Strategic Eclecticism in Hypnotherapy: 
Effectiveness Research Considerations

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Abstract
Hypnosis is attempting to come to grips with the EST (Empirically Supported Therapy) revolution in mental health practice. However, there are ways to account for outcome outside of simple empirical validation of treatment models. In this light, strategic eclecticism as a broader research-based consideration is used to illustrate empirical principles within Eriksonian hypnotherapeutic approaches.

Keywords: Erickson, empirical, eclectic, core and process variables in hypnosis.

The issue of empirically validated or supported treatment has generated considerable debate within clinical psychology (Beutler 1998, 2000; Beutler, Williams & Entwhistle, 1995; Borkovec & Castonguay, 1998; Clarke, 1995; Garfield, 1996; Hubble, Duncan, & Miller, 1999; Persons & Silbershatz, 1998; Walmpold, 2001). This issue has been paralleled by similar discussion in clinical hypnosis (Amundson, Alladin, & Gill, 2003; Alladin, Sabatini, & Amundson, in press).

Pursuit of empirically validated or supported therapy (Chambless & Hollan, 1998; Chambless et al., 1996, 1998) with standards related to rigorous, experimental design and random clinical trials (APA, 1995, 2002) has been referred to as efficacy-focused research. This research tradition “seeks to evaluate specific models and specific therapeutic protocols with the criteria/goal of achieving empirically supported therapy status” (Amundson, et al., 2003, p. 12). In fact, a special issue of the International Journal of Clinical and Experimental Hypnosis (Nash, 2000) was devoted to a review of clinical hypnosis in light of such criteria.
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In contrast to efficacy-focused research, there is effectiveness-focused research which aims to “identify those factors and dynamics that influence therapy...[and] increase the effectiveness of therapy regardless of models, protocols, or specific technique” (Amundson et al., 2003, p. 12). Efficacy-focused research emphasizes the specific aspects of a given treatment and whether it satisfies well-defined empirical criteria (Chambless & Hollan, 1998). Effectiveness-focused research is interested in identifying: (a) common factors (Beutler, 1998; Beutler & Harwood, 2000; Fishman, 1999; Frank, 1961; Hill, 1994; Hill & Corbett, 1993; Hubble et al., 1999; Lambert, 1998; Russell & Orlinsky, 1996; Walmpold, 2001), (b) qualities of the therapeutic alliance (Najvits & Strupp, 1994; Norcross, 2002; Safran, Crocker, McMain, & Murray, 1990; Safron, Muran, & Samstag, 1994), and (c) expectancy and placebo effects (Evans, 2000; Frank & Frank, 1991; Kirsch, 1994; Lambert, 1992).

The juxtaposition of efficacy and effectiveness research has resulted in the concept of evidence-based practice in psychology (APA, 2006) and, more specifically, evidence-based practice in hypnosis (Alladin et al., 2007). In both instances, evidence-based practice seeks to take what has been shown to produce successful treatment outcomes (that is, efficacious treatment protocol) and embed them within the larger, apparently more determinant principles associated with effectiveness research. It is within this conceptualization of evidence-based treatment that the concept of strategic eclecticism emerges.

What We Mean By Eclectic

The term “eclectic” first appears to have entered the literature in the 1960’s. Thorne (1962) described how training in a single or particular approach to therapy was counterproductive given the diversity of circumstances, diagnosis, “personalities,” and situations of one’s clients. One size to fit all, it seemed, did not accommodate the variety of circumstances associated with day-to-day clinical practice. This initial desire to expand treatment and training from a one method/model approach to a broader integrationist perspective led to further developments in the field of eclectic practice (Arkowitz, 1995). The emerging eclectic tradition was reflected in an emphasis upon utilizing diverse methods of intervention (Lazarus, 1971), extra-theoretical principles of clinical practice (for example, a relationship emphasis – see Norcross, 2002), and even the homogenization of theory, that is, integrationism (Norcross & Goldfried, 1992).

