

THE ART AND SCIENCE OF CLINICAL HYPNOSIS

WHAT MFTS SHOULD KNOW...AT A DEEPER LEVEL

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The influence of hypnosis upon all forms of therapy has not been fully appreciated. It can be argued that most therapeutic approaches have their origins in that art...Out of hypnotic training comes skill in observing people and the complex ways they communicate, skill in motivating people to follow directives, and skill in using one's own words, intonations, and body movements to influence other people. Also out of hypnosis comes a conception of people as changeable, an appreciation of the malleability of space and time, and specific ideas about how to direct people to become more autonomous

—Jay Haley in *Uncommon Therapy*

There are compelling reasons why training in clinical hypnosis should be a mandatory part of any advanced academic program that produces health care professionals, including MFT programs. After all, every therapeutic intervention one can name, whether medical or psychological in nature, will necessarily involve some degree of skilled—and suggestive—communication with an individual within the context of a therapeutic alliance. The psychotherapy context in particular invites a more careful consideration of therapeutic communication: How does a psychotherapist define the therapeutic relationship and establish the all-important therapeutic alliance? How does he or she build a positive expectancy for the benefits of the therapeutic interventions employed? How does he or she package and present valuable ideas and experiences in such a manner that the client can relate to them meaningfully and use them to improve?

Such questions may seem so core to clinical practice that those with no formal training in hypnosis might wonder what hypnosis has to do with such basic aspects of practice. And, the more they are dedicated to an established style of treatment, they may even wonder why they should bother to study hypnosis. But, these basic issues of clinical practice simply open the door to much deeper questions that have been the focus of the field of hypnosis for decades. These include such penetrating questions as: How does a clinician's influence catalyze shifts in patterns of thinking, feeling or behaving? How can a clinician suggest a profound shift in sensory experience such that someone can detach from normal sensory processing and, as an example, experience a natural anesthesia sufficient to have major surgery painlessly? How does a clinician's use of carefully worded suggestions transform someone's experience in therapeutic ways?

These are difficult questions to answer, of course. Yet, the field of clinical hypnosis has undergone a quiet revolution from seemingly being little more than a party gimmick to an established and vital component of behavioral medicine programs in the finest academic and clinical institutions you can name, including Harvard, Yale and Stanford. There are sophisticated scientific journals dedicated solely to advancing

clinical practice on the basis of research into hypnotic phenomena. There are national and international meetings devoted entirely to the subject of how hypnosis informs clinical practice and illuminates complex mind-body relationships. There is an International Society of Hypnosis whose membership spans the globe and is comprised of top-notch researchers and clinicians in a wide range of disciplines. Someone unfamiliar with hypnosis might be more than a little surprised to discover that hypnosis has been subjected to a wide variety of empirical investigations, attempting to better understand how a clinician's words can become the basis for seemingly remarkable subjective experiences.

Hypnosis allows for therapeutic possibilities simply not likely through other means. This alone warrants serious consideration. The following is an introduction to hypnosis and some of its potential applications in psychotherapy.

What is Hypnosis?

A precise definition of hypnosis has yet to be established, a difficulty arising from the fact that hypnosis is a highly subjective experience that varies in quality from individual to individual. Defining "love" and "spirituality" pose the same kinds of challenges. Despite the lack of a precise definition, we can certainly describe some of the defining *characteristics* of hypnotic experience: Hypnosis involves an experiential absorption, a powerful focus on some stimulus (such as a thought, feeling, memory, expectation, sensation, the words of the clinician, or *any* specific aspect of experience). The perceptual process of *selective attention* is clearly involved, as is a type of *dissociation* in which cognitive subsystems can operate more independently from the larger executive functions of consciousness. Dissociation allows for meaningful responses to be generated beyond one's awareness and provide some of the most puzzling, yet inspiring, aspects of working with hypnosis. (Sophisticated responses, such as mood alterations or anxiety reduction in response to suggestion, can occur without conscious effort to produce them.)

