contribute to the existing body of knowledge using case reports or single-subject designs with pre and post test scores (Jacobs et al., 1998; W. J. Matthews et al., 1993; Nugent, 1993). Unfortunately, the majority of published research on ET is limited to longitudinal studies or quasi-experimental designs without a control group. This leaves us to question whether there is a causal connection between ET's treatments and outcomes.

In contrast, clinical trials are the only study design for evaluating and establishing a causal connection between outcome and treatment. Randomized clinical trials (RCT) are similar to clinical trials but involve randomization, thus ranking them highest in the hierarchy of evidence. However, due to its implicit biases toward drug treatment, an RCT design can be problematic when investigating psychotherapy. Another option appearing in outcome studies is the practical clinical trial (PCT), which focuses on correlations between treatments and outcomes in real-world health system practice, rather than focusing on proving causative explanations for outcomes (Tunis et al., 2003).

During the review of literature on ET only one study met criteria as a controlled clinical trial. It was an RCT conducted by Alexander Simpkins and Annellen Simpkins (2008), under the supervision of Ernest Rossi. This investigation compared the outcome of ET against an evidence-based therapy: brief dynamic therapy (BDT). Following a treatment period of six sessions, the study yielded no statistically meaningful difference between treatment conditions, with the exception of superior performance by ET on the Hopkins Symptom Checklist (HSCL).

While this research stands as one of the most important and well-designed studies of ET to date, there are significant limitations. These include issues of statistical power due to the small sample size (n=27), problems with rigor due to the absence of independent review of treatment implementation using empirically validated measures, and possible bias caused by dual roles as researcher and interventionist, with each therapist implementing both ET and BDT. The question that remains unanswered is whether a broader group of Ericksonian therapists trained by multiple teachers within the field can replicate the positive outcomes found in the Simpkins study.

For any school of therapy to be studied in a meaningful way, its theoretical framework must be conceptualized such that it is empirically testable and, for the purpose of assessment, allows an operationalization of carefully defined competencies. The lack of such a consensus model is considered a risk for the science and practice of professional psychotherapy (Rodolfa et al., 2013). In response to concerns such as these, Zeig, Miller, and myself collaborated to conduct an extensive, world-wide survey of the leading figures within the ET movement. This effort was aimed at developing a consensus view on the defining principles and core competencies of ET. Access to these data added to my earlier investigations of Erickson's work, which includes analyzing 1500 hours of recordings of Erickson teaching and conducting therapy as well as pursuing follow-up interviews with several of Erickson's patients. Additionally, I have studied ET's first-generation progenitors. This includes published interviews (ranging from 1996 to 2019) with many of ET's past and current teaching authorities and collaborative writing and teaching projects with various teachers and trainers of ET from around the world. These experiences prepared me to recognize the common factors contained within ET, rather than becoming ensnared in the type of insular focus that sometimes undermines expert opinion (Buncic, 2016).

After analyzing the results of the 2017 survey data, I preceded to distill a potentially limitless range of therapeutic activity down to six core competencies (*tailoring, utilization, strategic, destabilization, experiential,* and *naturalistic*). These were then operationally defined, experimentally tested, and described in the first widely disseminated treatment manual for ET (Short, 2019). For further clarification, a recent set of interviews with the field's leading authorities, about the six core competencies, have been made available for online viewing (Short, 2020a).

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Critically speaking, Ericksonian authors have been accused of creating an idiosyncratic nomenclature that obscures commonalities between itself and other similar approaches to therapy (Bloom, 2013). In an effort to remedy this problem, the labels that have been used to identify the six core competencies were drawn from a transtheoretical lexicon as much as possible. Therefore, not all of these labels were used by Erickson to describe his own work. For example, while Erickson often spoke of "the confusion technique" as something that is essential for promoting psychological change (Erickson, 1964b), in this framework the same skill set is identified as "destabilization." It is not only the transtheoretical usage of the term that makes it appealing but also its consistency of meaning as used in Gestalt therapy (Olthof et al., 2020), cognitive therapy (Hayes & Yasinski, 2015) and developmental psychology (Mortola, 2001). Simarily, terms such as "experiential," "tailoring," and "strategic" have a universality of meaning even across theoretical ideologies.