By the 1990’s, when queried as to method, model, or preferred school of therapy, most practicing clinicians would, in fact, declare that they were “eclectic” (Jensen, Bergin, & Greaves, 1990). Nonetheless, eclectic often meant an engaged/chaotic clinical practice where a given clinician was more confused than methodical (Norcross, 1987). Early eclectic inclinations reflected practicing clinicians’ intuitive sense that allegiance to a single model might not answer all questions nor serve all purposes all of the time. Research has shown that even with the most “manual-based” approaches clinicians vary widely in application. Therapists modify technique and adjust their therapies in the light of their personal experience and the cases they encounter. There is evidence to suggest this is equally true in hypnosis (Amundson, Alladin, Gill., 2003).

Because of this movement toward using and doing what works through the integration of multiple theoretical models, several attempts to systematically address eclecticism have been proposed. Beutler, Harwood, and Coldwell (2001) have described these as follows: common-factor eclecticism, theoretical integrationism, technical eclecticism, and strategic eclecticism. To better appreciate their relevance to clinical hypnosis, each of these will be discussed briefly.
Common-factor eclecticism seeks to determine the broadest and most general aspects of intervention associated with positive outcome in therapy of any sort. The work by Hubble et al. (1999) summarizes this literature. Arising from empirical evidence, it is clear that a number of variables are associated with all successful therapy, regardless of model (Norcross, 1987). These variables include: 1) the historical, actuarial, and dynamic factors (clinical presentation) of a patient, 2) the therapeutic alliance between patient and clinician, 3) the patient’s degree of hope or expectation that change will occur, and 4) the theoretical structuring of the treatment. In fact, common factor research demonstrates that model and technique, whether theoretical or empirical, provides the smallest contribution to successful outcome (Hubble et al, 1999; Walmpold, 2001).

Theoretical integrationism, a second eclectic system, attempts to integrate or mutualize diverse clinical perspectives for a given patient, in effect, not unduly relying upon one theory or another. This conceptual emphasis in treatment seeks to transcend singular theory and give rise to a variety of unique ways to see, define, or treat a given problem (Goldfried, 1995). The best example of such an approach may be reflected in narrative or constructivist psychotherapy where conventional mental health considerations are creatively woven into a treatment orientation and process that centers on an externalized configuration of the concern to be addressed (Neimeyer & Mahoney, 1995).

Technical eclecticism, probably most readily brought to mind when thinking of eclecticism, is where a formulary of empirically validated approaches are referenced to particular problems, and where each problem/case is presumed responsive to a given form of treatment (Lazarus, 1992). Increasingly in the field of psychology, cognitive-behavioral therapy can be viewed as personifying this form of eclecticism (Dobson, 2001). Less concerned with clinical conceptualization or theory, and more focused upon outcome and pragmatics, technical eclecticism has a longer more empirically based history than the other systems (Goldstein & Stein, 1976; Lazarus, 1976; Paul, 1969). Essentially, empirically validated treatment protocols are indexed to specific diagnoses and applied then by the therapist to the patient.

Strategic eclecticism embraces the proposition that all clinical ideas possess (potential) utility: techniques, interventions and approaches to therapy can be applied “in many different ways and even theoretically serve many different ends” (Beutler et al., 2001, p.145). Strategic eclecticism is less a school of therapy than a description of one type of efficient practice, what some researchers have called psychotherapy integration (Wolfe & Goldfried, 1987).

Although strategic eclecticism arises from clinical research regarding what works better with certain kinds of problems, that is, efficacy-focused practice (Nash, 2000). It goes beyond this by finding ways to make empirically supported treatments (and, might we add, theoretical approaches) work even better through capitalizing on transtheoretical factors of successful therapy, that is effectiveness-focused practice (Amundson, Alladin, Gill., 2003). It is now widely held that general clinical processes related to change, relationship and alliance, and patient and therapist characteristics carry more weight in successful treatment than technique per se. In this approach, diagnostic, technical, or even theoretical considerations are tailored to patient characteristics and contextual aspects of a collaboratively designed treatment. In what follows, we illustrate how Ericksonian approaches are consistent with the notion of strategic eclecticism, and herein, are supported by effectiveness-focused research.
Milton Erickson and the Strategic Tradition

