

# Hypnosis and Hypnotherapy Introduction

Deirdre Barrett, PhD

Hypnosis is named for the Greek god of sleep though, even in ancient times, few thought of it as literal sleep—this was simply the best analogy for an altered state so far from waking cognition and behavior. Western medicine first called the phenomena “mesmerism” after Franz Mesmer who conducted group trance inductions in 18<sup>th</sup> century Europe. Mesmer attracted attention for his flamboyant style and his cures of hysteria which eluded other physicians of the time. Of course, Mesmer did not invent hypnosis, he merely rediscovered techniques that had been practiced around the world since the dawn of history. A fourth century BCE Egyptian demotic papyrus from Thebes describes a boy being induced into a healing trance by eye fixation on a lighted lamp.<sup>i</sup> Third century BCE Greek temples in Epidaurus and Kos, dedicated to the god Asclepius whose snake-entwined staff is now our modern medical symbol, the caduceus, used hypnotic-like incubation rituals to produce their dramatic cures.<sup>ii</sup> Mesmer’s contribution was that he reminded the Western world of this marvelous therapy. Young doctors flocked to him to study, but the medical establishment was no friendlier to alternative medicine then than now. Mesmer was exiled from medical practice, but therapists and the general public have remained fascinated with hypnosis ever since.

In recent years, we have been able to understand hypnosis much better than Mesmer did with his 18<sup>th</sup> century versions of magnetic and electrical fields of the body. Indeed we are able to see what real changes in brain activity occur during the process, but also a wealth of modern cognitive, linguistic, and personality research help explain it. *Hypnosis and Hypnotherapy* brings together latest research on the nature of hypnosis and studies of what it can accomplish in treatment. Volume 1 addresses the question of what hypnosis is: the cognitions, brain activity, and personality traits which characterize it, and cultural beliefs about hypnosis. In Chapter 1, Robert Kunzendorf describes how cognitive processing differs during hypnosis from usual waking modes. He characterizes the core change as “the deactivation of self-conscious source monitoring.” This lack of awareness of the self as the origin of many perceptions during hypnosis leads to experiencing imagery as hallucinations and to alterations of memory processing including dissociation, amnesia, and hypermnesia. Kunzendorf explains how these changes can sometimes enable hypnosis to recover repressed memories but also increase the possibility of creating of false ones.

The most common misconception in hypnosis lore is the notion that trance, hallucinatory imagery, the will to carry out suggestions—indeed all the phenomena of hypnosis—emanate from the hypnotist. In fact, it is the subject who produces these. In Chapter 2, I examine personality traits associated with the ability to enter hypnotic trance. Very few people are totally un hypnotizable, but the number able to experience the deepest hypnotic phenomena—eyes open hallucinations, negative hallucinations (failing to perceive something which is right in front of one), suggested amnesia and analgesia sufficient for surgery—is

similarly small. Hypnotizability is not a present/absent dichotomy but a continuum. Many traits were historically hypothesized to determine hypnotizability such as hysteric personality, passivity, “weak will,” and “need to please,” but these actually bear little or no correlation when subjected to modern research analyses. This chapter summarizes the cluster of traits which do predict response to hypnotic induction. All of the interview and test questions which correlate highly concern hypnotic-like experiences of everyday life vividness of imagery, propensity to daydream, and the ability to block out real sensory stimuli. I also present a distinction between two types of high hypnotizables—one of whom have more of a propensity toward vivid, hallucinatory imagery and the other toward dissociative, amnesic separation of memory. The first group “fantasizers” tend to have a history of parents who read them much fiction and encouraged fantasy play, while the second group “dissociators” have a history of trauma or isolation during which they learned amnesic defenses.

In Chapter 3, David Spiegel, Matthew White, & Lynn Waelde review the effects of hypnosis on physiologic functions. Past studies have found that induction of the hypnotic state reduces sympathetic nervous system activity and increases parasympathetic activity, as measured by the low frequency/high frequency ratio in spectral analysis of heart rate, and by increases in vagal tone. Both of these changes are associated with the ability to self-soothe. Hypnosis has also been found to affect the secretion of the cortisol and prolactin and to modulate other neural and endocrine components of the stress response. The authors then describe recent brain imaging of hypnosis at their lab and other research facilities. The most consistent changes are found in the frontal attentional systems. Spiegel, White and Walde explain why these often track with the alterations of autonomic tone noted in the peripheral studies of hypnosis. They describe how hypnosis is associated with changes in the executive attention function of the anterior cingulate gyrus and involves “activation” rather than “arousal” in neurological terms—and dopaminergic rather than noradrenergic in biochemical ones. This type of activation promotes “chunking,” or reducing the number of parallel systems, and indicates an inner rather than outer focus. Spiegel, White and Walde compare brain imaging findings in hypnosis with those associated with mindfulness meditation and discuss the physiological similarity of states produced by the two techniques. Finally they discuss shifts in brain activity associated with particular hypnotic phenomena such as alterations of pain perception and with the lessened sense of self-agency during hypnosis that was characterized as essential in Chapter 1.