While the results of the survey and the development and validation of a measurement device for the core competencies of ET were presented by this author at the Society for Clinical & Experimental Hypnosis (SCEH) 70th Annual Workshops and Scientific Program, 2019, and an overview of the ET treatment manual was presented by Dale Bertram and Mike Rankin at the 13th International Congress on Ericksonian Approaches to Psychotherapy, 2019; this paper is the first introduction of this material to a scientific journal.

The final step for the identification of ET was to develop and test a measurement scale, which is identified here as the Core Competencies Scale-6 (CCS-6). To develop this scale, I relied on a qualitative analysis to identify six defining principles that subsume most of the techniques and clinical strategies common to the practice of ET. These are the six core competencies delineated in this paper.

The CCS-6 is a sum scales measure, which incorporates a 10-pt. Likert scale for six independent items. Each item is paired with a specific core competency label, a few descriptor terms for that competency, and a general description of high performance as well as a description of low performance. For example, the third item is labeled as "Utilization," which is followed by the descriptor "Utilized Intrapersonal and Interpersonal Dynamics & Situational Factors," with high performance defined as, "The primary focus was on accepting and utilizing client attributes," while low performance was defined as, "The primary focus was on changing client attributes."

When considering the meaningfulness of any core competency, it is important to recognize that this is not a test of academic knowledge. As originally argued by Polanyi (1974), competence is defined by tacit rather than explicit knowledge. Tacit knowledge is that which we know but normally do not easily explain, including the informed use of heuristics (practiced shortcuts), intuition, and pattern recognition. Thus, any hope at accurately assessing core competencies in ET (or any other therapy) would need to be based on behavioral observation, as opposed to traditional paper and pencil achievement testing. Accordingly, this measure is applicable for within-session assessment of therapeutic competence during any stage of therapy. While a detailed description of the research methodology and psychometric properties of the CCS-6 is beyond the scope of this paper, those who are interested can find this information in the published treatment manual for ET (Short, 2019).

Summary of the Literature Review

The literature reviewed clearly illustrates the need for further research into ET, an approach to therapy that has demonstrated worldwide appeal and a longevity spanning nearly half a century. While several attempts have been made to document the effectiveness of ET, this review only identified one carefully controlled clinical study that incorporated randomization and a treatment comparison group and thus capable of supporting causal inference.

The scholarly study of ET has been impeded by challenges of nomenclature, of replication, and of underlying assumptions about theory of mind and interpersonal influence that lack empirical validation (Bloom, 1991; Kirsch & Lynn, 1995; Matthews & Mosher, 1988). Until recently, ET has encompassed a bewildering array of disparate techniques, conceptual orientations, and interpretations making it difficult to delineate a precise methodology and a consensus view of the theory of change. Once described as a theory of psychotherapy that has no theory, ET has struggled for acceptance within academic communities and organizations governing treatment. In the words of Bill Matthews (2000), there is an urgent need to test the efficacy of Ericksonian therapy and its core components,

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lest this approach become isolated from scientific communities and eventually fade into obscurity.

Rationale for Study

What is missing from the current body of information is a well-formulated and concise answer to the question, "what is Ericksonian therapy?" This theoretical paper adds a more precise identity for ET relative to other established schools of thought. Similar to providing a street address for a private residence, the outcome of this analysis is meant to locate ET among other approaches to therapy and plot any boundaries that make it a unique and coherent body of professional practice. As a growing, global movement, ET demands attention and further study. Regardless of one's position, as a critic or an enthusiastic supporter, informed debate cannot precede without clear definition of what is being discussed.

During the past two decades, researchers have become increasingly interested in identifying skill sets that can divided into *Basic Competencies*, which are mostly independent of the theoretical orientation of the therapeutic approach, and *Core Competencies*, which are defined relative to the theoretical underpinnings of a therapeutic orientation (Koddebusch & Hermann, 2018). Competence is defined as "…an individual's capability and demonstrated ability to understand and do certain tasks in an appropriate and effective manner consistent with the expectations for a person qualified by education and training in a particular profession or specialty thereof" (Kaslow, 2004, p. 775).