Jay Haley’s book, *Strategies of Psychotherapy* (1963), along with his later writings on strategic therapy (Haley, 1973, 1976), arose directly from his contact with Milton Erickson, and more specifically, Erickson’s use of hypnosis. While over the years, many people have tried to capture “Ericksonian” dynamics within specific models or practices of hypnotic and non-hypnotic therapies (Bandler & Grinder, 1979; Haley, 1973; Lankton, 1980; O’Hanlon, 1985; Watzlawick, Weakland & Fish, 1974; Zeig, 1980; Zeig & Lankton, 1988) it would be fair to say that no particular Ericksonian therapy exists, per se. Given the evidence base arising from effectiveness-focused research (Norcross, 2002), it may be suggested at this point that no so-named “Ericksonian therapy” exists because Erickson, and others who followed in his tradition, were strategically eclectic.

While clearly there has been debate and conjecture on an Ericksonian model or theory of treatment (Mathews, Lankton, & Lankton, 1993) and much conceptual speculation, there is also a more formal research or scientifically based understanding regarding Ericksonian treatment (Lynn & Hallquist, 2004; Lynn & Sherman, 2000; Kirsch, 1999; Sherman & Lynn, 1990). This research has emphasized more general psychological principles that can be seen as the forbearers to the concept of evidence-based practice generally (Norcross, Beutler, & Levant, 2006) and strategic eclecticism in particular. For example, Lynn and Sherman (2000) use principles from social and cognitive psychology to provide a basis to understand the clinical procedures most closely associated with Ericksonian work. Similarly, Kirsch (1994, 1999) speaks of response expectancy as not only a well-established social psychological principle, but makes a clear connection of expectancy theory to Ericksonian practice. Kirsch (1999), in fact, outlines 10 research-established actions or behaviors by a therapist that not only enhance outcome, but also reflect what most would accept as Ericksonian principles. Finally, in direct support of the concept of strategic eclecticism in hypnosis, Lynn and Hallquist (2004) reiterate the link between Erickson and the sociocognitive literature on response and expectancy. They suggest that Ericksonian practice represents a clinical posture both rising from and focused upon the common factors inherent in any effective psychotherapeutic or hypnotherapeutic treatment (creating a positive response set, lowering resistance, raising hope, etc.). Certain principles from research on clinical effectiveness are thus presumed to guide successful treatment, explicitly or intuitively. While efforts to demonstrate more traditional efficacy referenced empirical status have been established in clinical hypnosis (Kirsch et al., 1999), this “status” is not without controversy (Nash 2000). Amundson, Alladin and Gil (2003) in fact suggest, “If EST (empirically-supported therapy) and efficacy-focused research becomes the exclusive fulcrum for treatment judgment, it is possible hypnosis may be at risk as clinical practice” (p. 13). As counter-point, effectiveness research and emphasis upon common factors and process transcendent to particular models offers empirical validation of a different sort. The linking of hypnosis in general, and Erickson’s work in particular, to this sort of research base is one of the most fruitful ways hypnosis might claim empirical status.

Erickson, it seems, may stand out as progenitor in demonstrating the relevance of a strategic eclectic approach to hypnotherapy. Emphasis in clinical practice in general, and hypnosis in particular, upon “relationship” and “process” associated with empirically supported effectiveness, however, offers less comfort than manual-based or purely theoretically driven treatment protocols. Consequently, those engaged in clinical practice and hypnosis may give preference to overarching theory and the desire for specified practice standards or manuals. In fact, Cummings and Cummings (2000) found the greatest impediment to adoption by therapists of “68 empirically derived practices” (p.87) (i.e., process related
variables) was willingness to abandon previous invariant commitment to their model¹. Regardless of the force of clinical ideas and theory-based practice, whether scientific or speculative, effectiveness-focused research seems to underwrite all bona fide treatment (Hubble, Duncan, Miller, 1999). These underlying features in hypnosis might be referred to as general structural variables and core process variables.

**General Structural Variables**

General structure variables are the most basic elements of any hypnotic treatment and may account for as much as 70% of outcome in any given case (Lambert, 1992; Walmpold, 2001). The following structural variables arise from a vast research literature, and are recognized by such organizations as the American Psychological Association (APA, 2006) in designating what ought to count as “evidence” in evidence-based practice.