Many people think that hypnosis necessarily involves relaxation, but the ability to produce hypnotic phenomena even when active

and alert makes it clear that relaxation is not a defining characteristic of hypnosis. Relaxation is often the vehicle for hypnosis, however, for its anxiety reducing benefits and for making the acquisition of new skills easier. Dissociation, however, is a defining characteristic, and allows for abilities the person does not know how to create consciously and deliberately, such as an analgesia in an arm, to become possible in hypnosis. Simply put, even though someone does not have a conscious and deliberate strategy for producing hypnotic phenomena, he or she can respond to suggestions at the level of direct experience and produce meaningful responses with no awareness for how he or she is doing so. These are typically described as unconscious processes that provide evidence of latent abilities and resources that highlight the extraordinary potential benefits of hypnosis. Helping people make use of more of their innate resources is empowering and a constant of doing hypnotically-based psychotherapy.

Ways MFTs Can Use Hypnosis in Psychotherapy

There are many different ways to apply hypnosis in psychotherapy. Since hypnosis is not generally considered a therapy in its own right, hypnosis is typically integrated with other psychotherapeutic treatments, such as cognitive-behavioral therapy (CBT), emotionally focused therapy (EFT), or interpersonal therapy (IPT). Thus, how one applies hypnosis will be entirely consistent with however one thinks about the nature of clients' symptoms and the nature of therapeutic intervention.

Hypnosis essentially amplifies experience. So, if one wants to focus the client on his or her cognitive dimension of experience, perhaps to teach a client to recognize and correct so-called cognitive distortions, one might use hypnosis to help make such identification and correction a more natural and even more automatic process. (Aaron Beck may not talk about "the unconscious" the way a hypnosis practitioner might, but he speaks readily of "automatic thoughts." What about hypnosis to instill positive automatic thoughts?)

Hypnosis can be used to help *manage symptoms*. This is a more superficial, yet meaningful, application of hypnosis.

Using hypnosis to reduce anxiety or rumination so an anxious or depressed client can enhance his or her sleep, for example, is not a "deep" intervention, yet clinically it is an enormously valuable one. Teaching someone to manage pain is not psychologically "deep," but can literally save lives.

Hypnosis can be used to *foster skill acquisition*. As alluded to previously, teaching clients specific skills (e.g., social skills or problem-solving skills) is a standard part of almost any therapy. It is well established that experiential learning is the most powerful form of learning. Hypnosis is a vehicle of experiential learning. It's not just something to consider or distantly imagine. It's something to be absorbed on many different levels. There is plenty of evidence that hypnosis generally enhances psychotherapy for this very reason. Thus, when comparing marital therapy *without* hypnosis versus marital therapy *with* hypnosis, the addition of the hypnosis can enhance therapeutic efficacy. (Note that the salient research question is not how hypnosis compares to marital therapy, but how marital therapy without hypnosis compares to marital therapy with hypnosis.)

Hypnosis can be used to *establish associations and dissociations*. To which aspect(s) of experience do we want the client more connected or associated? From which aspect(s) of experience do we want the client disconnected or dissociated? Someone who is lacking emotional awareness (what might be termed "affective dissociation" in hypnotic terms) can benefit from an emotionally focused (associative) intervention, while someone who is hyperemotional (emotionally associative) might benefit from a more cognitively based (emotionally dissociative) intervention. Hypnosis allows one to structure interventions according to whatever aspects of experience might best serve the client to either associate to, or dissociate from, or to amplify or de-amplify. And, if one thinks in these terms, it is easy to see how *any* therapy similarly focuses on or away from specific dimensions of experience, though predictably less effectively by not using the amplified experience present in the hypnotic condition.

There are many other ways to use hypnosis: To build positive expectations, enhance empathy and sensitivity toward others, amplify and work with emotion-laden memories, enhance cognitive flexibility, instill better coping skills, and to increase self-efficacy. These are just a few applications immediately relevant to a sophisticated MFT practice, regardless of one's preferred theoretical orientation.

What is Possible in Hypnosis?

If one were to do even a cursory review of the scientific literature attesting to the value of hypnosis in a variety of medical, dental, psychotherapeutic and educational settings, one would find an enormous array of high quality research that supports its use. More recently, newer technologies for conducting brain scans (i.e., fMRI, CAT, PET and SPECT) have spawned new insights into the working relationship between the mind and brain. Similarly, using advanced diagnostic tools to affirm measurable changes in physiology in response to "mere" suggestions (such as influencing blood flow, muscular tension, immunological responses, and perceptions of pain) has led to a virtual explosion of medical applications of hypnosis.