While competence is understood as overall professional ability, the term competency describes single components of the performance. Thus, measures of competency are used to provide checks of intervention integrity during psychotherapy outcome trials. This helps confirm that therapists followed the treatment manuals and performed the therapy competently.

While asking the broader question, what is ET, the question of competency emerges. For example, does this approach have a discernible skill set that reflects its central principles and values? When individuals engage in training, is something special being taught? Thus, are there a unidimensional set of core competencies that can be observed and measured amongst those who claim to practice Ericksonian therapy so that systematic study can be conducted? The primary goal of this paper is to clarify and put forth a nomological representation of ET based on the six empirically defined core competencies, which are meant to locate ET among other schools of thought and define it as a professional practice (Cronbach & Meehl, 1955).

A Description of the Six Core Competencies

With the therapeutic practice of utilization as a possible exception, it is not likely that any one of ET's core competencies is entirely unique to the practice of ET. Part of the reason for this is the pervasive influence of Erickson's inspirational casework on the entire field of psychotherapy. More specifically, it has been argued that Erickson was the dominant genius, historically, of the psychotherapy field as it uniquely developed in North America, akin to Freud in Europe (Schwartz, 2016). Thus, direct mention of Erickson's influence is found in humanistic/constructivist therapies, such as solution-focused therapy and narrative therapy, as well as systems therapy, and while Erickson is not known for his efforts to mediate conscious reason (as commonly practiced in CBT), even his earliest casework (1930's) is filled with impressive examples of challenging thinking styles and beliefs and producing breath-taking cognitive reframes. As a student of psychoanalysis and behavior therapy, Erickson's work is also characterized by the frequent use of conditioning and desensitization as well as psychodynamic methods, such as making repressed memories available for conscious review.

This large shadow is potentially problematic for ET since the aim of any measure of core competencies is to focus as exclusively as possible on what distinguishes different modalities without including overlapping features. Yet when tested, the CCS-6 produced significant differences when rating ET versus other modalities--specifically: person-centered therapy, cognitive-behavioral therapy, and traditional hypnotherapy (Short, 2019). Perhaps this is because the defining feature of these six attributes is that within ET they exist as a *constellation* of integrated skills, which in theory can be observed and measured within a single session of ET, for anyone of its practitioners, at any clinical setting throughout the world.

This set of core competencies is not an exhaustive list of the skills demonstrated by Erickson or later practitioners of ET. Rather, these are primary attributes that help define the overall approach. When we ask the question, "How is ET differentiated from other

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therapies?" the answer is its practitioners demonstrate certain competencies that do not appear collectively in other forms of practice. This is not to say that no other therapy practices tailoring or that no other therapy practices experiential engagement. Rather, after having trained observers rate other similar therapies, none has been found to score as high on all six areas of competency, when compared to those trained in ET (Short, 2019).

If we ask, "Which of these competencies are likely applicable to multiple forms of therapy, and which might be more exclusive to ET?" the answer is nuanced. Erickson's work contains psychodynamic, humanistic/constructivist, cognitive-behavioral, systemic, and integrative elements. Interestingly, the argument has been made that the theoretical, clinical, and empirical foundations of any modern psychotherapy come from one of these continually evolving movements (Boswell et al., 2010). What most clearly distinguishes ET is its technical diversification. Because individual creativity is encouraged, each practitioner of ET may manifest a given competency using an unlimited number of techniques.

For the sake of comparison and contrast, I would argue that certain competencies are more (or less) likely to show up in other theoretical orientations. Most obviously, experiential therapies are characterized by an *experiential* approach. Cognitive-behavioral approaches are goal-oriented and therefore *strategic*. Pattern-oriented therapies, such as systemic therapies, which target rigid family interactions, and cognitive therapies, which target rigid thought processes; naturally promote *destabilization*. One of the basic tenants of integrative therapies is the importance of individualizing treatment to meet the idiosyncratic needs of the client and immediate situation. Therefore, we would expect to see tailoring as a skill set demonstrated by this population. This leaves *utilization* and *naturalistic* processes of change, which I believe are most unique to ET. While humanistic therapies share ET's predilection for self-organized change, it is only ET that explicitly promotes a process of change designed to capitalize on automatic behaviors, which is expected to occur outside of awareness, and without the need for conscious review.