**Alliance and Relationship**

Perhaps central to all considerations of effective hypnosis is the ability to generate a therapeutic relationship with the patient (Norcross, 2002). This relationship requires a broad, flexible skill set, involving active and passive responses as well as accepting and confronting activities on the part of the therapist (Beutler & Consoli, 1993). To simply listen, accept, and acknowledge, serves little purpose with a sullen, withdrawn adolescent while to distract, draw out, and conversationalize with a relationship-anchored anxious adult similarly serves no purpose. In hypnosis, if one identifies trance solely in terms of a deep dissociated state, or as naturalistic, or as conversational, impediments will arise to its effective application due to potential rupture in therapeutic relationship. The patient is, therefore, central to how relationship is conscripted to treatment. In large part, relationship as a structural variable is co-defined by patient characteristics.

**Patient Characteristics.** Hypnosis has been applied with a broad population of patients and disorders. However, it is applied within the constraints of patient characteristics. Relationship, alliance, “coherence”, engagement, and a myriad of other terms are used to describe capacity to relate and pursue therapeutic goals, and all are recursive to patient characteristics. Both Beutler and Harwood (2000), and Prochaska (1979), however, make it clear that change (how much and how rapid) is empirically predicated upon a patient’s status. For Beutler and Harwood patient status is reflected in:

- Coping styles
- Level of resistance
- Level of distress

These characteristics set “dose” levels, so to speak, for the focus and intensity of treatment. The greater the history of dysfunctional coping styles (generally), the greater the resistance, and the lower (or at a certain threshold the higher) the patient anxiety, the more indirect or tentative treatment must be (Beutler & Hardwood, 2000). Treatment intensity, in light of effective outcome, varies directly in relation to level of functional impairment. Not all hypnotherapy will be short. It appears, however, that more extended therapy is justified not by the model employed, but by the characteristics of the patient involved. Different types of patients prefer and need different types of treatments (Beutler & Clarkin 1990; Beutler et al., 1991; Lyddon, 1991). From a strategic eclectic perspective, it is axiomatic that therapist flexibility and patient characteristics calibrate application of even the most efficacious hypnotic
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treatments (Bohart & Tallman, 1999). It is suggested, then, that effective hypnotic intervention ought to be based upon developing a relationship based upon client characteristics and client-attenuated goals.

Core Process Variables

Process variables refer to specific interactions that take place in effective hypnosis, regardless of model or rationale (APA, 2006; Borkavec & Costanguay, 1998; Prochaska & DiClement, 1982). The importance of process variables in hypnosis arises from the axiom that “there is more than a little evidence that good practices can arise from bad theory, and conversely, that ineffective and even dangerous practices can arise from sound theory” (Beutler & Harwood, 2000, p.23). Perhaps this ironic empirical consideration arises from research that demonstrates the importance of several over-arching process-related dynamics. These include:

1. The benefit of a plausible patient-congruent explanation of treatment. The closer and more plausible a “theory” or treatment is to a patient’s beliefs, expectations, or hopes around treatment, the greater the likelihood of beneficial outcome (Frank, 1995; Held, 1991). A sound plausible explanation, albeit even if unsubstantiated empirically, that relieves, augments, soothes or amplifies the patients view, correlates with better outcome and facilitates the therapeutic process (Safran et al., 1997). Inherent in process-related variables is expectancy. Not only is expectancy considered a key feature of Ericksonian therapy (Kirsch, 1994; Sherman & Lynn 1990), it also represents one of the common factors generally associated with positive outcomes in treatment (Arnkoff, Glass, & Shapiro, 2002). Referred to in various ways: hope, placebo, motivation, etc., expectancy represents the ability of a given treatment to create an atmosphere of collaboration, goal directed attention, feelings of warmth, support, connection, and confidence leading to something different and positive occurring in the patient’s life (Fishman, 1999).

2. An emphasis on client resources and goal-directed treatment, with less focus upon blame, error, or defect produces better results (Henry, Schascht, & Strupp, 1990). Patients report greater satisfaction with treatment that capitalizes upon their readiness, and neither exceeds nor falls short of their intellectual, emotional, or social capacity (Prochaska 1979; Prochaska, Norcross, & DiClemente, 1994). Research suggests that good therapy sets appropriate goals that reflect a patient’s desire, capacity, and potential within hypnosis (Canter & Zirkel, 1990; Orlinsky et al., 1994).

