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The Essence of Ericksonian Psychotherapy: Toward a Manualized Resource

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ABSTRACT

Ericksonian therapy, distinguished by its adaptive and individualized methods, is simultaneously celebrated for its innovation and critiqued for its lack of theoretical structure. To address this issue, we explore the essence of Ericksonian therapy, emphasizing the need for a structured yet adaptable operational framework to support its application in clinical, educational, and research contexts. Recognizing the challenges posed by the fluid and client-centered nature of Ericksonian methods, we review a framework grounded in six core competencies that are distinct within Ericksonian therapy. The identified competencies: tailoring, utilization, strategic interventions, destabilization, experiential methods, and naturalistic change; aim to balance the therapy's inherent adaptability with the necessity for teachability and empirical validation. Drawing on empirical evidence and theoretical insights, the article underscores the importance of operationalizing Ericksonian therapy to bridge the gap between its dynamic artistry and the structured demands of modern scientific inquiry. By advancing a manualized resource grounded in six core competencies, this article seeks to reconcile Ericksonian therapy's complexity with the demands of research, training, and diverse clinical applications.

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Milton H. Erickson's contributions to psychotherapy have left an indelible mark on the field, redefining therapeutic interaction through a creative, individualized, and often paradoxical approach. Erickson's methods, characterized by their adaptability and client-specific techniques, eschew rigid procedural frameworks in favor of relational engagement and real-time innovation. However, the very flexibility that defines Ericksonian Therapy (ET) also poses challenges to its widespread adoption and empirical evaluation. For example, Hammond (1984) has argued that, although Erickson was a brilliant and pioneering therapist, many of his followers adopted his methods without fully understanding the underlying principles. This widespread but superficial enthusiasm led to a tendency to imitate his techniques indiscriminately, hindering efforts to clearly identify and appreciate the core concepts of his approach. As Erickson's work gained popularity, it fostered a kind of mythic allure – encouraging practitioners to pursue innovation without a solid grounding in the deeper wisdom that guided his practice. Without a clear operational definition

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that is linked to a set of foundational principles, the therapy risks being misunderstood, inconsistently applied, and inadequately studied.

A number of efforts have been made to identify underlying principles, though none have led to an evidence-based resource. Through a synthesis of theoretical insights and empirical evidence, we argue that Ericksonian therapy's potential as a transformative and innovative modality can only be fully realized with a clearly defined yet flexible manualized framework. We explore the hypothesis that Ericksonian therapy requires a precise operational definition to ensure fidelity to its essence while concurrently enabling integration into research, training, and clinical practice.

Operationalizing Ericksonian therapy involves balancing two seemingly opposing imperatives: preserving the therapy's adaptability while ensuring reliable teachability and evaluability. A step in this direction was taken with the development of the Core Competencies framework grounded in relational principles and evidence-based methodology. Numerous scholarly works and existent research are drawn upon to articulate the essence of Ericksonian therapy. These sources converge on three central themes: 1) the importance of relational dynamics, 2) the polymorphic nature of Ericksonian methods, 3) the foundational elements of core competencies as they relate to the practice of Ericksonian therapy (Short, 2019). By advancing a manualized resource, this article seeks to clarify Ericksonian therapy's principles and practices while safeguarding its unique capacity to adapt to diverse clinical needs.

Theoretical Foundations

Ericksonian therapy, sometimes referred to as Ericksonian psychotherapy or Ericksonian hypnosis, reflects the manner in which Erickson integrated hypnosis, both formal and informal, into his therapeutic work, seldom drawing a clear distinction between hypnotic and psychotherapeutic processes. This emphasis on relational dynamics is reflected in the academic text *Trancework* (Yapko & Criswell, 2025), where Erickson is widely recognized for shifting clinical hypnosis away from rigid, ritualized procedures toward a more naturalistic, interaction-based approach.

Erickson (1958) emphasized his own approach involved a transformative process, "One of the most important of all considerations in inducing hypnosis is meeting adequately the patient as a personality and his needs as an individual . . . . there is an imperative need to accept and to utilize those psychological states, understandings and attitudes that the patient brings into the situation" (pp. 7–8). He further described this approach stating, "By naturalistic approach is meant the acceptance of the situation as encountered and the utilization of it, without endeavoring to restructure it psychologically. In so doing, the presenting behavior of the patient becomes a definite aid and an actual part in inducing a trance, rather than a possible hindrance. For lack of a more definite terminology, the method maybe termed a naturalistic approach, in which an aspect of the principle of synergism is utilized" (Erickson, 1958, p. 5).

Currently, Ericksonian therapy is broadly defined as goal-oriented, problem-solving therapeutic endeavors grounded in methodology inspired by the teachings and casework of Milton H. Erickson (Short & Erickson-Klein, 2015). For classification relative to other schools of thought, Ericksonian therapy has been concisely defined as an experiential,

phenomenologically-based approach to problem solving that utilizes existing client attributes while evoking natural processes of learning and adaptation (Short, 2019).

As demonstrated in the literature, the great majority of Ericksonian practitioners orient themselves around views originally taught by Milton Erickson (Rossi, 2013). 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).

Seeking to locate Ericksonian therapy within a broader constellation of theories on psychological health and human thriving, Short (2019) argues that, similar to other forms of drive theory, Ericksonians generally recognize a large class of instinctual needs that are highly relevant to health and wellbeing. Most who prioritize self-determination (Deci & Ryan, 2008) view people as having both universal and idiosyncratic needs that are innate, which drive behavior and produce a sense of flourishing and physiological wellbeing as these needs are satisfied.

From this perspective, human thriving is in great part a subjective experience derived from an ongoing process of need fulfillment. *The question that remains is how Ericksonian therapy uniquely addresses these needs*. We propose the integration of three key components, integral to the therapeutic process, to identify Ericksonian therapy: the strength of the relational connection, the flexibility and creativity by which clinical strategies are applied, and the inclusion of certain core competencies. Each element is a pillar of practice.

Relational Dynamics as a Pillar of Practice

At the heart of Ericksonian therapy lies its emphasis on relational dynamics. In addition to the many other innovative ideas that Erickson introduced into psychotherapy and hypnotherapy, his emphasis on client-centeredness and resource orientation (i.e., competency-based therapy) brought a remarkable innovation to the care of human consciousness that stands in stark contrast to the practice of authoritative medicine and prestige suggestion in hypnotherapy (Erickson, 1948). As argued by Peter (2024), Erickson achieved this shift in large part by reintroducing the word "unconscious" into hypnosis as a metaphor for a person's positive resources that are accessed by means of permissive suggestion and used to overcome problems and strengthen self-efficacy. This duality opened new opportunities for both problem-solving and interpersonal connection.

For Ericksonians, the therapeutic alliance is not merely a backdrop but an active component of the healing process, characterized by trust, collaboration, and mutual engagement – at both conscious and unconscious levels (i.e., a tacit feeling of being known and understood). For example, like Erickson, contemporary practitioners employ metaphorical storytelling and indirect suggestions to engage clients on an unconscious level, creating a sense of safety and collaboration (Kirmayer, 1988; Larkin & Zabourek, 1988; Rossi, 2013).