In addition to giving ET its distinctiveness as a unique form of therapy, the following six categories represent common factors found in most ET sessions across a wide variety of clientele and presenting complaints.

Destabilization

In ET people are believed to be self-organizing creatures, which necessarily includes elements of change (or growth) and stability (or homeostasis). If any biosocial system becomes too rigid, whether it be cognitive, emotional, behavioral, or interpersonal; the individual will become insensitive to shifts in contextual demands. This naturally inhibits adaptation and can interfere with learning. In such instances, Erickson believed that it was necessary to induce a temporary period of destabilization so that some form of reorganization can take place.

Within ET, destabilization is defined as a momentary disruption of stable psychological patterns to encourage flexibility and learning. Therapeutic destabilization can be experienced in the form of doubt, uncertainty, surprise, shock, or confusion. Often referred to by Erickson as the confusion technique (Erickson, 1964b), destabilization temporarily interrupts conscious tracking by disrupting orientation to time, place, person, movement, or the meaning of words and events.

Accordingly, in ET the use of humor and surprise is considered an important part of therapy. Behavioral assignments that introduce some form of pattern interruption or therapeutic ambiguity are also common. While the use of hypnosis is not synonymous with ET, there is a close association. Ericksonian practitioners often use formal or conversational hypnosis to destabilize conscious and unconscious systems (Short, 2018). This is in keeping with Erickson's belief that hypnosis offers a unique opportunity to communicate new ideas and new perspectives. At times, the trance induction itself may be used to catapult a client into a state of destabilization and provoke internal reorientation. With or without the use of hypnosis, destabilization is meant to evoke curiosity and openness to a world full of surprises and new possibilities. It is not meant to overwhelm the client or create excessive dependency on the therapist's ideas.

While flexibility in biosocial systems is generally promoted by ET, the importance of individual integrity is also recognized. In other words, system flexibility is conceptualized as curvilinear in that too much (e.g., "I don't trust any of my thoughts") or too little (e.g., "I refuse to change my beliefs") is associated with poor functioning. Thus, when destabilization is employed it is

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used only to the point that an optimal degree of flexibility is achieved in which the client is able to maintain individual integrity while experiencing openness to change. Thus, therapeutic destabilization is needed only when it is necessary to circumvent a deeply established belief or rigid behavioral pattern. Accordingly, there is a growing body of evidence suggesting that the experience of surprise or uncertainty is essential for reorganizing beliefs and expectations held at very deep levels (Hayes & Yasinski, 2015; Tversky & Kahneman, 2015).

Naturalistic

In ET, the naturalistic approach is based on the possibility of suggesting to the client, either explicitly or through implication, that personal progress can occur naturally and automatically. For this competency to seem reasonable, a dualistic theory of mind is helpful. In ET there is an axiomatic assumption that within the unconscious, there are self-protective mental mechanisms capable of advanced problem solving, including planning and executing thought and action.

This form of suggestive therapeutics is one of the most unique elements of ET--the idea that *the of locus of change can remain outside of conscious knowledge*. Thus, the naturalistic approach is defined as any communication that facilitates the expectation that change can occur effortlessly and automatically. For example, this can occur when the therapist casually shares a story of another patient who had a similar problem and was able to reach full recovery without knowing how it occurred.

The concept of a naturalistic approach to hypnosis and therapy was introduced in Erickson's early writings (Erickson, 1944) and later elaborated as, "the acceptance and utilization of the situation encountered without endeavoring to psychologically restructure it" (Erickson, 1958a, p. 3). During hypnosis, rather than attempting to force an altered state of consciousness, Erickson would search for more organic and natural ways of allowing this heightened state of responsiveness to develop. If we look at this method of hypnotic induction as analogous to what can be achieved with therapy as a whole, then the therapy itself becomes a naturalistic induction for change.