In Chapter 4, Melvin Gravitz describes forensic hypnosis—the role it has played in police investigation and the court system. Views of hypnosis have swung from touting hypnosis as a truth serum to seeing it as inherently invalidating witness testimony. Gravitz reviews the precedents and opinions at all levels, up to and including the US Supreme Court, and offers his own balanced view of appropriate uses and safeguards. He discusses how the hypnotic alterations of memory discussed in Chapters 1 and 3 and the hypnotic-associated personality traits dealt with in Chapter 2 manifest specifically during criminal witness proceedings. Next, in Chapter 5, I discuss the depiction of

hypnosis in art and media—film, television, theater, music and cartoons. These depictions emphasize behavioral control rather than rich alterations of subjective experience. Most films cast hypnosis in a dark light—as a tool for seduction or murder. When hypnosis is portrayed positively, it’s often either as a truth serum—similar to the overly optimistic court opinions discussed in Chapter 4 (in fact, these often appear in courtroom dramas) or as endowing subjects with impossible psychological, mental or athletic abilities. The chapter concludes with a discussion of how more realistic depictions of hypnosis in media might be encouraged.

In Chapter 6, Stanley Krippner and Jürgen Werner Kremer discuss hypnotic-like practices in shamanism and folk medium traditions with illustrative examples from various North American tribes, Balinese folk customs, contemporary Sámi (indigenous Scandanavian) practices and African-Brazilian mediumship. They describe the many similarities in these society’s inductions and western hypnosis including verbal inductions and suggestion, sleep analogies, and heavy reliance on imagery and storytelling (the latter being characteristic mostly of Ericksonian hypnosis to be described in Vol. 2, Chapter 1 rather than of all western hypnosis). Krippner and Kremer also contrast trance-induction practices which are common in the indigenous cultures but not in western hypnosis including chanting, percussion, dance or other ritualistic movement, and the burning of incense. They note a fundamental difference in the two types of indigenous practices of shamanism vs. mediumship. Shamans are usually aware of everything that occurs while they converse with spirits, even when a spirit "speaks through" them, whereas mediums claim to lose awareness once they incorporate a spirit, and purport to remember little about the experience once the spirit departs. This distinction is similar to the two types of high hypnotizables--fantasizers and dissociaters--described in Chapter 2. Krippner and Kremer describe how these cultures foster fantasy proneness and train dissociation to some degree, but that there also seem to be significant "demand characteristics" to produce the culturally sanctioned behavior. Krippner has also researched individual variables of subjects within these cultures, finding some of the same characteristics associated with improvement by western psychotherapy such as "willingness to change one's behavior" predict beneficial outcome to treatment with shaman or medium.

In Chapter 7, Steve Eichel describes the responses of the main lay hypnosis credentialing groups (those not associated with the mental health professionals, dentistry or medicine, but purporting to represent the “profession” of hypnosis) to applications for credentialing from a distinctly unqualified practitioner . . . his pet cat Zoe. Eichel uses the humorous ploy of getting Zoe certified with applications listing study at ImaCat U and hefty licensing fees to point out what’s wrong with concept of commercial “credentialing” groups unaffiliated with state licensing or university certification. Eichel goes on to describe why it is important to have clinicians trained in the underlying disorders which they are treating before applying hypnosis to them. Finally, in Chapter 8, Ian Wickramasekera describes in more detail how this training should be conducted. He reviews the history of how hypnosis has been taught—in western psychotherapy and medicine but also

in the indigenous cultures covered in chapter 6, ending with a description of the modern training guidelines established by the American Society of Clinical Hypnosis. Wickramasekera discusses how it is possible to draw together the best elements of each of these different pedagogical traditions into a training program for teaching hypnosis either within a university setting or a post-graduate certificate program.

