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From Maverick to Mainstream:

Four Key Contributions of Milton H. Erickson to Hypnosis and Psychotherapy

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From Maverick to Mainstream:

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Abstract

At the time Milton Erickson began his clinical practice, the field of psychotherapy was in its infancy and heavily influenced by psychoanalytic theory and methods, generally a past-oriented approach. Hypnosis was not commonly used and when it was it tended to be rigidly formulaic in method and based on the belief that the success of hypnosis was determined more by an individual's hypnotizability and less by the methods of the clinician or quality of the therapeutic relationship. Erickson diverged sharply from those methods and perspectives in evolving his strategic approaches. While there are many contributions Erickson made to our understanding of the potentials of clinical hypnosis in treatment, this article describes four contributions the author considers to be key to Erickson's singlehandedly transforming the fields of clinical hypnosis and strategic psychotherapy. These include: 1) Shifting from an intrapersonal to interpersonal view of hypnosis and psychotherapy; 2) emphasizing the importance of utilization of client attributes; 3) characterizing people's problems as evidence of rigidity rather than pathology; and 4) focusing on future possibilities rather than analyzing the past.

From Maverick to Mainstream: Four Key Contributions of Milton H. Erickson to Hypnosis and Psychotherapy

Introduction

Milton H. Erickson in Historical Context: From Maverick to Mainstream

The profound influence of Milton Hyland Erickson, M.D. on the field of psychotherapy in general and clinical hypnosis in particular is remarkable. Erickson's enduring impact certainly justifies our continuing appreciation of his contributions and the well-deserved honor of this special issue of the journal.

A century ago, when the field of psychotherapy was still in its infancy, hypnosis was not commonly practiced. Psychoanalysis was the predominant approach to treatment and the very idea of being directive with a patient was considered taboo. Therapy was a long-term process of helping patients evolve insight rather than promoting behavior change or skill development. ~~and~~ If they chose to change as a result of their insights, well, that was entirely up to them. Foundational to Erickson evolving his unique approach to treatment was his subjective observation that change would lead to insight much more than insight would lead to change. He said so directly when he wrote, "Emphasis should be placed more upon what the patient does in the present and will do in the future than upon a mere understanding of why some long-past event occurred" (Erickson, 1954, p. 127).

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Hypnosis was a powerful and rapid way to alter subjective experience and was an essential component of what have come to be called Ericksonian approaches to hypnosis and psychotherapy. Innovating new ways of defining the targets of therapeutic intervention while creatively forming and delivering suggestions in hypnosis highlights Erickson's particular form of genius.

However, Erickson's departures from the standard practice of therapy weren't immediately embraced by his professional colleagues. Many of Erickson's ideas and methods were considered suspect, even dangerous, when he first introduced them. He was initially challenged and often ostracized by his peers until it eventually became apparent through his abundant writings (see the 16 volume *The Collected Works of Milton H. Erickson* edited by E. Rossi, Erickson-Klein, and K. Rossi, 2008-2012) and clinical demonstrations that his non-traditional methods were effective and based on a different and more expansive view of human potential.

Jay Haley's (1973) book, *Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson*, was an especially powerful contribution to the greater visibility of Erickson's approaches to both hypnosis and psychotherapy. It advanced the notion of being strategically outcome-oriented in conducting hypnotically based psychotherapies and it helped make couples and family therapy mainstream by encouraging a systemic perspective of people's problems.

Uncommon Therapy was many therapists' first introduction to Erickson's methods. Through Haley's insightful descriptions of his creativity and wisdom, Erickson inspired a new generation of enthusiasts for the merits of hypnosis and its potential in strategic applications. While some went overboard in their zeal, even imitating Erickson's voice and physicality in misguided attempts to be like him, others simply appreciated his extraordinary clinical skills and

depth of understanding. As Jay Haley said to me privately, “I didn’t regard him as an idol. I didn’t regard him as a guru. I just regarded him as a man who knew his business” (personal communication, December,1988).