Practitioners of ET seek to promote an organic form of change that is mostly facilitated by natural processes of growth and learning rather than external structure. While the therapist seeks to act as a catalyst for change, he or she does not attempt to control client outcomes. This subtle yet highly important difference is what separates the use of suggestion in ET from classical attempts at suggestion or persuasion. Accordingly, ET practitioners communicate, from beginning to end, therapeutic suggestions aimed at expectancy rather than control. For example, permissive suggestions, such as: help is available, change is imminent, the resources you need are inside you, you can do more than you realize, change can be automatic, progress is evident, and reality, as you know it, has altered; all provide space for individual discernment and self-organization (i.e., autonomous growth).

First and foremost, the practitioner seeks to validate the goodness of the client's mind and of his or her innate capacity for healing, learning, growth, and for seeking out new challenges. Often, casual conversation is used to introduce ideas that summon natural processes. For instance, asking a client what she will do when she is healed, interjects an implicit presupposition that healing will occur. To this same effect, throughout therapy a mood of expectancy is actively created so that possibilities can appear and be lived into.

In ET, addressing needs on an unconscious level is paramount, while problem resolution may or may not be needed on a conscious level. This is because unconscious processes are viewed as an important locus of change, and at times, the most powerful. This is because the unconscious mind is considered to be an immense reservoir of all of life's experiences and therefore able to process needs and experiences that are unknown to conscious awareness. According to Erickson, the naturalistic approach is advanced by developing a definite dichotomy (in the client's awareness) between conscious and unconscious functioning. While working with a single individual, Erickson would address two psychological systems, "You are sitting here in front of me with your conscious mind and your unconscious mind" (Erickson et al., 1976). Of these two, the unconscious processes are assumed by practitioners of ET to have greater access to memory, automatic functions, and greater capacity for processing internal and external stimuli.

To be naturalistic, the therapist must believe that clients have within them the answers needed to resolve their problems. It is also assumed that when solutions are intrinsically generated, they have greater therapeutic value than answers that have been manufactured by

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others. Thus, methodologies such as conversational induction (Short, 2018), permissive suggestion (Yapko, 2011), ambiguity (Lankton, 1983), or the snowball effect (Zeig, 1985a) are all aimed at stimulating the natural powers of change that exist within the unconscious portion of every human mind. When this occurs, achievement in therapy seems to come automatically and without conscious effort. A client who has experienced this might comment, "I don't know how it happened, but I am very different."

Strategic

Erickson argued that people are ever-purposeful creatures, with a strong need to influence internal and external life experiences (Short & Erickson-Klein, 2015). In ET it is assumed that all individuals have an elemental need to seek out challenges of their choosing, to strive toward personally meaningful goals, to build a preferred future, and to exercise personal will in regard to one's identity, relationships, and world view (Short et al., 2005). This is collectively referred to as self-agency, which means that within each human being there is a need to function as a self-organizing creature and strategic problem solver. This principle of wellbeing, which assumes that people of all ages are more likely to grow and thrive while embracing challenges and seeking solutions (Csikszentmihalyi, 2014), also seems true of animals in general (Meehan & Mench, 2007).

Within ET, being strategic is defined as any attempt to structure therapy as a problem-solving endeavor in which the client is positioned as the primary agent of change. Put more simply, a strategic approach communicates the idea that, "there is something you [the client] can do about this problem." The basic assumption is that clients are more likely to change, for the better, when they view themselves as capable problem-solving agents.

In ET, the role of the therapist is to serve as a tactical expert (someone knowledgeable of psychology, interpersonal dynamics, and mental health). This collaborative undertaking is aimed at increasing the client's striving to overcome obstacles and challenges, while drawing from his or her organic skill-set and a life-time of learning. Consequently, the general orientation of ET is focused on the client's future rather than his or her past.

