

This is an Accepted Manuscript of an article published by Taylor & Francis in the American Journal of Clinical Hypnosis in 2014, available online:
<https://www.tandfonline.com/doi/abs/10.1080/00029157.2013.815605>

Complete reference American Journal of Clinical Hypnosis 56(3): 234-248, 2014
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[doi/full/10.1080/00029157.2013.815605](https://doi.org/10.1080/00029157.2013.815605)

Word count: 7750
Running Head: The Spirit of Hypnosis

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Key words: hypnosis, spirit, artistry, perspectives

Abstract

The spirit of hypnosis is reflected in the belief that people are more resourceful than they realize and through hypnosis can create meaningful possibilities for improvement. Thus, it is puzzling why hypnosis isn't better regarded. Do we present as too internally conflicted to inspire their confidence? Do we overstate the dangers of hypnosis and scare people away? Do we define hypnosis as so unique an approach that others don't see its relevance for their work? Self-exploration is important if we want to ensure we are not unwittingly adding to our image problems as a field. Beyond these considerations, the novel and spirited application of hypnosis in the context of captive elephant breeding is discussed, as is a personal acknowledgment of some of the pioneers who manifested the spirit of hypnosis.

The Spirit of Hypnosis: Doing Hypnosis vs. Being Hypnotic

I was invited to speak on the topic of “the spirit of hypnosis” at this year’s (2013) annual meeting of the American Society of Clinical Hypnosis. This paper is a summary of that talk, written in the spirit of wanting to help move the field of hypnosis forward. To speak to the subject of spirit is, of course, a challenge. Depending on your point of view, therefore, you might consider this paper either inspirational or perspirational. I’ll let you decide which that is for you, but speaking about the spirit of hypnosis is not like sharing objective data. Talking about the spirit of hypnosis, certainly a felt presence, defies precise definition or scientific measurement.

A problem that the field of hypnosis has always faced in this regard is rooted in materialism: the belief that wherever there is a feeling or wherever there is an experience, there needs to be some physical basis to account for it. Of course, the complication that we run into with hypnosis is that even though it has obvious physical consequences, it isn’t a physical treatment. It’s a treatment with spirit.

I’d like to establish what I think is a really profound perspective, a profound framing of what we do with hypnosis. The American Society of Clinical Hypnosis was founded by Milton Erickson and other luminaries 55 years ago. It was said that Erickson often began his teaching sessions by asking participants to offer their definitions of therapy. People would give their polite definitions of what they thought therapy was about, and they would then eagerly wait for Dr. Erickson to offer his wise insight. He would pause and let the drama build before he gave his unique definition of psychotherapy: “Psychotherapy is when two people get together to figure out what the hell one of them wants.”

Next, he would ask people for their definition of a therapist. Again, they would politely give their definition. When it came to Dr. Erickson, he simply said, “A therapist is the weather.” People would look puzzled, naturally, much as I imagine many readers are doing right now. Then he would continue by saying, “A therapist provides an atmosphere, a *climate* for change. A therapist is the weather.” In starting to consider the spirit of hypnosis, the salient questions are: What is the atmosphere that encourages people to change? What is the atmosphere that graciously invites people to become part this profession and society? And, what atmosphere can we create that allows us to do what we do for the maximum benefit of the people we hope to serve?

In considering these questions, allow me to share with you my intentions for this paper. I’ve divided it into five sections. In section 1, I will discuss what I mean when I speak of the spirit of hypnosis. In section 2, I will address the following, uncomfortable topic: if hypnosis is so valuable, why aren’t more people using it? A repetitive complaint that you hear from people who practice hypnosis is that they feel so deeply misunderstood. They believe that if only other professionals understood us, then of course they would like us! I think it’s time to consider a different viewpoint about what’s really going on with the general lack of acceptance of hypnosis and further consider what we can do to enhance the attractiveness of hypnosis to other professionals and thereby expand our society and the field as a whole.

In section 3, I want to share a little bit more detail about my work on a captive breeding program with elephants. This was an extraordinary experience on so many levels and clearly spoke to the spirit of hypnosis. I’ll show you some of what I was doing, how hypnosis was involved, why it turned out to be such a profound experience for so many, as well as how it continues to have a lasting impact on helping to save a magnificent and very highly endangered

creature. This project pulled me far outside of my comfort zone and it can be viewed as a good metaphor for how people – and elephants – can change. While I'm talking about the elephants, you can ignore the deeper meaning of the metaphor if you like and pretend I'm just talking about elephants.