Erickson came to view therapy as a co-creative endeavor, where the interaction between therapist and client shapes the trajectory and outcome of treatment (Rossi & Rossi, 2008). The use of permissive, growth-oriented techniques exemplifies the importance of relational skills in Ericksonian therapy and highlights the need for operational frameworks that

prioritize these dynamics. As Erickson explained in metaphorical terms, "You should enjoy the process of waiting . . . There is nothing more delightful than planting flower seeds and not knowing what kind of flowers are going to come up" (Erickson & Rossi, 1979a, p. xiv).

Ericksonian therapists carefully train to build rapport, establish trust, and adapt their communication to the client's unique needs, fostering an environment that supports change. While numerous psychotherapeutic directions emphasize client connection, rapport, and empathy as key components, the way Erickson related to his clients was distinct. Because Ericksonian therapy is an approach to both physical and mental health that prioritizes interpersonal proficiency over procedural adherence, any serious attempt to study it must adequately address the process of relationship formation.

For example, one of the most widely read books on Erickson, *My Voice Will Go With You* (Rosen, 1982), presents a collection of Erickson's teaching tales without offering interpretive commentary, allowing readers to engage directly with the material. In a later work, Rosen (2020) attempted to distill the key elements that contribute to the effectiveness of Ericksonian therapy. He concluded that Erickson's personal qualities, particularly his expectations, optimism, and use of humor, played a crucial yet often intangible role in modeling and entering the patient's worldview.

The themes of past Ericksonian congresses and scholarship reflect Erickson's belief in the transformative power of connection. As Erickson (1945) stated early in his career, the usefulness of hypnosis " . . . lies in its effectiveness in building up patient morale and in establishing a physician-patient relationship of profound trust, confidence, and security that so often constitutes a vital factor in helping the patient to adjust adequately to the problems of invalidism. Especially is this so when the invalidism involves serious psychic distress" (p. 37). The application of this teaching has resulted in tailored interventions that adapt to clients' unique needs and circumstances, fostering a sense of safety and collaboration that empowers clients to explore and address personal challenges. This adaptability not only strengthens the therapeutic bond but also ensures interventions remain relevant and impactful, aligning with evidence that mutual collaboration enhances both relational dynamics and treatment efficacy (Lynn & Hallquist, 2004).

This perspective aligns with broader psychotherapy research, which consistently identifies the therapeutic alliance as the single best predictor of clinical outcomes across therapy modalities (Ardito & Rabellino, 2011; Baier et al., 2020; Nienhuis et al., 2018; Safran, 2010), even when testing the effectiveness of psychopharmacological interventions (Leuchter et al., 2014). In particular, trust, collaboration, and mutual respect are some of the strongest predictors of positive outcomes across psychotherapeutic modalities (Flückiger et al., 2012; Horvath & Symonds, 1991). Furthermore, recent findings extend this evidence to remote and digital therapy settings, demonstrating that the alliance remains a critical factor even in technologically mediated contexts (Kaiser et al., 2021).

The Polymorphic Nature of Ericksonian Therapy

While the therapeutic alliance is crucial, it is important not to underrepresent cognitive and behavioral mechanisms underlying change. While it is clear that Ericksonian techniques have great popularity amongst hypnotherapists (Palsson et al., 2022), the number of concrete behavioral tactics that could be used to define this approach are potentially

limitless. Furthermore, there is no distinct procedural protocol to serve as a conceptual anchor.

Rather, Ericksonian therapy embraces the notion that change is best understood as an emergent process, defined by the dynamic interaction between behavioral adaptations and environmental contingencies. It is therefore necessary to identify Ericksonian therapy by its polymorphic and dynamic nature – constantly adapting to the unique needs of the client and of the moment.

The term polymorphism is used to identify any procedural system that is fluid and highly individualized. For Ericksonian therapy, polymorphism is both its defining hallmark and its conceptual challenge. Erickson's perspective on hypnosis, often described as "a way of communicating with a person's unconscious mind," reflects this flexibility, emphasizing emergent interpersonal dynamics over predefined techniques (Cheek, 1994).

Historically, Ericksonian therapy has resisted the mechanistic models of 19th- and early 20th-century psychology, which favored linear processes and standardized protocols. Instead, it aligns with complexity theory, viewing human behavior as a self-organizing system that requires flexible therapeutic interventions (Kunnen et al., 2001; Short & Erickson-Klein, 2015). If we perceive people as intelligent, self-organizing systems who, by evolutionary design and neurological necessity, must pursue personally meaningful goals in unique and variable ways (Merzenich, 2013); then it becomes clear that effective problem-solving collaborations must support adaptive efforts to organize, disorganize, and reorganize (Montuori, 2003).

Erickson's real-time innovation exemplifies this principle, as he crafted unique strategies for each client, prioritizing efficacy over adherence to theoretical frameworks. Jay Haley (1993) highlighted Erickson's remarkable flexibility, commenting, " . . . the most paradoxical aspect of Erickson's therapy is his willingness to accept what the patient offers while simultaneously inducing a change. Therapy is a process of accepting the patient's way while simultaneously diverting the patient to a new direction" (p. 18).

The idea that therapy should be outcome driven rather than theory driven resonates with William James's philosophy of pragmatism, which emphasizes the practical consequences of ideas and actions as the ultimate test of their truth and value (Short, 2020). By focusing on what yields positive outcomes for the individual, Erickson's work underscores a dynamic, outcome-oriented ethos that remains a hallmark of his therapeutic legacy (Duncan et al., 2011; Lankton, 2020). This adaptive style not only enhances client engagement but also underscores the need for a framework that can encapsulate Ericksonian therapy's flexibility while offering clear guidelines for application.

Core Competencies as a Structural Framework

To operationalize Ericksonian therapy without undermining its adaptive nature, an international team of Ericksonian scholars have identified six core competencies: tailoring, utilization, strategic interventions, destabilization, experiential methods, and naturalistic change. These competencies were made available in a manual that bridges the gap between Ericksonian therapy's dynamic artistry and the structured demands of scientific inquiry (Short, 2019). These competencies serve as the foundational pillars for Ericksonian therapy,

offering a structured yet flexible guide for practice and education (Feldman, 2021), while also introducing a technically relevant and globally accepted vocabulary (Hart, 1999).

Each competency addresses a critical aspect of Ericksonian practice:

(1) **Tailoring** involves customizing therapeutic interventions to align with the client's unique context and needs.
(2) **Utilization** incorporates the client's existing behaviors and environment as resources for change.
(3) **Strategic Interventions** focus on goal-directed and purpose-driven actions that facilitate growth and enhance self-efficacy.
(4) **Destabilization** uses both verbal and non-verbal techniques to disrupt rigid ideas, maladaptive behavioral patterns, or entrenched emotional states, encouraging clients to explore new feelings, perspectives, and behaviors.
(5) **Experiential Methods** engage clients in activities or exercises that evoke insights and emotional shifts at pre-verbal, tacit levels of awareness.
(6) **Naturalistic Change** promotes subtle, automatic transformations – developments that feel spontaneous rather than effortful or forced – which are experienced as highly authentic forms of self-expression.

These competencies provide a shared language for practitioners and educators, ensuring consistency across applications while preserving the therapy's client-centered essence. Their integration into training programs offers a pathway for standardizing Ericksonian methods without constraining innovative potential. For a detailed exploration of these competencies, *The 2019 Research and Teaching Manual for Ericksonian Therapy* (Short, 2019) describes the development and empirical grounding of these ideas while also providing instrumentation for ongoing studies. This open-source document for bridging the gap between Ericksonian therapy's dynamic artistry and the structured demands of scientific inquiry has been globally embraced and is currently available in six different languages: English, French, German, Italian, Portuguese, and Spanish.