Strategically creating the experience of self-agency involves shifting the ownership of change to the client. According to Erickson, the degree to which this ownership is established is what differentiates an unremarkable end, to yet another problem, into a transformational moment. In Erickson's words, strategic therapy is the process of "shifting from the therapist to the patient the entire burden of both defining the psychotherapy desired and the responsibility for accepting it" (Erickson, 1964a). With the locus of therapeutic problem solving convincingly located within the client's mind and body, the generalization of therapeutic effect becomes more probable. This crucial point, that problem resolution is not intended to be achieved by the therapist, is based on the simple idea that people need to develop their own problem-solving skills in order to thrive outside of therapy. Accordingly, this process of internal attribution has been shown to decrease the likelihood of relapse after the conclusion of therapy (Kopel & Arkowitz, 1975).

Utilization

The concept of utilization is considered by many to be one of Erickson's greatest contributions to psychotherapy. It is a competency-based approach to therapy in which every client is met with acceptance and appreciation for what he or she can do. Having grown up in an era of subsistence farming, Erickson understood the value of using everything at hand and compared utilization to organic farming (O'Hanlon & Weiner-Davis, 1989). The basic logic of utilization is to seek cooperation from clients in a way that the individual is ready and able to cooperate. For example, if a teenage client is angry about being forced to see a therapist, and therefore refusing to speak during therapy; then that anger can be utilized as a starting point. An ET therapist might ask, "Do you think your parents are wrong?" This single question (posed to an angry teen) will often produce a flood of emotional self-disclosure. If the teen is serious about not speaking, then an ET therapist would assure her that she does not need to speak, nor does she need to keep her eyes open, nor does she need to listen, consciously, to anything that is said. This would be followed up with hypnotic, ego-strengthening suggestions. Thus, highly compliant individuals are asked to comply, whereas resistant subjects are invited to resist. Those who can't stop a behavior are asked to perform the behavior (to a

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point of fatigue) and those who are ready to take charge of their therapy are given the space to do so.

A central premise of utilization is that becoming actively engaged in meaningful activity is itself an important mechanism of health and therefore essential to therapy. Within ET, utilization is defined as the ability to make practical use of client attributes, capabilities, interpersonal dynamics, and situational factors, towards some meaningful end. This psychotherapeutic strategy engages circumstances, habits, beliefs, perceptions, attitudes, symptoms, unproductive behavior, or resistances in service of the overarching goals of therapy (Short & Erickson-Klein, 2015).

The basic assumption is that all behavior has value if given a fitting context and a meaningful objective. For example, auditory and visual hallucinations have played a defining role in the leadership of some of history's most influential individuals (e.g., Joan of Arc). The philosophical foundations of utilization rests on the bedrock of Jamsean pragmatism (Short, 2020b). In this system of thought, the fundamental decision-making point is the final outcome—the concrete thing that is produced by our thoughts or actions. From this perspective, people live as problem solving creatures who are most likely to thrive when focused on the task of achieving meaningful outcomes. Utilization builds on this philosophy and transforms it into a principle of growth and healing by taking something that is central to the client's sense of self and utilizing it toward some subjectively meaningful outcome. Rather than requiring the client to do something that he feels he cannot do, the therapist invites him to do the thing that comes most naturally, or perhaps the thing he cannot stop himself from doing.

In order for the process of utilization to be therapeutic, the outcomes that are realized need to have a close connection with the client's goals, emotional aspirations, and core value system. Returning to the example of a teenage client who entered therapy angry at her parents, if it becomes clear that her highest priority is being liked by her peers, then the therapy would be organized around this goal. In ET, therapeutic outcomes are defined by their alignment with the client's emotional aspirations as well as the activation of existing skill sets.

As with other humanistic therapies that prioritize self-organizing change, whether or not the outcome is judged by the practitioner to be meaningful is of less significance. According to this principle of validation, therapy should not attempt to isolate people from the background of learning produced by their personal experiences within a family, profession, culture, or religion. For example, when helping a child (struggling with anxiety linked to perfectionism) who has been taught by her parents that grades are extremely important, an ET therapist might set up a tracking system with letter grades for her and her parents as the family learns to be more playful and happy-go-lucky.