I am but one of many who have studied Erickson’s work in-depth, labeled it, described it, explained it, transcribed it, taught it, written about it, admired and respected it, but there is no one who has advanced the work of Dr. Erickson more than Dr. Jeffrey K. Zeig. When Zeig came to study with Erickson in the 1970s, Erickson was already infirm from the ravages of polio but was still able to offer training in his approaches. Zeig’s tremendous admiration and respect for Erickson was mobilized into the *1st International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*, a meeting Zeig organized with a stellar faculty to pay tribute to Erickson. By 1979, The Milton H. Erickson Foundation was created with the visionary mission of advancing Erickson’s work around the world through books, trainings, and conferences.

In addition to the many important books Zeig contributed to advance Erickson’s work (1980, 1985, 2014, 2018, 2019, 2022), other influential Ericksonian trainers and authors, too many to name here, also dedicated their works to providing an array of differing and insightful views of Ericksonian approaches. Dan Short consolidated the various perspectives from leading experts when he defined what he called the six “core competencies” in Ericksonian approaches. They include: 1) The tailoring of approaches to the individual (rather than employing a scripted or standardized approach); 2) the utilization of the client’s subjective experience; 3) being strategic in actively directing treatment to facilitate specific goals; 4) destabilization (i.e., interrupting usual patterns of unhelpful thought or behavior); 5) experiential learning (rather than merely offering didactic instruction); and 6) being naturalistic in a more conversational approach to hypnosis rather than conducting standardized or scripted approaches (Short, 2021; Erickson-

Klein & Short, 2024). (Short, along with Scott Miller, Ph.D., filmed leading experts discussing each of these core competencies. These brief, informative videos are readily accessible for viewing on The Milton H. Erickson Foundation website (www.erickson-foundation.org) under the "Resources" tab on the home page.)

Erickson may have initially been considered a maverick by many, but his perspectives and methods have become mainstream. In fact, Erickson's influence is global as a recent international survey of hypnosis practitioners revealed. When asked what approach respondents most identified with as their style of practice, over 70% said they were Ericksonian in their orientation (Palsson et al., 2023). In addition to Erickson's enduring impact on how people practice clinical hypnosis, he also created avenues for perpetuating interest in and training in hypnosis by co-founding, along with other key figures in the field at that time, the two main professional hypnosis societies in the United States: The Society for Clinical and Experimental Hypnosis (SCEH) in 1949 and the American Society of Clinical Hypnosis (ASCH) in 1957 (Schneck, 1993; Watkins, 1955; Yapko, 2008).

There are many contributions Erickson made to the fields of hypnosis and psychotherapy that have proven to be significant on multiple levels. In this article, I highlight four specific key contributions that I think demonstrate that, indeed, Dr. Erickson "knew his business." These are purely subjective appraisals on my part as to their importance.

Expanding Hypnosis from an Intrapersonal to an Interpersonal View

Until Erickson evolved his own unique style of practicing hypnosis and utilized it as a foundation of his strategic psychotherapies, hypnosis was viewed solely as a product of an individual patient's hypnotic abilities. This *intrapersonal* view of hypnosis conceptualized hypnosis as a capacity of the client; clients were assessed, often by using a wide array of

standardized tests, for their degree of hypnotizability and were deemed low, medium, or high hypnotizables (Hilgard, 1965; Kekecs et al., 2016; Spiegel, 1972; Weitzenhoffer & Hilgard, 1959).

Although researchers continue to find the use of standardized inductions and test items valuable for conducting hypnosis research, the most basic premise of such testing, namely that the capacity for hypnosis resides entirely within the individual, has been soundly rejected by surveyed clinicians. In the same international survey of clinicians referenced earlier, only 26.6% of respondents considered hypnotizability as either very important or extremely important to successful use of hypnosis, 79.2% of respondents indicated that they do not employ any formal hypnotizability testing, and 88.4% of clinicians view the relationship of the client with the clinician as the most important element in the successful use of hypnosis (Palsson et al., 2023).