Volume 2 addresses the clinical applications of hypnosis in psychotherapy and medicine. In the term “hypnotherapy, the second half of the term is as important as the first. Except for some generalized effects on relaxation and stress-reduction, it is not the state of hypnosis itself which affects change, but rather the images and suggestions which are utilized while in the hypnotic state. Because hypnosis bypasses the conscious mind’s habits and resistances, it is often quicker than other forms of therapy and its benefits may appear more dramatically. However, the reputed dangers of hypnotherapy are really those of all therapy: first that an overzealous therapist may push the patient to face what has been walled off for good reason before new strengths are in place, and second, that the therapist will abuse his or her position of persuasion. People come to hypnotherapy with similar complaints and hopes to those they bring to any treatment for physical or psychological problems. Despite the added role of hypnotizability, most of the same factors determine the outcome: the skill of the therapist, the patient’s motivation to drop old patterns, the rapport between patient and therapist, and how supportive family and friends are of change.

Volume 2 begins by introducing the different branches of hypnotic psychotherapy. In Chapter 1, Stephen Lankton describes Ericksonian hypnotherapy—the approach derived from the body of writing, training, and lectures of the late Milton Erickson. Ericksonian techniques include designing individualized inductions in the client’s distinctive language, incorporating the clients’ metaphors for their disorders into the suggestions for change and using indirect suggestion—which is ambiguous, vague, and more permissive—to avoid provoking resistance. In Chapter 2, Arreed Barabasz traces the history of psychodynamic and ego psychology applications to hypnosis and then describes in more detail modern ego state hypnotherapy. Ego state theory posits that people’s personalities are separated into various segments. Unique entities serve different purposes. Ego states often start as defensive coping mechanisms and develop into compartmentalized sections of the personality, but they may also be created by a single incident of trauma. Ego states maintain their own memories and communicate with other ego states to a greater or lesser degree. Unlike alters in multiple personalities, ego states are a part of normal personalities. Conflicts among states take up considerable energy, often forcing the individual into withdrawn, defensive postures. Hypnosis can facilitate communication between ego states, allow memories associated with one to become available to the whole person, and teach people to shift states more consciously and adaptively.

Chapter 3 continues the discussion of psychodynamic uses of hypnosis, with my summary of the research and clinical work on hypnotic dreams and the variety of ways of combining hypnosis and dreamwork for the mutual

enhancement of each. One can use hypnotic suggestions that a person will experience a dream in the trance state—either as an open ended suggestion or with the suggestion that they dream about a certain topic— and these "hypnotic dreams" have been found to be similar enough to nocturnal dreams to be worked with using many of the same techniques usually applied to nocturnal dreams. One can also work with previous nocturnal dreams during a hypnotic trance in ways parallel to Jung's "active imagination" techniques to continue, elaborate on, or explore the meaning of the dream. Research has also found that hypnotic suggestions can be used to influence future nocturnal dream content, and that hypnotic suggestions can increase the frequency of laboratory verified lucid dreams. Hypnotic suggestion can also be used simply to increase nocturnal dream recall.

In Chapter 4, Michael Yapko discusses the newest branch of hypnotherapy—cognitive behavioral—and especially its use in treating depression. He describes how the classic conceptualization of hypnosis as “believed-in imagination,” is consistent with modern cognitive behavioral theory. Hypnosis can serve as a means of absorbing people in new ways of thinking about their subjective experience and as a method of replacing automatic negative thoughts with positive beliefs and expectancies. It can foster skill acquisition, breaking old associations and new instilling ones. Yapko reviews the growing body of research on the effectiveness of such techniques. Finally, because insomnia is such a common symptom of depression, he describes in detail how hypnosis can resolve insomnia by inducing relaxation and interrupting the ruminations which interfere with sleep.

The remainder of the volume addresses applications of hypnosis to medical problems. In Chapter 5, Nicole Flory and Elvira Lang review the use of hypnosis for analgesia from 19<sup>th</sup> century surgery prior to the discovery of ether up to modern times. The authors describe how surgery has evolved from more traditional large-incision technique toward the insertion of surgical instruments through tiny skin openings under the guidance of X-rays, ultrasound, magnet resonance imaging (MRI), or endoscopes. They then review in detail their own carefully controlled research on utilizing hypnosis to alleviate pain, anxiety and other distress associated with surgery in the new interventional radiological settings. Despite previous speculation by others that it would add excessive costs or time to the procedures, the authors found that teaching hypnosis-naive patients techniques on the operating table shortened procedures by decreasing patient interference and decreased costs by lowering subsequent complication rates. In addition to reducing the main target symptoms of pain and anxiety, hypnotic interventions kept patients' blood pressure and heart rates more stable. Flory and Lang conclude that hypnotic techniques can be safely and effectively integrated into high tech medical environments.