Then, in the fourth section, I ~~want to~~ acknowledge that the spirit of hypnosis is, in part, reflected in the people who helped propel this dynamic field forward. I've had the unique opportunity, one that I relish, to know and spend ample time with many of the people who were the founding members of this society as well as pioneers of this field. Really, I just want to share with you some of the most pithy advice that I received from these exceptional individuals and how much their perspective has influenced the course of my understanding and practice of hypnosis over the decades. The fifth and final section closes with some concluding thoughts.

Section 1: The (Potentially) Expansive Spirit of Hypnosis

The spirit of hypnosis. What is this spirit? Young spirited, old spirited? High spirited, broken spirited, free spirited? The spirit of cooperation, team spirit? Evil spirits, mean spirited? Joyous spirit, organizational spirit... which spirit are we talking about?

I have spent much of my professional life studying the phenomenon of depression. When I first started studying depression, there was really next-to-nothing known about it. It was considered to be a biological illness that some unfortunate few suffered. There was very little in the way of effective treatment then.

As I entered this field, I was really moved by the fact that depression is the most common mood disorder on the planet yet so very little was known about it. Now, all these years later, a great deal is known about depression and along the way we've also learned a lot about other disorders which also erode the human spirit.

When you see people who have been through terribly adverse experiences and their spirit was broken, it's most understandable. It's easy to empathize and sympathize with them. What do such people teach us about the fragile nature of the human spirit, and how might that inform our approaches as we work with people hypnotically?

Resiliency is a predominant theme in today's psychotherapy, encouraging the ability to deal skillfully with adversity and cope with the ever mounting pressures and stresses that we all face (Seligman, 2011). A common denominator of resiliency involves people taking themselves out of the victim role. Nobody gets past depression by defining him or herself as a victim. That point in particular, I think, has relevance for our society and for our interest in hypnosis. If we're going to declare ourselves victims of other peoples' prejudices and misunderstandings, then how can we transcend personal as well as professional limitations? This is why I qualified this section's title as the *potentially* expansive spirit of hypnosis. It's not expansive if we're going to keep complaining, like Rodney Dangerfield, that we "don't get no respect."

There's another challenge in trying to nail down the spirit of hypnosis. Just what is hypnosis? We're talking about what can still only be described as an ambiguous stimulus, defying precise definition and consensus regarding its essence. Hypnosis has yet to be fully measured chemically or electrically. The best that we currently have in doing our clinical work

are phenomenological reports about individual experience. Will we ever be able to measure hypnosis precisely and say, “There it is?” I certainly have my doubts about that. When I frame hypnosis as an ambiguous stimulus, I simply acknowledge that hypnosis invites projections from different experts as to its essence. Very smart and experienced people have viewed hypnosis in very different ways, thereby affirming my point.

Projections about hypnosis divide our field. We’re divided by holding different conceptual models of hypnosis, including how we view the power distribution between clinician and client in hypnotic interactions. Still to this day, we differ as to whether we are doing hypnosis *to* someone or *with* someone. Philosophically, people will say we’re doing hypnosis with people but then contradict themselves when they give commands to people to obey or when they deceive themselves into thinking that hypnosis is somehow to be found in the script they read to the client. Some believe that unless you say this magical incantation, these words in this scripted sequence, you’re not really doing hypnosis.

We have to deal realistically with the issue of power distributions in the hypnotic relationship. Who is in charge of the hypnotic experience? What a difference in perspective to think that you as the practitioner are in charge of the experience and how you would then structure the interaction versus if you think it is the client who is in charge of the experience!

We’re divided over suggestion styles and structures. People still argue over whether direct suggestions are better than indirect suggestions or indirect suggestions are better than direct suggestions. What a pointless argument! People seem to forget that *no* suggestion is worth a damn until someone takes it. And you’re not the one who decides whether or not the client takes it. Meanwhile it’s still the kind of thing that people end up arguing about, just as

they still argue over whether we should or shouldn't be engaging in hypnotizability testing, and even over the definition of hypnosis.

When APA's Division 30 published a formal definition of hypnosis and in it said that some people think it is essential to use the word hypnosis in the procedure, I was puzzled. There are lots of people who practice hypnosis who don't use the word hypnosis in their procedures who still routinely facilitate and utilize hypnotic phenomena in their work. Doesn't that prove conclusively that using the word hypnosis *isn't* essential to applying it?