The discrepancy between the value of viewing hypnosis as an intrapersonal capacity by researchers versus an interpersonal capacity by clinicians was highlighted during a personal exchange I had with André Weitzenhoffer, a mentor and friend and the co-developer of the Stanford Hypnotic Susceptibility Scales. Weitzenhoffer did not agree with Erickson's interpersonal view of hypnosis, a position for which I also advocated. We discussed his views of hypnotizability often and he politely expressed his irritation with Erickson's perspective as well as my interpersonal view of hypnotic responsiveness (a term I prefer to hypnotizability).

Weitzenhoffer had spent his entire professional life developing and using the "gold standard" of hypnotic instruments, the Stanford Scales. Understandably, his research experience was in offering scripted inductions then suggesting hypnotic phenomena, experiences that may illuminate the range of subjective experiences people are capable of but tend to have little or no personal clinical value for the research subject. The motivation of a research subject in the lab is

entirely different than that of a client in distress who is hanging on the clinician's every word hoping they'll say something that provides some relief. It was only when he left his laboratory and went into private practice that Weitzenhoffer said to me privately that he now understood why I had been saying the tests don't predict clinical response very well in my therapy clients. Beyond what he said to me privately, in the second edition of his book, *The Practice of Hypnotism*, he wrote:

> "…it remains to consider why a clinician might want to use (the scales) aside from scientific reasons for doing so. Apart from this last, there seems to be little reason for it." (2000, p. 276)

Milton Erickson rejected outright the notion of hypnosis as an intrapersonal phenomenon. Instead, he advocated for an interpersonal view, one that acknowledged the unique characteristics of each individual client and the importance of the relationship he established with them. He clearly emphasized the importance of the relationship with the client as the driving force of responsiveness when he wrote: "…since hypnosis is dependent fundamentally upon the subject's cooperativeness and his willingness to be hypnotized, any technique eliciting the necessary cooperation is adequate to this highly specialized interpersonal relationship (1945, p.668). He heavily emphasized in his writings and trainings the need to be observant (Havens, 2003; Thompson, 2004; Zeig, 1980). Based on careful observation, then, the clinician could discover salient aspects of the client's experience that could be acknowledged and utilized in the course of treatment.

From the emphasis on the relationship, Erickson understood the importance of talking to the client in his own language. Erickson's methods weren't artificial in nature, rather they were what came to be defined as his conversational or naturalistic approaches. (As a contrast, consider

the artificiality of a structured and commonly used countdown induction technique. What meaningful relationship is there between counting numbers at someone and them going into hypnosis…unless you're an accountant or otherwise a math fan?) The use of naturalistic approaches based on what's interesting or important to the client makes good sense conceptually and makes the process much more personally meaningful. Erickson compared therapists to the weather…they "create a climate" for change (Zeig, 1980, p. 219).

Through Erickson's emphasis on the relationship as the mediator of hypnotic responsiveness in the client, a radical departure from the predominant view at the time he began practicing, the research and clinical literature has affirmed the value of his perspective. The sociocognitive perspective (SCP) of hypnosis emphasizes both social and cognitive factors giving rise to hypnotic responsiveness (Lynn & Sherman, 2000; Lynn et al., 2024) and enjoys substantial empirical support. The relational dimension of the hypnotic relationship has been well explored and described in some of the most important works in the hypnosis literature (Casula, 2020; Flemons, 2020, 2022; Zeig, 1980).

Erickson was right in this regard. When there is more than one person in the room, it is now inarguably a social interaction (Aronson et al., 2015; Myers & Twenge, 2021). As such, the interaction inevitably involves social dynamics that affect the outcome. The common mantra of those still holding an intrapersonal view of hypnosis, "all hypnosis is self-hypnosis," seems terribly misleading. (One might reasonably ask, "If all hypnosis is self-hypnosis, then for what purpose does the client need a clinician?") It would be better to say that all clients have the choice of accepting or rejecting suggestions but if there is a clinician involved in the relationship it is no longer only "self-hypnosis."