While an attitude of acceptance is a necessary element of utilization, it alone is not sufficient. Utilization takes acceptance one step further by turning it into goal-oriented action, an action tailored to fit the immediate situation. This is different from traditional psychotherapy, which aims the focus of attention inward, "How do you feel about that?" In contrast, utilization aims the focus of attention outward, to a world of possibilities, "What are you able to do about that?" For example, a teenage boy who is rebelling against his overly controlling parents might be asked what would be the best way to put his parents in shock (an emotionally appealing objective). The next question would be, "What if you took back control by studying more than they think is necessary, or mowing the yard more often than they wish for you to do?" As I told one such client, "The awesome thing about this type of defiance is that there is no way they can justify punishing you!" My young client took serious delight in what he was able to achieve (external focus). His parents were left speechless. The expectation is that whenever the therapist is able to negotiate an ongoing series of cooperative exchanges, aimed at achieving meaningful outcomes, a reorientation is achieved within the client as adaptive processes engage and self-organization once again seems possible.

Experiential

Another defining trait of ET is how it prioritizes open-ended, experience-based learning. The assumption is that lasting change requires learning, and people are more likely to learn from experience, rather than didactic instruction. It is also assumed that learning occurs on different levels, many of which exist outside of conscious awareness. Therefore, therapeutic communication should extend beyond the limits of language and conscious processing.

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Within ET, an experiential method is defined as any task that requires physical action, or any communication that elicits processing at pre-verbal levels, resulting in an emotionally heightened experience as well as some element of self-reflection or generativity. As explained by Erickson, "…hypnotic psychotherapy is a learning process for the patient…Effective results…derive only from the patient's activities. The therapist merely stimulates the patient into activity, often not knowing what that activity may be, and then guides the patient and exercises clinical judgment in determining the amount of work to be done to achieve the desired results. How to guide and to judge constitute the therapist's problem, while the patient's task is that of learning through his own efforts to understand his experiential life in a new way. Such reeducation is, of course, necessarily in terms of the patient's life experiences, his understandings, memories, attitudes, and ideas; it cannot be in terms of the therapist's ideas and opinions" (Erickson, 1948, p. 575). Because it is such an emotional event, hypnosis is a particularly useful tool of experiential learning. Thus, hypnotic trance should be viewed as one end of a continuum of experiential involvement, through which an unlimited array of experiential events can be produced (i.e., a person can experience nearly anything during the deep imaginative involvement of hypnosis).

What makes the experiential component of ET especially unique is the multi-layered manner in which the "calling forth of solutions" is achieved. Experiential events range from the use of metaphors, indirect suggestion, healing rituals, and ambiguous tasks, to the formal use of hypnosis. Another unique quality that distinguishes experiential work in ET from other therapies is its near limitless field of application, which ranges from the consultation room, to the home, work, school, or even the top of a mountain. Most famously, Erickson encouraged his patients to climb to the top of a nearby mountain to gain a broader perspective on life events. This experiential event often produced important insights or shifts in awareness that were difficult to define with words (Zeig, 2019). These experiential events are conducted outside of the therapy office, in the client's natural world, in order to communicate the idea that the process of growth, learning, and adaptation is part of the individual's life and is not limited to a consultation room.

Whatever the method may be, ET seeks to elicit an experiential sense of self-determination and adaptation. This is done through the integration of conscious and unconscious resources, leading to a building of new associations, acceptance of what cannot be altered, and empowerment to make meaningful choices in daily life.

Tailoring

One of the basic tenets of ET is that all people are unique, therefore all clients require a unique therapeutic experience. Unimpressed with the results produced by treatment standardization and replication, Erickson viewed the individualization of treatment as a therapeutic imperative (Erickson, 1964c, 1966). As explained by Erickson, "Psychotherapists cannot depend upon general routines or standardized procedures to be applied indiscriminately to all their patients. Psychotherapy is not the mere application of truths and principles supposedly discovered by academicians in controlled laboratory experiments. Each psychotherapeutic encounter is unique and requires fresh creative effort on the part of both therapist and patient to discover the principles and means of achieving a therapeutic outcome" (Erickson & Rossi, 1979, p. 209).