In Chapter 6, Kent Cardegan and Krishna Kumar review studies on using hypnosis to treat smoking, alcoholism and drug abuse. There is much more research on its use for smoking cessation than for any of the other addictive disorder. They report that results are encouraging even for two session hypnotic smoking cessation, but that there is no evidence for the efficacy of the one-

session approach even though clinically, this is frequently practiced. Efficacy of hypnotherapy is less rigorously documented for other addictions, though there is growing interest in its use. Research on hypnosis to aid sobriety in alcoholics has found positive effects, but with small sample sizes and only short-term follow-up. There is less data yet on hypnotic interventions in drug addiction. In one recent study, veterans at an outpatient substance abuse treatment center benefitted from training in self-hypnosis, with a very strong main effect for practice—the more regularly they practiced their self-hypnotic suggestions, the likelier they were to remain abstinent. Cardegan and Kumar predict that, with more research like this, it will eventually become possible to say to a potential client that hypnosis can help you control your addiction if you have certain characteristics (e.g., hypnotizability, motivation to quit; availability of social support), and if you are willing to practice (with specification about the nature and amount of practice).

Finally in Chapter 7, Nicholas A. Covino, Jessica Wexler, Kevin Miller briefly review the research on hypnotic pain control, already described in Chapter 6 as establishing a clear efficacy for hypnosis in that area. They then review the research on hypnosis in other health related areas, as including insomnia, asthma, bulimia and a number of more function gastrointestinal disorders such as hypermotility (leading to cramps and chronic diarrhea and hyperemesis (uncontrolled vomiting—usually due either to cancer chemotherapy or as a complication of pregnancy)). They conclude that results on all these disorders are clearly positive but need more research. They emphasize the point—which is true of both application of hypnosis to psychotherapy discussed earlier in this volume and to its role in medicine: that there is great promise for its use with many illnesses and conditions. However for hypnosis to be better accepted, it is imperative that researchers in the field update older studies with ones which pay more attention to current norms of “empirically validated treatments” and integrate promising strategies from related research such as the mindfulness meditation discussed in Vol. 1’s Chapter 3. Then this powerful technique will begin to be applied to many disorders in a way that it is currently only utilized routinely for pain control, anxiety and smoking cessation.

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- 3) Hypnosis, Mindfulness Meditation, and Brain Imaging David Spiegel, Matthew White, & Lynn Waelde, 6562 words + images
- 4) Forensic Hypnosis Melvin Gravitz 10,968 words
- 5) Hypnosis in Popular Media Deirdre Barrett 5785 words (plus illustrations and table)
- 6) Hypnotic-like Procedures in Indigenous Shamanism and Mediumship Stanley Krippner and Jürgen Werner Kremer 11,665 words (plus embedded figure)
- 7) Teaching Hypnosis Ian Wickramasakera, II 7,000 words?
- 8) Lay Hypnotherapy and the Credentialing of Zoe the Cat Steve Eichel 6897 words (plus 3 images)

### Volume 2 Clinical Applications [in Psychotherapy and Medicine]

- 1) Ericksonian Approaches to Hypnosis Stephen Lankton 21,186 words
- 2) Ego Psychology Techniques in Hypnotherapy Arreed Barabasz 20,985 words
- 3) Hypnotic Dreams Barrett 10,395 (plus 6 tables)
- 4) The Merits of Applying Hypnosis in the Treatment of Depression Michael Yapko 9128 words
- 5) Hypnosis in Interventional Radiology and Outpatient Settings Nicole Flory and Elvira Lang 8876 words
- 6) Hypnosis in the Treatment of Smoking, Alcohol and Substance Abuse: The Nature of Scientific Evidence Kent Cadegan and Krishna Kumar 29 pages, 4950 words
- 7) Hypnosis and Medicine: In from the Margins Nicholas A. Covino, Jessica Wexler, Kevin Miller 8,412 words

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<sup>i</sup> Griffith, F. I. & Herbert Thompson (Editors) (1974) *The Leyden Papyrus: An Egyptian Magical Book*, Dover, UKZ: Dover Publications.

<sup>ii</sup> Hart, Gerald (2000) *Asclepius: The God of Medicine* London: Royal Society of Medicine Press.