By moving the field away from an exclusively intrapersonal view of hypnosis and expanding studies of the interpersonal factors shaping hypnotic responsiveness, Erickson's focus was on the development and use of a wide array of communication strategies to catalyze results (such as metaphors, double-binds, jokes, and confusion). Hypnosis was conducted as interactional. Erickson introduced conversing with his clients during hypnosis sessions rather than employing the conventional approach of offering lots of suggestions meant to be therapeutic and then hoping some of them actually "stick." By interacting with the hypnotized client, Erickson could guide the client's interpretations of and acceptance of his suggestions. He strived to achieve the client's acceptance and integration of new ideas and possibilities rather than encouraging them to merely comply with well-intentioned commands.

Clinicians place high value on the therapeutic relationship as primary to successful treatment results in general and with hypnosis in particular. Thus, it seems impossible to overstate the importance of Erickson's contributions to an interpersonal view and practice of hypnosis. Erickson was right to emphasize hypnotic responsiveness as a function of individual characteristics and interpersonal patterns to accept and utilize.

Originating and Developing a Utilization Approach

In his emphasis on the nature of the relationship between clinician and client as a primary factor in effective psychotherapy with and without the formal use of hypnosis, Erickson evolved an uncommon "common sense" approach to his methods. He recognized that all people form a subjective view of the world and that these subjective perceptions underlie their understandings of life experience, the choices they make, the reactions they generate, in short, how they live their lives. People inevitably use their own frame of reference in responding to life. He also

recognized that most people don't like to be told what to do, even when it's clearly in their best interest.

Is the goal of therapy to reduce pathology or expand wellness? Much more than a mere semantic issue, each clinician is guided to do what they do based in large part on their reply to this question. At the time Erickson began his practice, the predominant focus in the heavily psychoanalytic world of therapy was on identifying, characterizing, theorizing about, and treating pathology by striving to generate insight. The widely held assumption that governed treatment was that there was some unconscious conflict that gave rise to symptoms, some unconscious need that was being met by the symptoms. The unconscious was characterized as a largely negative force.

Here was another highly significant departure point for Erickson. Instead of viewing "the unconscious" as a hotbed of negativity (i.e., aggressive and sexual impulses), Erickson's view was nearly the opposite. He viewed the unconscious as a positive domain where hidden resources could be accessed and mobilized for personal growth (Erickson & Rossi, 1979; Havens, 2003). Erickson clearly came down on the side of "expanding wellness," and it could easily be argued that he was a pioneer in a positive psychology approach.

His work with hypnosis consistently showed him that people were more than their symptoms and that they were capable of much more when guided in a useful direction. Furthermore, Erickson's view of a positive and responsive unconscious is what gave rise to his early use of priming in his therapies. For example, he could hint at or obliquely reference some idea or perception and thereby sensitize the client to a 'spontaneous discovery" of a therapeutic principle. He could structure hypnotic amnesias and engage nonconscious processes to align with therapeutic goals. From a neuroscientific perspective, this was another of the ways that Erickson

was ahead of his time. While modern neuroscientists are much less likely to talk about "the unconscious" as an organized and benevolent entity, the framing of "unconscious processes" that can be influenced through priming and dissociative strategies such as those used in hypnosis is well established (De Benedittis, 2021, 2024).

Recognizing that it is generally a futile endeavor to directly contradict people, and by striving to use his relationship with the client as therapeutic leverage, Erickson evolved his utilization approach. In essence, the general formula he employed was one of "accept and utilize." Erickson would accept his client's viewpoints as a valid representation of their experience but then find a way to utilize their viewpoint to expand their experience in some meaningful way. Figuring out in-the-moment how to utilize his client's experience therapeutically is the moment of therapeutic genius that permeates Erickson's uncommon therapies. It's the spontaneous nature of utilization that makes it possible to tailor one's approach to the client. Thus, scripting or standardizing Ericksonian approaches is a challenge, to say the least.