I'm concerned these internal divisions are holding us back as a field. I think we'd be showing our professional colleagues a more attractive field of hypnosis if we were more tolerant of diversity, appreciating that virtually opposite views and approaches to the practice of hypnosis can still be effective with different people.

I've acknowledged some of our differences, but want to acknowledge at the same time that the field is also wonderfully united. We're united about the power of focus, the value of attentional training, the power of words to heal, the malleability of our perceptions, the recognition of and willingness to utilize our innate resources, and certainly, the importance of the therapeutic alliance.

I think we sometimes forget that our treatment models are simply metaphors. After all, there are no ids. There are no egos. There are no superegos. There are no ego states. The "inner child" is a metaphor. If you're not pregnant, you don't have an inner child! People tend to get deeply attached to their metaphors, and that becomes the basis for how they view things, perhaps too rigidly in some instances.

For me personally, the most important distinction that underlies all of my comments here is the distinction between *doing* hypnosis and *being* hypnotic. This distinction rests on the recognition that you can do hypnosis without being at all hypnotic. Likewise, you can be deeply hypnotic without necessarily doing hypnosis. What do I mean when I speak of being hypnotic?

It's largely an attitude. It's a way of conveying how you transmit information and how you define the relationship. It certainly means being aware of yourself as a communicator, aware of the effects you have on others. One of the most basic principles of communication you are surely aware of is that you cannot not communicate. Every word, every facial expression, every gesture is either going to support and intensify the message, or somehow distract from it. Being hypnotic means we take responsibility for the fact that we can't not communicate, we can't not influence people. It may seem obvious to you when I say this, yet we're still strangely incongruent. For example, we have respected teachers here who routinely say, "All hypnosis is self-hypnosis." I've been listening to that self-deceptive phrase ever since I joined this society almost 40 years ago.

Well, all hypnosis *isn't* self-hypnosis. If it was all self-hypnosis, then what do your clients need *you* for? Since you're a full half of the therapy relationship, how do we continue to deny you're at least half the basis of what happens in that relationship, the undeniable fact that you're the one "creating the weather?"

Some of the biggest problems that we've had in the field arose when people didn't realize their impact, even denied their influence on others. Perhaps the most telling example was among those therapists who didn't know that you could create false memories of abuse,

for example, just by digging for them. It's important to acknowledge what we inevitably contribute to the therapeutic relationships of which we are a part. That's a significant component of what it means to be hypnotic.

Being hypnotic means using your voice to encourage presence, such that the person is engaged in the experience, and using our language to build focus and to inspire. For me, the spirit of hypnosis is captured succinctly in this next phrase: Hypnosis is always about encouraging meaningful possibilities. You know by now, you can't make someone relax. You can't make someone adopt a more expansive position or framing for an issue. Instead, you can introduce possibilities to people and encourage them to avail themselves of those possibilities. This amplifies the experiential side of the therapeutic equation.

Hypnosis isn't rational. It may contain elements that are rational, but it's an experiential process. Through hypnosis we encourage multilevel responses. Because it isn't limited to rationality, there are paradoxes embedded within hypnosis that are inevitable. Consider these examples: Do as I suggest, but I want you to behave spontaneously. I cannot help you, but I can help you help yourself. This metaphor I'm telling you isn't about you, but I'm telling this metaphor to you because it really *is* about you. You can voluntarily respond to my suggestions for an involuntary response.

Getting comfortable with paradox allows for the fact that on the spiritual side of hypnosis, things don't have to make sense. Martin Orne, one of the great hypnosis pioneers who coined the term "trance logic," regularly demonstrated the fact that people can have experiences that lie outside the bounds of rationality. To a clinician, this may well be one of the greatest strengths of utilizing hypnosis.

Yet, the ability to believe in the truth of subjective experiences such as those found in hypnosis can also be a problem. One of the things I find particularly troublesome that has evolved in our society in general is what I have come to call “the myth of fact.” Facts don’t seem to matter much lately. As an example, right after the Republican National Convention when the press was hammering many of the presenters for blatantly and intentionally distorting information about the president’s record or intentions, I saw a quick interview with Rudy Giuliani coming out of the convention hall where the reporter asked him about the distortions being passed off as the truth. Asked what he thought about all of the things that party leaders said that are half-truths and exaggerations, he said, “Well, it’s a political convention. *Not all the facts are true.*”

Now, I remember the days gone by when somebody would say, “I believe in science” and those weren’t considered fighting words! Unfortunately, that has changed for too many. Consider something like global warming. People will say it’s still “just a theory.” Apparently it hasn’t been proven to their satisfaction yet that heat melts ice!