Contained within this manual, the Core Competencies Scale –6 (CCS-6) is a research and teaching tool designed to measure the proficiency of practitioners in applying the six core competencies of Ericksonian therapy. The reliability of the CCS-6 has been evaluated, yielding a Cronbach's alpha coefficient of 0.76, indicating acceptable internal consistency. Additionally, discriminant validity was established by comparing scale scores from recognized experts in Ericksonian therapy to those from experts in other therapeutic fields. The results demonstrated a significant difference, with Ericksonian practitioners achieving higher scores ($M = 49$, SD = 8) compared to their counterparts ($M = 22$, SD = 11), $t(65) = 5.01$, $p < .0001$. These findings support the CCS-6 as a reliable and valid instrument for assessing practitioner proficiency in Ericksonian therapy (Short, 2019, 2021).

The CCS-6 is a behavioral observation form that provides a structured framework for evaluating samples of a given practitioner's ability to implement the six core competencies. This tool is crucial in clinical trials as it ensures fidelity in the therapeutic approach, facilitates objective comparisons across studies, and supports empirical validation of Ericksonian methods. While the primary purpose of the CCS-6 is to enhance reliability

and rigor in researching therapeutic outcomes, Short has received positive reports from individuals and training institutes that have adopted its use for self-monitoring or group feedback purposes (see Appendix).

Application of the Core Competencies

The six core competencies of Ericksonian therapy: tailoring, utilization, strategic interventions, destabilization, experiential methods, and naturalistic change, serve as the backbone for its practical application. These competencies transform the abstract principles of Ericksonian therapy into observable, teachable, and measurable actions, ensuring that the approach remains accessible to researchers, educators, and clinicians.

Tailoring and Utilization in Practice

Tailoring is defined as the process of customizing therapeutic interventions to align with the client's unique psychological, cultural, and situational context, ensuring relevance and effectiveness in treatment. This core competency emphasizes aligning therapeutic interventions with the client's unique psychological, cultural, and situational context. Erickson emphasized the importance of this core competency stating, "No patient is the same as any other patient, and even the same patient changes from moment to moment. Hence every therapy must be individualized and every technique newly created for each patient" (Erickson & Rossi, 1979b, p. 12).

Accordingly, Ericksonian therapy is centered on the assumption that adherence to a particular set of procedures will undermine the relational and co-creative character of therapy, which demands flexibly, cooperation, and curiosity in responding to the emergent needs of each unique individual. Outside research on individualized therapy supports the advantages of tailoring interventions to client-specific needs. A systematic review by Norcross and Wampold (2011) highlights that matching therapeutic techniques to client characteristics – highlights that matching therapeutic techniques to client characteristics leads to significantly – leads to significantly better outcomes compared to a standardized approach. In the context of hypnosis, studies demonstrate that customizing induction strategies to align with a client's unique psychological state enhances the depth and effectiveness of the hypnotic experience. For example, Lynn et al. (2015) found that adaptive hypnotic techniques led to greater responsiveness and reduced resistance, particularly in clients with high skepticism about traditional hypnotic methods.

Contemporary practitioners of Ericksonian therapy frequently adapt their language and techniques to resonate with their clients' values and worldviews, fostering a deeper sense of connection and engagement. In this way, Ericksonian therapy addresses the 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 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 and China, all continue to experience high demand for training in Ericksonian therapy and have a growing number of institutes requesting formal affiliation with the Milton H. Erickson Foundation (Short, 2019). While seeking to make sense of

seemingly universal appeal, it has been argued that Ericksonian concepts are neither culture specific nor application bound (Windle & Samko, 1992). Rather, information Ericksonian therapists gather during communication (both verbal and non-verbal) is utilized in an individual manner specific to the person and his or her needs at that specific point in time.

In this regard, utilization complements tailoring by leveraging the client's existing behaviors, beliefs, and strengths as therapeutic resources. Utilization is defined as the strategic incorporation of a client's existing behaviors, beliefs, symptoms, and environment into the therapeutic process to facilitate change and enhance engagement. Leading Ericksonian scholars (e.g., Lankton, 2010; Zeig, 2019) have identified the concept of utilization as central to Erickson's ability to generate a strong therapeutic alliance.

This approach not only builds rapport but also encourages clients to see their circumstances as opportunities for progress. As explained by Erickson, utilization is the integration of the "subject's own attitudes, thinking, behaviors and aspects of their own reality situation, variously employed [toward a therapeutic agenda]" (Erickson, 1959, p. 301). A classic example of this methodology is Erickson's work with a delusional patient who wore a sheet and identified himself as Jesus Christ. Erickson harnessed these beliefs for therapeutic gain by convincing the man to serve humankind through outdoor volunteer work. Also, because Jesus was a carpenter, he was encouraged to build bookshelves for the psychology lab. As a result, the patient was less marginalized, enjoyed being recognized as a valued contributing member to his community, and with time no longer needed the narcissistic delusion (Haley, 1973).

Erickson's utilization approach demonstrates the power of adaptability and the value of prioritizing the discovery of hidden potential, rather than leading with an effort to change the individual. By learning to leverage clients' existing behaviors, beliefs, and contexts, practitioners of Ericksonian therapy turn perceived obstacles into therapeutic opportunities (Feldman, 1988; Lynn & Hallquist, 2004).

Strategic Interventions and Destabilization

Strategic interventions in Ericksonian therapy are deliberate, goal-directed therapeutic actions designed to disrupt maladaptive patterns, evoke resourcefulness, and facilitate adaptive problem-solving. This form of behavioral intervention emphasizes the creation of self-organized problem-solving contexts, empowering clients to take ownership of their progress by identifying the problem they wish to solve and the goals they wish to pursue.

These methods draw from the inherent human drive for growth and mastery, fostering personal agency as clients work collaboratively with their therapist to achieve meaningful goals. This is in keeping with Erickson's emphasis on shifting the responsibility for defining and achieving therapeutic goals to the client, while allowing for spontaneous insights and solutions to emerge from within (Erickson, 1964).

Such interventions operate on key assumptions, including the belief that people grow through challenges and possess untapped problem-solving capacities. Techniques, such as encouraging a client to be curious as they climb a mountainous hiking trail, are designed to disrupt rigid patterns, refocusing attention on possibilities rather than obstacles. By prioritizing the client's unconscious insights and individual strengths, these methods help cultivate a collaborative therapeutic environment. Across psychotherapy traditions, experts

agree that focusing on internal agency not only enhances engagement but also ensures that therapeutic breakthroughs align closely with the client's unique needs and life circumstances (Williams & Levitt, 2007). In this way, strategic interventions achieve profound and lasting change by fostering a sense of autonomy and possibility in clients.

In direct contrast, destabilization in Ericksonian therapy is defined as the intentional disruption of rigid cognitive, emotional, or behavioral patterns to create openness for adaptive change and novel perspectives. By temporarily disorienting clients or challenging entrenched perspectives, this method creates a dynamic space where novel solutions can emerge. Rooted in Erickson's belief that rigidity inhibits growth, destabilization leverages moments of doubt or surprise to facilitate unconscious reorganization and adaptive shifts in thought and behavior.