Later contributors to the analysis of Erickson's work reiterated his "accept and utilize" paradigm although they used different language to represent it. Bandler and Grinder's NLP model suggested "pacing and leading" (1979). Haley described first suggesting the voluntary to lead into the involuntary (Haley, 1973). I described it as leading from "what is to what can be" (Yapko, 2018; Yapko & Criswell, 2025). These are all essentially similar representations of the need to accept what the client brings to therapy and to find a way to use it while expanding it in new and helpful directions. As a simple but inspiring example, I am fond of a saying I learned when visiting an indigenous tribe in Zimbabwe. It says, "If you can talk, you can sing. If you can walk, you can dance."

Erickson's focus on identifying and amplifying client strengths preceded the positive psychology movement by decades. As his clients shared their difficulties, he looked beyond their symptom descriptions to find examples in their personal histories of resources they've used previously in other contexts that could now be directed towards resolving current difficulties. No matter what problems someone might have, they have strengths, too, and connecting people to them was a principal goal of Erickson's strategic approach (Haley, 1973). Erickson's interventions were powered by his belief in people's ability to do and be more, despite their feelings of hopelessness and helplessness. Erickson was right: people are more than their symptoms, history, gender, age, job title, or *any* single attribute. Each person brings with them plenty to utilize therapeutically.

Defining Rigidity as the Basis for Client Problems

"And for human behavior – we start from childhood to become rigid, very rigid in our behavior, only we don't know that. We think that we are being free, but we are not. And we ought to recognize it." (Zeig, 1980, p. 117)

Modern neuroscience has raised issues that necessitate revising our understandings of choice and free will. As Erickson described more than half a century ago, we all develop biases, mostly unconscious ones, that influence our choices in daily life (Bennett, 2023; Schmidt, 2024). Many current thought leaders have raised the same questions: how do we choose? Is free will an illusion? Who's in charge? (Gazzaniga, 2012; Sapolsky, 2023).

For Erickson the psychiatrist, it was clear that people evolve patterns of perception that shape their responses largely outside of conscious awareness. After all, people don't typically consciously choose to develop the symptoms that then plague them. When Erickson was asked by one of his students what he believed the cause of people's problems to be, he offered a single

one-word answer: rigidity (Paul Carter, personal communication, 1986). What is rigidity? Rigidity is evident when circumstances change, but the person's thoughts, feelings, and actions do not. Rigidity is an invariant response to variable circumstances.

It is no surprise, then, that Erickson strived to promote greater flexibility in his therapies. He said, "You always have patients experience as much of themselves and their limiting sets as possible within therapy. The most important thing in therapy is to break up the patients rigid and limiting mental sets" (Erickson & Rossi, 1979, p.343). So, while his contemporaries were invested in helping clients become more insightful, hoping these would lead to change, Erickson was developing strategies for promoting adaptive changes.

He did so through his emphasis on experiential learning rather than intellectual understanding. Metaphorically speaking, if you want to learn to drive a car, you cannot do so simply by reading a manual. You will have to have the experience of actual driving. Erickson was proven right again when the research on human development came to the same conclusion about the superiority of experiential learning over didactic instruction (Kolb, 2015; Morris, 2019). This is a key reason that clinicians use hypnosis as an experiential approach to treatment: hypnosis affords more multi-dimensional learning, a greater opportunity to develop more automatic helpful responses, and easier integration of new learnings into one's daily life (Elkins & Alldredge, 2024; Yapko & Criswell, 2025)

Through his fascinating experiments with hypnosis that often tested the boundaries of human perception, Erickson established the malleability of subjective experience in ways and on levels that were often astonishing in their implications. Especially in hypnosis, but in general experience as well, it was apparent that our senses could be altered in suggested ways (such as color perception or body awareness), cognitive processes could be altered in suggested ways