What it seems to lead to is the push for more and more evidence, none of which will actually be enough for people who think only data matter. We can generate more great hypnosis research which many here seem to think will change others’ minds, but it is already apparent that we’re encountering the attitude, “Don’t confuse me with the facts, my mind is made up.” More research and more data *haven’t* made hypnosis more popular or acceptable.

Even something as simple as breathing techniques are targeted by those people who want the empirical data to support breathing techniques before they’re willing to advocate for them. From my perspective, I like to encourage breathing and I do so with confidence because

the risks associated with encouraging people to breathe are so low! How far do we need to go in needing data to prove what we already know?

Of course we want people to approach hypnosis as scientifically as possible. Yet, the reality is that no matter how much science we encourage, it's still going to be a lot about artistry: the artistry of knowing what to say when, the artistry of knowing when to introduce an idea, and when to introduce a suggested experience.

In this respect, science isn't going to inform us as fully as we might hope. Experience informs us. Attitudes inform us. The inescapable recognition that artistry is so much a part of the hypnotic process means we can either uncomfortably try and reject that in ourselves and strive to have empirical data for everything and feel deeply insecure in its absence, or we can instead embrace and encourage the artistry of hypnosis. To emphasize only empiricism, I think is to deny one of our greatest strengths: namely the power of subjective beliefs.

Consider some of the research on placebos. Ted Kaptchuk is an Associate Professor of Medicine at Harvard Medical School and the Director of the Harvard-wide Program in Placebo Studies and the Therapeutic Encounter at Beth Israel Deaconess Medical Center in Boston. He did a really great study in which he had doctors dispensing placebos while the only thing that varied was how much time they spent with the patient before they gave the prescription and what their attitude was during that time with them.

So, doctors' demeanors ranged from being curt – "Here's the drug, take it" - all the way to the other end of the demeanor spectrum by spending ample time with people, fawning over them, telling them how important they are and how valued they are, practically sitting in their lap and smothering them with kisses! As you'd likely predict, what did the research

show? It showed the highest placebo response rate was when physicians paid the most and the most kindly attention to the patient. As Kaptchuk aptly commented, this sort of research “is really turning the art of medicine into a science of the art” (Gura, 2013, p. 39).

I’m really talking about the next emerging point, one associated with positive psychology. Positive psychology has already obtained in just a short lifespan of little more than a dozen years an amazing amount of acceptance and empirical support. People embrace it in large part I think because of its focus on the positive. Personally, I think that its emphasis on amplifying signature strengths is the right emphasis. Hypnosis can do more to focus on what’s right and better define ourselves as striving to expand wellness rather than striving to reduce pathology. It’s not just a semantic issue whether we strive to expand strengths rather than reduce pathology, but represents our signature strengths when we focus ourselves on the therapeutic alliance, expectancy, and how we use our language.

Section 2: Hypnosis: Not Invited to the Party

This leads us into the big question: When we as a field have as much to share as we do - all the things that we’ve learned through studying hypnosis about brain functions, information processing, epigenetics, expectancy and treatment response, components of clinical effectiveness, relationship dynamics - all the things that hypnosis has been so very strong on - then why is hypnosis basically the “crazy cousin that nobody wants at the family picnic?” How is it that we continue to be marginalized by the rest of the helping professions?

A key problem is the word hypnosis itself. You might say to your client, “Let’s do hypnosis” and they promptly wet themselves and run screaming from your office. You say, “Let’s do some focusing and relaxation” and they say, “Fine.” They don’t have any difficulty

with the *experience*. They only have difficulty with the *label*. I think that the label baggage in and of itself should give us pause to think about how we want to frame what we do. What's the language that we want to use in describing our procedures?

This question requires us to engage in what may, for some of us, be uncomfortable self-examination. But, I think that we really have to take a look at this question in a little greater depth if we want to expand the presence of hypnosis across health care disciplines. I think it's time we ask ourselves, "What is it about us? What is it about how we approach hypnosis that might continue to make things difficult for us in terms of getting more widespread acceptance and respect?"

What makes it a little bit difficult to explore this issue is this: We've all been taught and had it pounded into our brains from a humanistic point of view that you never blame the victim. Curiously, though, in the last 10 years there has been the evolution of a new model of depression called the stress generation model which is already receiving a very high level of empirical support. The stress generation model has done what is politically not particularly welcome, but it's therapeutically *very* welcome. It focuses on the decision making processes of depressed people and highlights an important fact: Depression doesn't just strike out of the blue. Rather, it has become apparent that depressed people tend to make bad decisions that only serve to make their depression worse.

