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 feeling or behaving? 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 spanning 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. Relational therapies, on the other hand, rely on family therapy, 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, though hypnosis someone does not have a conscious and deliberate strategy for producing hypnotic phenomena. Helping people make use of their innate resources is empowering and a constant of doing hypnotically-based psychotherapy.

**What’s interesting, though, is how** hypnosis is typically integrated with other psychotherapeutic treatments.

**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) is not 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 any level. These are 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 "affectionate dissociation" in hypnotherapeutic terms) can benefit from an emotionally focused (associative) intervention, while someone who is hyperemotional (emotionally associated) 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 hypnotherapy can be used 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. There are many other ways to use hypnosis. To build positive expectations, enhance concentration, and empower clients, one might choose to rely on hypnosis. Hence, one might choose to use hypnosis to help make such self-help strategies more practical, more effective, more accessible to the client, and more satisfying to the client. Hypnosis can be used to help make such self-help strategies more practical, more effective, more accessible to the client, and more satisfying to the client. Hypnosis can be used to help make such self-help strategies more practical, more effective, more accessible to the client, and more satisfying to the client.

**What is Possible in Hypnosis?**

If one were to do even a cursory review of the scientific literature, it would seem that one might choose to learn more than this brief article can address. Suffice it to say that as one considers which is 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 suffers terribly, a life marred by an injury, an accident, a disability. 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 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, the patient goes home with instructions for how to re-create the experience either autonomously or with the recording, and for the first time in his or her life, 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 who has been suffering, and discovers it is possible to manage skillfully something that used to seem entirely overwhelming and uncontrollable?

**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, perhaps the biggest obstacle to hypnosis as a tool of huge potential benefit. 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 evidence of their worth is being empirically validated in a variety of ways. It’s about all of these. All of these techniques, and many others, are undeniably hypnologically 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 only 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, and how learning hypnosis makes good sense.

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**Michael D. Yapko, PhD,** is a clinical psychologist and marriage and family therapist residing in Fallbrook, California. He is a recognized psychotherapist for his work in clinical hypnosis, brief psychotherapy, and the strategic treatment of depression, routinely teaching to professional audiences all over the world. He is the author of 10 books, including the classic hypnosis textbook, *Transwork: An Introduction to the Practice of Clinical Hypnosis* (3rd ed.). Yapko is an AAMFT Clinical Member, a Fellow of the American Society of Clinical Hypnosis, a past Fellow of the Royal Society of Medicine (in England), and a member of the International Society of Hypnosis. He is the recipient of two major lifetime achievement awards for his contributions to the fields of hypnosis and psychotherapy: one from The Milton H. Erickson Foundation and the other from the International Society of Hypnosis. He will be a keynote speaker at the 2008 AAMFT Annual Conference in Memphis, TN.