Techniques like paradoxical interventions exemplify this approach, in which clients are encouraged to amplify their problematic behaviors or thoughts. This often undermines the rigid expectations associated with the original issue and enables a reframing of personal experience. This process theoretically disrupts the client's habitual responses and elicits unconscious insights that align with healthier coping mechanisms.

Other methods used by Ericksonians include humor, confusion, and contradiction. Each of these challenge fixed mental frameworks. The confusion technique, for instance, deliberately disorients conscious tracking by introducing surprising or contradictory statements. This destabilization catalyzes unconscious processes, enabling clients to explore alternative perspectives and solutions in a way that feels organic and self-generated. Techniques like reframing or shifting the contextual meaning of a symptom further illustrate how destabilization can encourage clients to constructively reinterpret their challenges.

Experiential Methods and Naturalistic Change

In contrast to the purely explorative hypnoanalytic procedure used to access clinically relevant memories, Erickson's use of hypnosis often involved the addition of corrective new experiences to the patient's experiential reality. This core competency, termed experiential methods, is defined as any interactive, sensory, or action-based technique that engages clients in direct (or hypnotically simulated) experiences to evoke unconscious insights and facilitate psychological change. The underlying assumption is that with this form of tacit learning, symptoms will automatically remit, either because their function has become obsolete or because the client's self-efficacy has changed significantly. In some casework, Erickson went so far as to reconstruct the patient's experiential past (Erickson & Rossi, 2012), building on a tradition of using hypnosis to facilitate growth promoting experiences, as initially described in Pierre Janet's early trauma work (Janet, 1894) and later by others from various schools of thought, such as psychodynamic hypnotherapy (Wolberg, 1948), cognitive behavioral therapy (Arntz, 2011; Smucker et al., 1995), and of course, Ericksonian therapy (Peter, 2023).

In addition to the co-creation of hypnotic realities, Ericksonian experiential methods also engage clients in therapeutic activities that are designed to evoke emotional and cognitive shifts, while being conducted in natural settings, outside the therapist's office. These experiences often lead to transformative insights that feel deeply personal and enduring. As stated by Erickson, "It isn't so much what the therapist does, it's

what he gets his patients to do" (Cheek, 1994, p. 16). For example, Ericksonian therapists might use a homework assignment of applying one's unique talents in service of others to help clients access empowering internal resources, in their home environment (Reiter, 2000).

Additionally, Erickson argued that, "it is possible that hypnotherapy can take place entirely at an unconscious level without the patient (and sometimes not even the therapist) knowing the 'why' of the cure" (Erickson & Rossi, 1979a, p. 165). This Ericksonian principle seems strange and unrealistic from a Freudian perspective. Freud's approach was founded on the philosophies of the eighteenth- and nineteenth-century enlightenment, which squarely equates conscious reason with human progress. However, with Erickson's naturalistic approach, the qualities of spontaneity and individual uniqueness are integrated into the methodology of therapy. This represents a paradigm shift away from mechanistic models of logical positivism, which prioritize technique and standardization, to a wholistic model prioritizing human connection (Erickson-Klein & Short, 2024).

This brings us to the final core competency, naturalistic change, which is defined as the facilitation of spontaneous, unconscious transformations that emerge organically through indirect suggestion, contextual cues, and client-driven adaptation. Unlike didactic-based approaches to therapy, naturalistic change focuses on fostering unconscious transformation using indirect communication to stimulate unconscious intelligence (Short, 2022). Growing support for this methodology is being produced by cognitive scientists who now argue that successful performance on tasks that require creative recategorization is best accomplished by downregulation of the cognitive control regions. One study found that when individuals were induced to allow their minds to wander, they showed an improvement of 40% compared to their baseline level of creative performance. This was achieved by simply saying, "move the problem to the back of your mind" (Baird et al., 2012).

Erickson's use of metaphor and storytelling demonstrates how symbolic language can facilitate unconscious process work without requiring direct self-reflection or conscious insight. From a competency-based perspective, growth-oriented change is achieved by inviting the client to exercise choice and creative problem-solving – often at unconscious levels. Whether it is the problem-solving step of: defining the problem, identifying a solution, or solution implementation; at all stages of the process, Ericksonian therapists elicit the involvement of the client's unconscious intelligence.

Broad Implications

When we consider the long-standing divide between research and practice (Kazdin, 2008), it seems possible that part of the appeal of Ericksonian therapy 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). The freedom Ericksonian therapy offers for creativity and self-expression, its recognition of the importance of human connection, and its common set of core competencies provides specific implications for future research, education, and clinical practice.

For Research

The scholarly study of Ericksonian therapy 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, Ericksonian therapy 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, Ericksonian therapy has struggled for acceptance within academic communities and organizations governing treatment. While a quarter of a century has passed since Bill Matthews (2000) warned that there is an urgent need to test the efficacy of Ericksonian therapy, lest it fade into obscurity; only three randomized clinical trials had been published at the time of this writing (Delestre et al., 2022; Mahallesi & Sokak, 2024; Simpkins & Simpkins, 2008) with none of these reporting objective third-party measures of treatment fidelity.

This is why the identifying markers described in this paper are important and necessary for future research in Ericksonian therapy. A description of the core competencies 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 Ericksonian therapy. 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 (Addis et al., 2006; Kendall & Beidas, 2007; Kendall et al., 1998) while still meeting the demands of replication and sound experimental design.

The operationalization of Ericksonian therapy through a framework of core competencies and relational indicators has significant implications for research. A clear operational definition allows researchers to:

(1) **Distinguish Ericksonian Methods**: The proposed framework separates Ericksonian therapy from other psychotherapeutic modalities by emphasizing its unique focus on relational dynamics, adaptability, and pragmatic methodology.
(2) **Enhance Empirical Validity**: Using empirically tested measures of the therapeutic alliance (for a review see Elvins & Green, 2008) and treatment outcomes (for a review see Tarescavage & Ben-Porath, 2014), researchers can analyze the relational and subjective components of Ericksonian therapy to better understand the unique relational dynamics of Ericksonian approaches.
(3) **Facilitate Comparative Studies**: A standardized framework enables systematic comparisons between Ericksonian therapy and other modalities, helping to clarify its specific contributions to clinical outcomes in specific areas of practice or with specific populations.

By bridging the gap between theory and practice, operationalization fosters rigorous investigation into Ericksonian therapy's mechanisms, effectiveness, and applications across diverse populations.

For Education and Training

A structured framework of core competencies transforms the teaching of Ericksonian therapy, ensuring consistency and accessibility for new practitioners while preserving its dynamic essence. This facilitates:

(1) **Outcome-Based Education**: The core competencies provide measurable objectives for training programs, enabling educators to assess skill acquisition and proficiency.
(2) **Standardization without Rigidity**: By emphasizing foundational principles over procedural steps, the framework supports diverse teaching styles while maintaining fidelity to Ericksonian methods.
(3) **Scalable Training Models**: The framework is adaptable for use in various educational settings, from introductory workshops to advanced certification programs, either in-person or virtually, making Ericksonian therapy more accessible to a global audience.

This structured approach ensures that Ericksonian therapy remains teachable while fostering the creativity and adaptability essential to its practice.