Any time an intervention is uniquely tailored to meet the idiosyncratic needs of the immediate situation, it is correct to argue that a non-standardized approach to therapy has been employed. This highly creative and extemporaneous approach to therapy is a signature of ET. Within ET, tailoring is defined as the modification of interpersonal dynamics and salient treatment factors in order to best meet the immediate needs of the client. An important mandate implicit in tailoring is that the client should not have to modify his or her behavior to fit the needs of the therapist. Rather, it is the therapist's responsibility to adapt his or her style of relating to fit the needs of the client. Using the language of ethics, this type of professional care is viewed as a fiduciary responsibility (Kutchins, 1991).

To achieve tailoring, the practitioner must be able to discern how each client is different from all others. This includes recognition of hidden strengths and resources and an appreciation for the client's passions and unique interests. For ET it is important to inquire about what the client considers to be his or her idiosyncratic qualities, such as favorite memories, long-term dreams, most important needs, strongest values, and deepest desires or wishes. All of these are a meaningful part of the client's total identity and therefore a powerful engine for change.

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Thus, the therapist seeks to learn the client's unique individual ways of responding and then uses the knowledge to modify all subsequent therapy. This will lead to a unique experience and special relationship with each individual client that is arguably a common factor in most effective approaches to psychotherapy (Norcross & Wampold, 2011).

Discussion

When we consider the long-standing divide between research and practice, it seems likely that part of the appeal of ET to practitioners might be its formation and gradual evolution from within the field of practice rather than as a byproduct of an academic research paradigm. Accordingly, it has been argued that many of the scientifically supported approaches are essentially retrofitted biomedical models that neglect the realities of therapy process and inhibit treatment innovation by care providers (Deacon, 2013).

In contrast, practitioners seem to be attracted to ET's rich healing narratives, which inspire creativity and hope for change. For example, in a paper that describes the benefits of ET for treating pediatric hematology/oncology patients, Jacobs, Pelier, and Larkin (1998) note that, "This dynamic approach taps into the imagination of the clinician as well as the patient" (p. 139). In regard to its expansiveness, it has been argued that ET addresses the dire need to broaden the assumptions and pragmatics of traditional psychotherapy, to recognize and accommodate the worldview, values and communication style, and patterns of other cultures outside the United States (Kim, 1983).

The rapid spread of ET 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 and China, all continue to experience high demand for training in ET and also have a growing number of institutes requesting formal affiliation with the Milton H. Erickson Foundation (Short, 2019). While seeking to make sense of ET's seemingly universal appeal, it has been argued that Ericksonian concepts are neither culture specific nor application bound (Windle & Samko, 1992).

Limitations and Future Directions

While the current study adds conceptual clarification, a great deal of work is needed to establish ET as an empirically supported therapy. Due to the virtual absence of rigorous outcome studies on the topic of ET, the efficacy of its clinical outcomes is not yet established. While the conceptual framework that was developed for this paper has some empirical underpinnings, that research has not yet been subjected to the scrutiny of a refereed journal to establish its quality. Further investigation by independent teams of researchers is crucial for establishing the utility of the CCS-6 and the universality of the six core competencies within the field of ET. Hopefully, researchers in different parts of the world will make use of the tools provided in the ET treatment manual and conduct cross-cultural studies so that we can advance and expand our knowledge of ET beyond the confinements of American society, hopefully contributing to a universal perspective in understanding the care of human consciousness.

Conclusion

While having the practice of creative, flexible and highly individualized process work built into the philosophy of a given psychotherapy has strong therapeutic advantages; one big disadvantage is the conflict with requirements of experimental methodology grounded in biomedical research traditions, such as the use of standardized treatments, which make precise replication possible. This is why the identifying markers produced by this study are important and necessary for future research in ET. A description of the core competencies of ET not only helps provide practitioners with a thorough grounding in the knowledge and skills associated with competent practice, but also provides a standard against which researchers can determine if an observed therapy is a valid sample of ET. Hopefully this work will also stand as an example for other schools of psychotherapy that wish to avoid the poor outcomes associated with the rigid application of manualized treatment (Kendall & Beidas, 2007) while still meeting the demands of replication and sound experimental design.

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