3. A focus on skill building and symptom reduction. Hypnosis reduces symptomatic behavior, and in so doing, builds skills that are supported by the effectiveness research literature (Beutler & Harwood, 2000; Bohart & Tallman, 1999; Cummings & Cummings, 2001). For example, with post-traumatic stress, and even dissociative clinical conditions, the strategic eclectic emphasis upon symptom reduction and skill building has been demonstrated to be at least as effective as more ambitious theory-driven hypnotic treatment (Lilienfeld et al., 2003).

4. Differentiating between formal and operational diagnosis. Formal diagnosis is related to patient characteristics and reliable (evidence supported) methods of treatment, or descriptions of conditions (Cummings & Cummings, 2000). However, operational diagnosis is the development of an enabling focus and structured process that will be motivating for the patient, and is central to the research related to the effective/strategic
emphasis (Perotti & Hopewell, 1980). In hypnosis the variety of inductions with various symbolic, referential, and even metaphoric emphases reflect such operational considerations.

In summary, it seems that therapy in general and hypnosis in particular that emphasizes the patient’s view of the problem is congruent with the aforementioned core process variables. It can be said that hypnosis is justified by the effectiveness research insofar as it engenders motivation by formulating “patient attenuated” reasonable goals, raises expectancy, builds skills, and adheres to an operationalized diagnosis.

**Structural and Process Variables Illustrated**

It is possible to select one anecdotal account of Erickson’s work to illustrate the treatment and training aspects of our discussion. This famous case was of a hospitalized schizophrenic patient suffering from the delusion that he was Jesus (Haley, 1963). We have selected this example in order to demonstrate how one intuitive sentence reflects what has now been shown through research to be not only clever, but also good science. Erickson is purported to have approached the patient, who had apparently been previously uncommunicative with the inquiry “I hear you are a carpenter?”

Initially Erickson could be said to have centralized the patient, their status and their “world view,” to the consult. The centrality of the patient has been well researched in relation to effective treatment (Hubble et al., 1999). Beutler and Hardwood (2000), for example, make it abundantly clear that primary to any effective treatment – hypnotic or otherwise – are predisposing patient qualities. These include appreciation of coping style, interpersonal attitudes, role demands, expectations, severity, impairment, distress etc. Lambert (1992) attributes at least 40% of change to what he describes as extra-therapeutic variables, things outside the control, management, or direction of the therapist. This position is supported by Walmpold (2001) who asserts that general principles of effective treatment and the status of the patient profoundly overshadows specific treatment effects by about a 7:1 ratio. Finally, at a more specific level of treatment is the work by Prochaska (1995) who would see in Erickson’s comment appreciation for staging treatment commensurate with patient receptivity. This accommodation of patient motivation and an appropriate therapeutic gesture, at the appropriate level, reflects sound research on effective treatment.

Secondarily, Erickson’s ability to strike a unique posture within the circumstance of what is presumed to have been a medical context represents novelty and expectation for “something different”. The ability to create reasonable novelty and raise hope is a robust factor significant to treatment. Expectancy, as perhaps the over-arching core process variable, has a role in any treatment, but perhaps more so in hypnosis (Coe, 1993; Council, 1999; Kirsch, 1999). These authors have opined that perhaps the single strongest prediction of hypnotic effect or change in a patient arises from expectancy. Kirsch (1999) delineates the dynamics he feels facilitate expectancy and change in hypnosis. These include things like staging and successive approximation to task, permissiveness, incorporation of the novel, unusual or imaginative, limiting failure, stimulation and stimulation of success, etc.. It would not be too big a stretch to see this research tradition reflected in Erickson’s simple statement. Finally, Erickson uses “carpenter” as a motivational frame for establishing goals, initially to just speak differently with the patient but later to (apparently) engage the patient in occupational therapy involving wood-working (Haley, 1963).