For Clinical Practice

Operationalizing Ericksonian therapy enhances its integration into clinical practice by providing practitioners with clear guidelines that remain flexible enough to accommodate individual client needs. Key benefits include:

(1) **Streamlining Application**: The six core competencies offer a practical roadmap for implementing Ericksonian methods, helping clinicians navigate the therapy's complexity while focusing on client-centered outcomes.
(2) **Expanding Accessibility**: The framework enables therapists with varying levels of experience to incorporate Ericksonian principles into their practice, broadening the therapy's reach and impact. Translation of the English version into five other languages, with free access through the internet, also increases its accessibility.
(3) **Optimizing Client Outcomes**: Ideally, future research will support the hypothesis that by prioritizing relational dynamics and adaptive strategies, Ericksonian practitioners can more effectively align their interventions with clients' unique needs, enhancing therapeutic efficacy.

This balance between structure and flexibility ensures that Ericksonian therapy can be applied consistently while retaining its transformative potential.

Conclusion: Advancing the Research and Application of Ericksonian Psychotherapy

As Ericksonian therapy continues to evolve, the challenge remains in striking a balance between its inherent flexibility and the necessity for structured research and training. The framework of six core competencies: tailoring, utilization, strategic interventions,

destabilization, experiential methods, and naturalistic change, provides a foundation for operationalizing this approach while preserving its dynamic nature. Currently, there is a lack of robust experimental evidence or clinical trials validating the proposed framework. Furthermore, there are ethical concerns associated with the use of Ericksonian techniques, particularly regarding improvisational uses of suggestibility and indirect influence, that need to be addressed.

Limitations and Ethical Concerns

As with any attempt to intervene in the lives of vulnerable populations, there are potential drawbacks or misapplications of Ericksonian therapy. Ethicists and legal experts, such as Steven Frankel (2008), have cautioned that any application of Ericksonian approaches must adhere to ethical standards put forth by relevant professional associations. Practitioners must be aware of potential legal implications when utilizing methods that could cause emotional distress or physical harm. In other words, polymorphism does not equate to "anything goes" nor the idea that the end always justifies the means. Current empirically supported adaptations of psychotherapy (beyond diagnostic criteria) include: attachment style, culture (race/ethnicity), gender identity, coping style, therapy preferences, reactance level, religion and spirituality, sexual orientation, and stages of change (Norcross & Wampold, 2018).

Given the flexible nature of Ericksonian therapy, it is unclear whether the proposed competencies can be consistently applied across different clinicians, in different parts of the world. Replication and further testing of this theoretical framework are needed (Rodolfa & Schaffer, 2021). The current scholarship relies heavily on case studies and theoretical extrapolation without the advantages of preregistered studies and replication. Further empirical validation is essential to establish Ericksonian therapy's efficacy, enhance its credibility within academic and clinical communities, and expand its applications across diverse populations.

Future Research Directions

To strengthen the scientific foundation of Ericksonian therapy, researchers need to prioritize conducting randomized controlled trials (RCTs) with validated outcome measures to assess the effectiveness of Ericksonian methods across different therapeutic contexts. Rigorous clinical trials should include treatment fidelity measures, such as the Core Competencies Scale (CCS-6), to ensure consistency in practitioner application and to refine training protocols. Ideally, the clinical trials should also include comparative effectiveness research, which examines how Ericksonian therapy compares to other evidence-based modalities, particularly in addressing treatment-resistant cases.

Understanding the neural mechanisms underlying Ericksonian interventions is essential for grounding its theoretical foundations in concrete neurophysiological processes. Recent advances in cognitive neuroscience offer valuable insights into how unconscious processing and spontaneous change occur at the brain level, shedding light on the role of implicit learning, neuroplasticity, and altered states of awareness in therapeutic transformation. By aligning Ericksonian principles with emerging neuroscientific evidence, researchers can bridge the gap between subjective clinical outcomes and measurable biological correlates,

ultimately enhancing the credibility and precision of Ericksonian therapy (E. L. Rossi, 2009).

It will be helpful to investigate cross-cultural adaptability. Research on the application of Ericksonian principles across diverse cultural contexts is essential for distinguishing universal therapeutic mechanisms from culture-specific adaptations. Understanding how relational dynamics, language patterns, and symbolic frameworks vary across cultures can refine Ericksonian techniques to enhance their relevance and effectiveness. This research ensures that the approach remains both globally applicable and sensitive to individual cultural identities, strengthening its impact in cross-cultural psychotherapy.

Practical Implementation in Training and Clinical Practice

In a world where rapid change has become the new status quo, the polymorphic nature of Ericksonian therapy is more relevant than ever. As society adapts to evolving technological, cultural, and psychological landscapes, psychotherapy must remain flexible while maintaining clinical rigor. To ensure Ericksonian therapy integrates effectively into mainstream practice, standardized training models should be developed, incorporating competency-based assessments to solidify skill acquisition and adherence to its core principles. Additionally, structured clinical supervision and feedback systems, such as the CCS-6, can support practitioner self-assessment and continuous professional growth. Finally, expanding Ericksonian methods into digital and telehealth platforms will allow therapists to reach broader audiences and adapt interventions to emerging technological contexts. By embracing these advancements, Ericksonian therapy can maintain its fluid, adaptive essence while meeting the demands of modern clinical practice.

The operationalization of Ericksonian therapy through a manualized framework grounded in core competencies and relational principles strengthens its foundation as a creative art that is amenable to rigorous scientific investigation. This approach to classification not only enhances the therapy's accessibility for researchers, educators, and practitioners but also preserves its dynamic, client-centered essence. By bridging research and practice, Ericksonian therapy can solidify its place as a scientifically validated, flexible, and impactful therapeutic modality. As research progresses, this operational framework promises to unify Ericksonian practices, ensuring their relevance and effectiveness for generations to come.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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Data Availability Statement

The authors confirm that the data supporting the findings of this study are available within the article and its supplementary materials.

Declaration of Generative AI and AI-Assisted Technologies

The authors utilized ChatGPT (version 3.5) by OpenAI during the preparation of this manuscript. The AI tool was employed to enhance the readability of the text. All final content decisions were made by the authors.

References

Addis, M. E., Cardemil, E. V., Duncan, B. L., & Miller, S. D. (2006). Does manualization improve therapy outcomes? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 131–160). American Psychological Association. https://doi.org/10.1037/11265-003

Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology*, *2*, 270. https://doi.org/10.3389/fpsyg.2011.00270

Arntz, A. (2011). Imagery rescripting for personality disorders. *Cognitive and Behavioral Practice*, *18* (4), 466–481. https://doi.org/10.1016/j.cbpra.2011.04.006

Baier, A. L., Kline, A. C., & Feeny, N. C. (2020). Therapeutic alliance as a mediator of change: A systematic review and evaluation of research. *Clinical Psychology Review*, *82*, 101921. https://doi.org/10.1016/j.cpr.2020.101921

Baird, B., Smallwood, J., Mrazek, M. D., Kam, J. W., Franklin, M. S., & Schooler, J. W. (2012). Inspired by distraction: Mind wandering facilitates creative incubation. *Psychological Science*, *23*(10), 1117–1122. https://doi.org/10.1177/0956797612446024

Bloom, P. B. (1991). Guest editorial some general comments about Ericksonian hypnotherapy. *American Journal of Clinical Hypnosis*, *33*(4), 221–224. https://doi.org/10.1080/00029157.1991.10402938

Cheek, D. B. (1994). *Hypnosis: The application of ideomotor techniques*. Allyn and Bacon.