(such as de-automating automatic processes or revising autobiographical memories), and much more (Kosslyn et al., 2000; Raz, 2024)

There are different forms of rigidity: cognitive, behavioral, emotional, perceptual, social, physiological, and rigidities of self-definition. In each instance, Erickson's creative use of hypnosis would encourage an altered view and experience of the rigid domain. If the problem is rigidity, then the solution is flexibility. Erickson looked for and presented exceptions to the rule, challenging his client's unhelpful overgeneralization on some issue. He invited the client to be willing to experiment with their perceptions and behavior by going places and doing things that would change a belief or improve their behavior. A hallmark of his therapeutic approach entailed him sending people out into the world to follow a directive, sometimes one that seemed irrelevant or even silly, that might lead to a new level of understanding and experience (Short, 2021; Zeig, 1980).

Erickson was ahead of his time in this regard. What is now commonly termed "behavioral activation" is a core component of many, if not most therapies, and therapists acknowledge the need to engage the client in homework or experiential task assignments (Hill & Norcross, 2023; Ryum et al., 2024). The goal is to get clients active in the treatment process based on the knowledge that the more active the client is in treatment, the faster the rate and the greater the quality of treatment success (Kazantzis & Miller, 2022; Ryum et al., 2024).

There are different forms of homework assignments. Some are meant to challenge unhelpful beliefs, some are meant to help build specific skills, and others are meant to expand the client's range of life experiences. Some of the tasks are obvious in their intent while others are more ambiguous, an "experiential Rorschach" of sorts that give rise to new and possibly helpful projections of meaning (Lankton, 2008). Assignments can be quite direct (e.g., "Here's what I

want you to do") while others may be less so ("I wonder what you might discover if you went there…").

Regardless of form or function of assignments, the use of hypnosis to encourage action was basic to Erickson's work and it helped pave the way for any of the current therapies that make use of experiential learning. Erickson was right: Flexibility is the key to adapting. Problem-solving and finding new alternatives in the face of changing circumstances in order to overcome obstacles and embrace new choices more effectively is a key to effective living. Psychotherapy in general and hypnosis in particular strives to help people do these things.

Recognizing That People Come to Therapy to Change the Future

How one thinks about hypnosis (and people, and therapy, and life, and…) will naturally determine how one applies hypnosis (Yapko, 2015, 2018, 2021). The first lesson anyone studying hypnosis is likely to learn is this: *what you focus on, you amplify in your awareness*. The two most salient clinical questions are, "What do we want the client to focus on, and why?" Given the hundreds of therapies currently in practice, each with substantially different assumptions and focal points, how one answers these questions is clearly a primary distinguishing characteristic between therapists (Prochaska et al., 2024).

Psychotherapy's point of origin, psychoanalysis, was built on the foundational belief that the patient's past defined their present and perhaps their future as well. Generations of therapists have emphasized exploring and understanding personal history as a necessary step on the road to mental health. Erickson was not against exploring history, as his general strategy of finding valuable personal resources in past experiences clearly shows. But his emphasis was heavily on what the person could do and experience *now* that would make a meaningful difference later. Once again, Erickson went his own way by challenging the past-oriented methods and

philosophies of the time and instead focused his attention on ways to use hypnosis to help promote future possibilities for his patients. Erickson believed that people don't come to therapy to change the past. Rather, his belief was that they come to change the future. He said: "Insight into the past may be somewhat educational. But insight into the past isn't going to change the past. You may have insight, but it doesn't change the fact. Your patient has to live in accord with things of today. So you orient your therapy to the patient living today and tomorrow, and hopefully next week and next year" (Zeig, 1980, p. 269). Erickson's future orientation was prescient in shaping the evolution of brief therapy and is a key contribution given all we have learned since about the many ways one's orientation to time influences their decisions and quality-of-life (Mischel, 2014; Zimbardo et al., 2012; Zimbardo & Sword, 2017).