This linking of intervention to goal attenuated outcome and motivational emphasis
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reflects research on what works in therapy and apparently in hypnosis. Erikson’s action has much less to do with the dubious status of indirect suggestion (Lynn et al., 1993) than it does with directional intention. We can return to Kirsch (1999) and others (Lynn & Hallquist, 2004) to ground Ericksonian or strategic eclectic treatment in sound research-based principles of change. The issues of response set (Kirsch & Lynn 1998), therapeutic alliance (Norcross, 2002), simplicity (Gollwitzer, 1999), altering expectancy (Lynn & Sherman, 2000), and direct, collaborative engagement (Beutler & Hardwood, 2000) can all be inferred in this vignette, and others of similar kind.

For example, Otani (1990) uses several Erickson case examples, as well as social cognitive theory, supportive of empirically-based strategic eclecticism. In discussing “self-efficacy” (p. 30-32), he makes clear the central role of the patient in effective treatment. A second example comes from Lankton and Lankton (1983) who discuss clinically derived attitudinal frameworks, which would easily be underscored today by effectiveness-focused research principles. Finally, even in the most speculatively driven examples of training in Ericksonian hypnosis, one can find treatment references that clearly illustrate the types of structural and process considerations discussed within this article (Yapko, Barretta, & Barretta, 1998).

Conclusion

As presented in an earlier article (Amundson et al., 2003), and an article forthcoming (Alladin et al., 2007), the ability to ground hypnosis in empirical practices and a research base ought not be left solely to the domain of random clinical trials and manuals. By focusing on effectiveness of variables, and in this regard, the research tradition related to strategic eclecticism, hypnosis, and especially Ericksonian approaches, moves closer to an equally valid empirical base. In fact, hypnosis has often been host to a variety of creative, unusual and controversial models of treatment (Lilienfeld, Lynn, & Lohr, 2003). Perhaps effectiveness-focused research considerations weigh in here as well.

Why do such fads as recovered memory work, eye movement desensitization and reprocessing therapy (EMDR), or thought-field therapy (TFT) therapy sweep into the field of clinical hypnosis? While clearly these methods and their theoretical underpinnings do not stand up to the procrustean bed of random clinical trials and efficacy-focused research, clinicians are not so self-deluding to practice something that does not promise in their experience at least some degree of effectiveness. It is in fact because of their effectiveness that they are propagated in spite of scientific failure to stand up to more critical review. The ability of a treatment to marshal expectancy and the related common factors seems, as others have suggested (Hubble et al., 1999; Walmpold, 2001), to be more powerful than model or technique per se. In fact, Kirsch (1999) makes a highly persuasive argument for these effectiveness variables in his work on expectancy in hypnosis. However, he is not the first. Long ago, Williams James (1890/1981) in his reflection on hypnosis stated in his estimation, “The prime condition of success is that the participant should confidently expect to be entranced” (p. 594). Seeing outcome as the result of general transtheoretical common factors in conjunction with the skillful use of various means to common ends may be more empirically beneficial to hypnosis than simply certifying treatment manuals. Clinical hypnosis works in spite of wrong ideas about its determinants – animal magnetism for example – and because of its ability to marshal common, transtheoretical factors that arise through effectiveness-focuses research. Certainly, it is admirable to submit all manner of hypnotic treatment to random clinical trials. However, to limit bona fide status to such criterion may honor an empirical tradition already too limited in its scope (See “Empirically-Based Practice in
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Psychology”, APA, 2006). For licensed healthcare professionals, emphasis upon evidence-based practice and empirical standards need not impede creative, strategic, and effective use of hypnosis. Undue emphasis upon efficacy research, however, whether at the speculative, theoretical, or clinical trial level, will invariably do just this.

In what has been presented here, we offer a broader view of what makes treatment in general more effective and what hypnosis might consider specifically in justifying its clinical relevance. Perhaps nowhere in hypnosis do we see more clearly the research-based strategic eclectic posture and a framework for effectiveness factors than in the Ericksonian tradition.

References


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Footnotes

1It was also evident in their research that commitment to a model predicted better outcome. The willingness, however, of a clinician to apply their model, in the light of specific efficacy and effectiveness variables, was the bottom line.