Deacon, B. J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review*, *33*(7), 846–861. https://doi.org/10.1016/j.cpr.2012.09.007

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology/Psychologie Canadienne*, *49*(3), 182–185. https://doi.org/10.1037/a0012801

Delestre, F., Lehéricey, G., Estellat, C., Diallo, M. H., Hansel, B., & Giral, P. (2022). Hypnosis reduces food impulsivity in patients with obesity and high levels of disinhibition: HYPNODIET randomized controlled clinical trial. *The American Journal of Clinical Nutrition*, *115*(6), 1637–1645. https://doi.org/10.1093/ajcn/nqac046

Duncan, B. L., Miller, S. D., & Sparks, J. A. (2011). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy*. John Wiley & Sons.

Elvins, R., & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: An empirical review. *Clinical Psychology Review*, *28*(7), 1167–1187. https://doi.org/10.1016/j.cpr.2008.04.002

Erickson, M. H. (1945). Hypnotic techniques for the therapy of acute psychiatric disturbances in war. In E. L. Rossi & R. Erickson-Klein (Eds.), *The collected works of Milton H. Erickson, volume 2, basic hypnotic induction & suggestion* (2008th ed. Vol. 2, pp. 35–41). Milton H. Erickson Foundation.

Erickson, M. H. (1948). Hypnotic psychotherapy. *Medical Clinics of North America*, *32*(3), 571–583. https://doi.org/10.1016/S0025-7125(16)35675-9

Erickson, M. H. (1958). Naturalistic techniques of hypnosis. In E. L. Rossi, R. Erickson-Klein, & K. Rossi (Eds.), *Collected works of Milton H. Erickson, volume, 1: The nature of therapeutic hypnosis* (2008th ed. Vol. 1, pp. 261–270). Milton H. Erickson Foundation Press.

Erickson, M. H. (1959). Further clinical techniques of hypnosis: Utilization techniques. In E. L. Rossi, R. Erickson-Klein, & K. Rossi (Eds.), *Collected works of Milton H. Erickson, volume, 1: The nature of therapeutic hypnosis* (2008th ed. Vol. 1, pp. 271–306). Milton H. Erickson Foundation Press.

Erickson, M. H. (1964). The burden of responsibility in effective psychotherapy. In E. Rossi & R. E-K. K. Rossi, & K. Rossi (Eds.), *Collected works of Milton H Erickson: Volume, 3: Opening the mind* (2008th ed. Vol. 3, pp. 67–72). Milton H. Erickson Foundation Press.

Erickson, M. H., & Rossi, E. L. (1979a). Hypnotheraphy: An exploratory casebook. In E. L. Rossi, R. Erickson-Klein, & K. Rossi (Eds.), *Collected works of Milton H. Erickson, volume, 11: Hypnotheraphy: An exploratory casebook* (2014th ed. Vol. 11, pp. 1–484). Milton H. Erickson Foundation Press.

Erickson, M. H., & Rossi, E. L. (1979b). Hypnotherapy: An exploratory casebook. In E. L. Rossi, R. Erickson-Klein, & K. Rossi (Eds.), *The collected works of Milton H. Erickson: Volume 11* (2014th ed. Vol. 11, pp. 1–495). The Milton Erickson Foundation Press.

Erickson, M. H., & Rossi, E. L. (2012). *The February Man: Evolving consciousness and identity in hypnotherapy*. Routledge.

Erickson-Klein, R., & Short, D. (2024). The contributions of Milton Erickson to modern clinical hypnosis. In J. H. Linden, G. De Benedittis, & L. I. Sugarman (Eds.), *The Routledge international handbook of clinical hypnosis* (pp. 57–73). Routledge.

Feldman, J. B. (1988). The utilization of cognition in psychotherapy: A comparison of Ericksonian and cognitive therapies. In S. R. Lankton, & J. K. Zeig (Eds.), *Research comparisons and medical applications of Ericksonian techniques*. Routledge.

Feldman, J. B. (2021). What is Ericksonian therapy: Is there more at the core? *Clinical Psychology: Science and Practice*, *28*(3), 296–298. https://doi.org/10.1037/cps0000008

Flückiger, C., Del Re, A. C., Wampold, B. E., Symonds, D., & Horvath, A. O. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology*, *59*(1), 10–17. https://doi.org/10.1037/a0025749

Frankel, S. 2008. *Interview: Steven Frankel*, *The Milton H. Erickson Foundation NEWSLETTER*Front page.

Haley, J. (1973). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson, MD*. W.W. Norton & Company.

Haley, J. (1993). *Jay Haley on Milton H. Erickson*. Routledge. https://doi.org/10.4324/9781315803616

Hammond, D. C. (1984). Myths about Erickson and Ericksonian hypnosis. *American Journal of Clinical Hypnosis*, *26*(4), 236–245. https://doi.org/10.1080/00029157.1984.10402571

Hart, C. (1999). *Doing a literature review: Releasing the social science: Research imagination* (1st ed.). SAGE Publications Ltd.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, *38*(2), 139–149. https://doi.org/10.1037/0022-0167.38.2.139

Janet, P. (1894). Histoire d'une idée fixe. *Revue Philosophique de la France et de l'Etranger*, *37*(n/a), 121–168.

Kaiser, J., Hanschmidt, F., & Kersting, A. (2021). The association between therapeutic alliance and outcome in internet-based psychological interventions: A meta-analysis. *Computers in Human Behavior*, *114*, 106512. https://doi.org/10.1016/j.chb.2020.106512

Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, *63*(3), 146–159. https://doi.org/10.1037/0003-066X.63.3.146

Kendall, P. C., & Beidas, R. S. (2007). Smoothing the trail for dissemination of evidence-based practices for youth: Flexibility within fidelity. *Professional Psychology: Research and Practice*, *38* (1), 13–20. https://doi.org/10.1037/0735-7028.38.1.13

Kendall, P. C., Chu, B., Gifford, A., Hayes, C., & Nauta, M. (1998). Breathing life into a manual: Flexibility and creativity with manual-based treatments. *Cognitive and Behavioral Practice*, *5*(2), 177–198. https://doi.org/10.1016/S1077-7229(98)80004-7

Kim, S. C. (1983). Ericksonian hypnotic framework for Asian-Americans. *American Journal of Clinical Hypnosis*, *25*(4), 235–241. https://doi.org/10.1080/00029157.1983.10404108

Kirmayer, L. J. (1988). Word magic and the rhetoric of common sense: Erickson's metaphors for mind. *International Journal of Clinical and Experimental Hypnosis*, *36*(3), 157–172. https://doi.org/10.1080/00207148808410505

Kirsch, I., & Lynn, S. J. (1995). Altered state of hypnosis: Changes in the theoretical landscape. *American Psychologist*, *50*(10), 846–858. https://doi.org/10.1037/0003-066X.50.10.846

Kunnen, E. S., Bosma, H., & Van der Meulen, M. (2001). A self-organizational approach to identity and emotions: An overview and implications. In H. Bosma & E. S. Kunnen (Eds.), *Identity and emotion: Development through self-organization* (pp. 202–230). Cambridge University Press.

Lankton, S. (2010). A basic footprint of Milton H. Erickson's process of change. In E. Rossi & R. E-K. K. Rossi, & K. Rossi (Eds.), *Collected works of Milton H Erickson volume, 6: Classical hypnotic phenomena part 2* (pp. 346–358). Milton H. Erickson Foundation Press.