In hypnosis, in that focused and dissociated state described earlier, people are able to manifest a variety of talents that are collectively termed "hypnotic phenomena." These include: 1) *age regression* (defined as the intense and experiential absorption in memory such that memories can be recalled in vivid detail and perhaps even relived as if occurring in the now, allowing for the reframing of memories, for example); 2) *age progression* (defined as the intense and experiential absorption in expectations, a vehicle for establishing positive self-fulfilling prophecies, for example); 3) *analgesia and anesthesia* (the ability to reduce or even eliminate sensation, exceptionally valuable in the treatment of all kinds of pain); and, 4) *dissociation* (the ability to break global experiences into component parts and selectively amplify or de-amplify a part depending on therapeutic objective, such as encouraging a controlled detachment from overwhelming emotions). There are many other hypnotic phenomena that

Hypnosis is typically integrated with other psychotherapeutic treatments.

become accessible in hypnosis that are also beneficial to employ in the course of psychotherapy, and the interested reader may choose to learn more than this brief article can address. Suffice it to say that as one considers what is possible in hypnosis, wherever one can influence mental or physical processes, it quickly becomes apparent that, the limits of which have not been anywhere even close to defined yet, *hypnosis will be valuable*.

Make it Real

It may help you absorb the point to make it a little more personal, a little more real. Imagine someone you love and care about who suffers some painful condition that causes terrible ongoing distress. Imagine further that the cause of the pain is unknown, or is known but considered untreatable. Each day this person you care about suffers terribly, a life marred by an inability to do much of anything positive because of the consequences of the debilitating pain. Now imagine that he or she has a clinical hypnosis session with a knowledgeable clinician, someone well trained in the dynamics of treating pain and the methods of clinical hypnosis. And imagine that he or she is invited to close his or her eyes, focus on the ideas, images, and suggestions of the clinician. He or she gets absorbed in the suggested experiences and discovers an ability to detach from his or her body for awhile, and the pain. The clinician records the session, he or she goes home with instructions for how to re-create the experience either autonomously or with the recording, and for the first time in who knows how long, this person feels relief and hope, and not like a helpless victim anymore. How powerful an experience might that be? Can you imagine what it does for someone's self-esteem when he or she discovers it is possible to manage skillfully something that used to seem entirely overwhelming and uncontrollable?

What if instead of focusing on reducing perceptions of pain you focus on reducing anxiety, empowering people to take charge and manage their fears sensibly and directly? Or, what if you focus people on developing the hopefulness and sense of personal power to move them out of the victim mentality that is the foundation of their depression? The range of ways to absorb people in new frames of mind for living well is what any therapist attempts to do. Clinical hypnosis just "turbo-charges" the process, catalyzing the therapeutic messages getting integrated more naturally and more easily.

If Hypnosis is So Great, Why Isn't Everyone Using It?

To the experts in hypnosis, there is no more puzzling question. MFTs want to empower people, but too often do the opposite, quite unintentionally, when they tell clients their problem must be "biochemical" or "genetic," despite no supportive evidence for such conclusions. In the age of psychopharmacology, clinicians are often more inclined to prescribe drugs than teach new skills. And, realistically, therapists develop a style and a theoretical orientation that comes to define their clinical practice. So, learning new approaches outside their comfort zone holds no appeal for many. But, perhaps the biggest obstacle to hypnosis becoming a well developed skill in each clinician's repertoire is the outdated, myth-based view of hypnosis. Hypnosis has a strange history, replete with scare stories and controversies that have lingered in many professionals' minds. That is terribly unfortunate, of course, since both they and their clients are missing out on a tool of huge potential benefit.

What's interesting, though, is how the clinical world is already moving in the direction of hypnosis, rather than away from it. Almost overnight, it seems, techniques like "mindfulness,"

"focusing," "guided imagery," "mind-body healing," and the like, are skyrocketing in popularity (and, for those who want evidence, their worth is being empirically validated in a variety of ways). It's about time. All of these techniques, and many others, are undeniably hypnotically based in their use of focusing and suggestive methods to achieve their aims. The literature of hypnosis can provide deeper insights into how and why such methods are valuable in therapeutic practice, literally identifying their mechanisms of action and clinical utility. If you want to understand more about the nature of unconscious processes and how they become accessible and amenable to therapeutic influence, the core elements of what makes your therapies successful, then learning hypnosis makes good sense. ■



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