However, many therapists seem genuinely ambivalent about having a future focus. In workshops and conference presentations where a future orientation is discussed, they often express their beliefs that "the past is what makes us who we are," or their concerns that "the past won't be honored," or the "traumas will be skimmed over," or the "past won't be sufficiently learned from thereby assuring unfortunate repeats," and so on. Some have gone even further in suggesting that not focusing on the past reflects a superficial approach to treatment. Other therapists have adopted the philosophy that says, in essence, "the past is gone, tomorrow hasn't happened yet, so it is now that must be our focus" (Hanson, 2021; Hanson & Mendius, 2025;).

The use of hypnosis is an unapologetically goal-oriented process. Anyone who practices hypnosis does so with the belief that people are capable of improvement and have more resources to facilitate their progress than they consciously realize. Furthermore, whenever hypnosis is introduced into the therapeutic relationship, the clinician has a goal in mind of how hypnosis may serve some greater therapeutic goal. Erickson's work has been characterized as

strategic in acknowledging his goal orientation in each session. It is not at all surprising, therefore, that almost 80% of the respondents to the international survey about their use of hypnosis indicated they regularly employ visualizations for desired outcomes in their work (Palsson et al., 2023). Visualization is generally a future-oriented approach which focuses on possibilities.

Therapists differ, often dramatically, in what they choose as their targets of treatment, how they may define the goal of a session, or how they believe the therapy session should be structured. The underlying principle of having a goal and utilizing hypnosis to facilitate attaining it may not have technically begun with Erickson, but he certainly established it as the foundation for the development of his many creative intervention strategies. Whether his treatment successes were accomplished through clear directives (such as task assignments), indirect approaches (such as metaphor,) the varied use hypnotic age progressions, or the clever use of post-hypnotic suggestions, Erickson made it not only acceptable but desirable to think beyond the moment and proactively help the client make better choices for a better future.

Conclusion

There is no shortage of reasons to appreciate the creativity, wisdom, and relevance to modern clinical practice of Milton Erickson's work. He left behind a treasure trove of writings and lectures from which to learn, and he left behind a great many advocates of his work who articulate well his approaches to hypnosis and psychotherapy.

As one such advocate, this article shares my personal ideas about what I consider to be some of Erickson's key contributions. These include: 1) His broadening of hypnosis to emphasize its interpersonal nature, posing a direct challenge to the traditional view of hypnosis

as something that only resides within the person; 2) his emphasis on the utilization of the client's beliefs, values, history, behavior, and experience which gave rise to a more naturalistic, tailored and personally meaningful approach to hypnosis; 3) his view of client problems arising as a product of rigidity in one form or another and thus his emphasis on using hypnosis to promote malleability (flexibility) in the client's experience; 4) his focus on shaping a satisfying future, one in which the client could be encouraged to make better choices that give rise to a better quality of life. These four contributions stand out among his many others and certainly shaped the modern practices of clinical hypnosis and briefer psychotherapies.

There is little chance that anyone undertaking the serious study of hypnosis could remain unfamiliar with Erickson's approaches. He may have been a maverick of sorts at one time by virtue of his unconventional style, but his ideas and methods have become mainstream and worthy of careful study by every hypnosis practitioner. Reading Erickson's work in his own words is highly recommended; his scores of original papers have been assimilated into a 16-volume set, *The Collected Works of Milton H. Erickson* (Rossi, Erickson-Klein, & Rossi, 2008-2012). Readers will no doubt be challenged to question their own assumptions about such prominent issues as assessing hypnotizability, the standardization of methods, and even the nature of hypnosis. These are good challenges to face that can continue to encourage developing a deeper understanding of hypnosis. Studying Erickson's innovations and creative genius will make it clear that Jay Haley was right when he described Erickson to me as "a man who knew his business."

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Data are available upon request.

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