Lankton, S. (2020). What Milton Erickson said about being Ericksonian. *American Journal of Clinical Hypnosis*, *63*(1), 4–13. https://doi.org/10.1080/00029157.2020.1754068

Larkin, D. M., & Zabourek, R. P. (1988). Therapeutic storytelling and metaphors. *Holistic Nursing Practice*, *2*(3), 45. https://doi.org/10.1097/00004650-198802030-00009

Leuchter, A. F., Hunter, A. M., Tartter, M., & Cook, I. A. (2014). Role of pill-taking, expectation and therapeutic alliance in the placebo response in clinical trials for major depression. *The British Journal of Psychiatry*, *205*(6), 443–449. https://doi.org/10.1192/bjp.bp.113.140343

Lynn, S. J., & Hallquist, M. N. (2004). Toward a scientifically based understanding of Milton H. Erickson's strategies and tactics: Hypnosis, response sets and common factors in psychotherapy. *Contemporary Hypnosis*, *21*(2), 63–78. https://doi.org/10.1002/ch.292

Lynn, S. J., Laurence, J.-R., & Kirsch, I. (2015). Hypnosis, suggestion, and suggestibility: An integrative model. *American Journal of Clinical Hypnosis*, *57*(3), 314–329. https://doi.org/10.1080/00029157.2014.976783

Mahallesi, M., & Sokak, T. (2024). Ericksonian hypnosis versus CBT for prolonged grief. figshare. https://doi.org/10.6084/m9.figshare.25744869.v2

Matthews, W. J. (2000). Ericksonian approaches to hypnosis and therapy: Where are we now? *International Journal of Clinical and Experimental Hypnosis*, *48*(4), 418–426. https://doi.org/10.1080/00207140008410370

Matthews, W. J., & Mosher, D. L. (1988). Direct and indirect hypnotic suggestion in a laboratory setting. *British Journal of Experimental & Clinical Hypnosis*, *5*(2), 63–71.

Merzenich, M. (2013). *Soft-wired: How the new science of brain plasticity can change your life*. Parnassus Publishing.

Montuori, A. (2003). The complexity of improvisation and the improvisation of complexity: Social science, art and creativity. *Human Relations*, *56*(2), 237–255. https://doi.org/10.1177/0018726703056002893

Nienhuis, J. B., Owen, J., Valentine, J. C., Winkeljohn Black, S., Halford, T. C., Parazak, S. E., Budge, S., & Hilsenroth, M. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, *28*(4), 593–605. https://doi.org/10.1080/10503307.2016.1204023

Norcross, J. C., & Wampold, B. E. (2011). What works for whom: Tailoring psychotherapy to the person. *Journal of Clinical Psychology*, *67*(2), 127–132. https://doi.org/10.1002/jclp.20764

Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of Clinical Psychology*, *74*(11), 1889–1906. https://doi.org/10.1002/jclp.22678

Palsson, O. S., Kekecs, Z., De Benedittis, G., Moss, D., Elkins, G., Terhune, D., Varga, K., Shenefelt, P., & Whorwell, P. (2022). Current practices, experiences, and views in clinical hypnosis: Findings of an international survey. *International Journal of Clinical and Experimental Hypnosis*, *71*(2), 92–114. https://doi.org/10.1080/00207144.2023.2183862

Peter, B. (2023). Altersregression, zukunftsprogression und amnesie. In D. Revenstorf, B. Peter, & B. Rasch (Eds.), *Hypnose in psychotherapie, psychosomatik und medizin: Manual für die praxis* (pp. 259–277). Springer. https://doi.org/10.1007/978-3-662-64968-8_18

Peter, B. (2024). Hypnosis in psychotherapy, psychosomatics and medicine. A brief overview. *Frontiers in Psychology*, *15*. https://doi.org/10.3389/fpsyg.2024.1377900

Reiter, M. D. (2000). Utilizing the home environment in home-based family therapy. *Journal of Family Psychotherapy*, *11*(3), 27–39. https://doi.org/10.1300/J085v11n03_03

Rodolfa, E., & Schaffer, J. B. (2021). Can Ericksonian therapy become mainstream? *Clinical Psychology: Science and Practice*, *28*(3), 293–295. https://doi.org/10.1037/cps0000001

Rosen, S. (1982). *My voice will go with you: The teaching tales of Milton H. Erickson, M.D.* W. W. Norton & Company.

Rosen, S. (2020). *What makes Ericksonian therapy so effective?* Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780429322624-2

Rossi, E. L. (2009). The psychosocial genomics of therapeutic hypnosis, psychotherapy, and rehabilitation. *American Journal of Clinical Hypnosis*, *51*(3), 281–298. https://doi.org/10.1080/00029157.2009.10401678

Rossi, E. L. (2013). Unity and diversity in Ericksonian approaches: Now and in the future. In J. K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian therapy: A state of the art* (pp. 15–28). Routledge.

Rossi, E. L., & Rossi, K. L. (2008, February 1). *The breakout heuristic: The creative process in art, science, and therapeutic hypnosis*. *EBSCOhost*. https://openurl.ebsco.com/contentitem/gcd:60008709?sid=ebsco:plink:crawler&id=ebsco:gcd:60008709

Safran, J. D. (2010). Therapeutic alliance. In I. B. Weiner, & W. E. Craighead (Eds.), *The Corsini encyclopedia of psychology* (pp. 1–3). John Wiley & Sons, Ltd. https://doi.org/10.1002/9780470479216.corpsy0992

Short, D. (2019). *Principles and core competencies of Ericksonian therapy: 2019 edition*. https://iamdrshort.com/CCET.pdf

Short, D. (2020). *From William James to Milton Erickson: The care of human consciousness*. Archway Publishing from Simon & Schuster. https://www.bokus.com/bok/9781480891623/from-william-james-to-milton-erickson/

Short, D. (2021). What is Ericksonian therapy: The use of core competencies to operationally define a nonstandardized approach to psychotherapy. *Clinical Psychology: Science and Practice*, *28*(3), 282–292. https://doi.org/10.1037/cps0000014

Short, D. (2022). The aim of clinical hypnosis-intelligence or compliance? *American Journal of Clinical Hypnosis*, *64*(4), 283–289. https://doi.org/10.1080/00029157.2022.2039637

Short, D., & Erickson-Klein, R. E. (2015). Ericksonian therapy. In E. S. Neukrug (Ed.), *The sage encyclopedia of theory in counseling and psychotherapy* (pp. 1–2, pp. 357–363). SAGE Publications. https://sk.sagepub.com/reference/the-sage-encyclopedia-of-theory-in-counseling-and-psychotherapy/i5029.xml

Simpkins, D. C. A., & Simpkins, A. M. (2008). An exploratory outcome comparison between an Ericksonian approach to therapy and brief dynamic therapy. *American Journal of Clinical Hypnosis*, *50*(3), 217–232. https://doi.org/10.1080/00029157.2008.10401625

Smucker, M. R., Dancu, C., Foa, E. B., & Niederee, J. L. (1995). Imagery rescripting: A new treatment for survivors of childhood sexual abuse suffering from posttraumatic stress. *Journal of Cognitive Psychotherapy*, *9*(1), 3–17. https://doi.org/10.1891/0889-8391.9.1.3

Tarescavage, A. M., & Ben-Porath, Y. S. (2014). Psychotherapeutic Outcomes Measures: A Critical Review for Practitioners. *Journal of Clinical Psychology*, *70*(9), 808–830. https://doi.org/10.1002/jclp.22080

Williams, D. C., & Levitt, H. M. (2007). Principles for facilitating agency in psychotherapy. *Psychotherapy Research*, *17*(1), 66–82. https://doi.org/10.1080/10503300500469098

Windle, R., & Samko, M. (1992). Hypnosis, Ericksonian hypnotherapy, and aikido. *American Journal of Clinical Hypnosis*, *34*(4), 261–270. https://doi.org/10.1080/00029157.1992.10402856

Wolberg, L. R. (1948). *Medical hypnosis: Vol. 2*. Grune & Stratton. http://search.ebscohost.com/direct.asp?db=pzh&jid="200904133"&scope=site

Yapko, M. D., & Criswell, S. R. (2025). *Trancework: An introduction to the practice of clinical hypnosis*. Taylor & Francis.

Zeig, J. K. (2019). *Evocation: Enhancing the psychotherapeutic encounter*. The Milton H. Erickson Foundation Press.

Appendix

CORE COMPETENCIES SCALES (CCS-6): Observer Scoring Sheet

Appendix_CCS6

Therapist:_____ Session#: _____ Rater: _____
Client ID#:_____ Duration: _____min Date: _____

Circle a number from 1-10 based on what you see occurring.

I. **Tailoring**: Individualized Treatment

10	9	8	7	6	5	4	3	2	1	0

High: The therapy was entirely unique to this client.

Low: Therapy was structured around protocol and standard procedure.

II. **Strategic**: Created a Self-Organized Problem Solving Context

10	9	8	7	6	5	4	3	2	1	0

High: The client was embraced as the central problem solver.

Low: The client was treated as the problem.

III. **Utilization**: Utilized Intrapersonal and Interpersonal Dynamics as well as Situational Factors

10	9	8	7	6	5	4	3	2	1	0

High: The primary focus was on accepting and utilizing client attributes.

Low: The primary focus was on changing client attributes.

IV. **Destabilization**: Disrupted Stable Patterns to Encourage Flexibility and Learning

10	9	8	7	6	5	4	3	2	1	0

High: Therapy included surprises, curiosity, or unexpected ways of thinking and doing.

Low: Therapy was routine, easily anticipated, or guided mostly by the client.

V. **Experiential**: Prioritized Open-Ended Experiential Learning

10	9	8	7	6	5	4	3	2	1	0

High: Therapy included doing things that could be reflected upon. There was an exploration of experience.

Low: Therapy depended on instruction and conscious conceptual understanding.

VI. **Naturalistic**: Created the Expectation that Change will occur Naturally and Automatically

10	9	8	7	6	5	4	3	2	1	0

High: The suggestion was made that change can be automatic and natural, something within the client.

Low: Change was predicated on the power of the therapy or the knowledge and ability of the therapist.

Das Wesen der Erickson'schen Psychotherapie: Auf dem Weg zu einem Handbuch

DAN N. SHORT

Zusammenfassung: Die Erickson'sche Therapie, die sich durch ihre adaptiven und individualisierten Methoden auszeichnet, wird gleichzeitig für ihre Innovation gelobt und für ihren Mangel an theoretischer Struktur kritisiert. Um dieses Problem anzugehen, untersuchen wir das Wesen der Erickson'schen Therapie und betonen die Notwendigkeit eines strukturierten, aber dennoch anpassungsfähigen operativen Rahmens, um ihre Anwendung in klinischen, pädagogischen und Forschungskontexten zu unterstützen. In Anbetracht der Herausforderungen, die sich aus der Fluidität und Klientenzentriertheit der Erickson'schen Methoden ergeben, überprüfen wir einen Rahmen, der auf sechs Kernkompetenzen basiert, die innerhalb der Erickson'schen Therapie eine besondere Rolle spielen. Die identifizierten Kompetenzen – Anpassung, Nutzung, strategische Interventionen, Destabilisierung, erfahrungsorientierte Methoden und naturalistische Veränderung – zielen darauf ab, die der Therapie innewohnende Anpassungsfähigkeit mit der Notwendigkeit der Lehrbarkeit und

empirischen Validierung in Einklang zu bringen. Auf der Grundlage empirischer Belege und theoretischer Erkenntnisse unterstreicht der Artikel die Bedeutung der Operationalisierung der Erickson'schen Therapie, um die Kluft zwischen ihrer dynamischen Kunstfertigkeit und den strukturierten Anforderungen der modernen wissenschaftlichen Forschung zu überbrücken. Durch die Entwicklung einer manualisierten Ressource, die auf sechs Kernkompetenzen basiert, versucht dieser Artikel, die Komplexität der Erickson'schen Therapie mit den Anforderungen der Forschung, Ausbildung und vielfältigen klinischen Anwendungen in Einklang zu bringen.

L'essence de la psychothérapie Ericksonienne : vers une ressource manuelle

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Résumé: La thérapie ericksonienne, qui se distingue par ses méthodes adaptatives et individualisées, est à la fois célébrée pour son innovation et critiquée pour son manque de structure théorique. Pour répondre à cette question, nous explorons l'essence de la thérapie ericksonienne, en soulignant la nécessité d'un cadre opérationnel structuré mais adaptable pour soutenir son application dans des contextes cliniques, éducatifs et de recherche. Conscients des défis posés par la nature fluide et centrée sur le client des méthodes ericksoniennes, nous examinons un cadre fondé sur six compétences clés qui sont distinctes au sein de la thérapie ericksonienne. Les compétences identifiées : adaptation, utilization, interventions stratégiques, déstabilization, méthodes expérientielles et changement naturaliste; visent à équilibrer l'adaptabilité inhérente à la thérapie avec la nécessité de l'enseignabilité et de la validation empirique. S'appuyant sur des preuves empiriques et des connaissances théoriques, l'article souligne l'importance d'opérationnaliser la thérapie ericksonienne afin de combler le fossé entre son art dynamique et les exigences structurées de la recherche scientifique moderne. En proposant une ressource manuelle fondée sur six compétences fondamentales, cet article cherche à concilier la complexité de la thérapie ericksonienne avec les exigences de la recherche, de la formation et des diverses applications cliniques.

La esencia de la psicoterapia Ericksoniana: Hacia un recurso manualizado

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Resumen: La terapia ericksoniana, que se distingue por sus métodos adaptativos e individualizados, es alabada por su innovación y criticada por su falta de estructura teórica. Para abordar esta cuestión, exploramos la esencia de la terapia ericksoniana, haciendo hincapié en la necesidad de un marco operativo estructurado pero adaptable que respalde su aplicación en contextos clínicos, educativos y de investigación. Reconociendo los retos que plantean la naturaleza fluida y centrada en el cliente de los métodos ericksonianos, revisamos un marco basado en seis competencias básicas que son distintivas de la terapia ericksoniana. Las competencias identificadas: adaptación, utilización, intervenciones estratégicas, desestabilización, métodos experienciales y cambio naturalista; tienen como objetivo equilibrar la adaptabilidad inherente a la terapia con la necesidad de enseñabilidad y validación empírica. Basándose en la evidencia empírica y en conocimientos teóricos, el artículo subraya la importancia de poner en práctica la terapia ericksoniana para salvar la brecha entre su dinamismo artístico y las exigencias estructuradas de la investigación científica moderna. Al promover un recurso manualizado basado en seis competencias básicas, este artículo busca conciliar la complejidad de la terapia ericksoniana con las exigencias de la investigación, la formación y las diversas aplicaciones clínicas.

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