We're beginning to better understand that people are not just passive unlucky victims of a disorder called depression. Instead, they're active – though unintentional - contributors to the onset and the course of their depression. That recent insight alone has changed a lot of how I've gone about doing things, because now I realize you really can't focus on treating

depression without looking at the qualities of decision making and examining what the person is doing to actively contribute to his or her own difficulties. It's not meant to blame the victim. Rather, it's simply acknowledging that people may play an unwitting role in helping to generate their problems.

It's in that spirit that I'm now raising this question: Is there something that we in the field of hypnosis are doing ~~to ourselves~~ that's working against us in terms of greater recognition and acceptance? I've come to the firm conclusion that the answer is "yes." But, we blame others for our woes. We have too many scapegoats for our being marginalized: When you ask people what would help increase our visibility and acceptance, people say things such as, "We need more research. We need to attack the lay hypnotists. We need to attack the Ericksonians. We need more rigorous training, more specialized training. We need to make it harder for people to get certified. We need to make it harder for people to be able to join our society or profession."

I believe all these perspectives work against us. When we're as divided as we are, why would anyone who's new to the field be the least bit interested in navigating their way through all of these conflicting viewpoints and harsh judgments in order to figure out for themselves what's really true? I've considered as a counterexample the mindfulness model. The last book I wrote is about mindfulness and its relationship to hypnosis (Yapko, 2011). I spent the last five years studying mindfulness, and it has been inspiring. There are now over 250 hospital programs in the U.S. based exclusively on mindfulness practices. These programs openly use the word mindfulness and aggressively encourage their patients to get absorbed in the experience of mindfulness. Mindfulness has already obtained an exceptional level of acceptance amongst professionals that hypnosis practitioners can only envy.

Admittedly, mindfulness has as its enduring symbol the Buddha. Mindfulness has the smiling icon of the Dalai Lama. Meanwhile, we're saddled with Svengali! Mindfulness won't really face the problems that hypnosis faces until there are X-rated Las Vegas mindfulness shows. But, to their credit, there isn't a deep internal division in the mindfulness community. People aren't saying, "You call that mindfulness? That's not mindfulness. *This* is really mindfulness!" They're not sniping at each other in that way, perhaps because acceptance and compassion are built right into the model.

Most people aren't going to want to work their way through all the divisions of opinions about hypnosis. Students new to the basic track aren't going to want to learn gimmicky techniques and harsh judgments about differing viewpoints, and new clients aren't going to want to be indoctrinated in this way, either.

A second point to consider is how hypnosis has separated itself from mainstream clinical practice. We say that this field is about relationships, meaningful communication, patterns of influence and empowering people. *Every* therapeutic field is about these things! Yet we treat hypnosis as if it's so different from and functionally separate from any other treatment modality. We think of ourselves as much too special, I'm afraid. The more that you study other experiential approaches, whether it's mindfulness or guided imagery or visualization or whatever we're using that's experiential, the ~~huge~~ overlaps with hypnosis are both large and obvious. Others use the same principles and methods but call them by different names. I think those overlaps need to be better emphasized so people don't feel they have to learn an entirely new language and modality. As most of us agree, hypnosis isn't a therapy, but it can sure seem like one when it seems unique unto itself.

I think that we need to better emphasize the commonalities across approaches. Let's point out to our colleagues, "Here's the overlap between hypnosis and (experiential psychotherapy, CBT, analytic approaches, or whatever)". Let's make hypnosis more present and relevant to other approaches. It's certainly easy enough to show how hypnosis is relevant to mindfulness, which is founded on the use of focused awareness, suggestion and the use of dissociation.

I think another thing we've done that hasn't served us well is that we've gone out of our way to scare people away from hypnosis in the name of educating them. What presumably empowering approach other than hypnosis makes a point of defining itself as so special and potentially *disempowering*? There isn't anybody who's going to do a mindfulness session who first describes the many terrible dangers of mindfulness, then pulls out a legal waiver and asks the person sign it. Yet, mindfulness, like all other experiential approaches, runs the same risks for unusual and unexpected reactions from individuals. But, in mindfulness, when someone gets emotional, they don't call it an "abreaction." They call it "getting emotional."

We scare people about all the supposed dangers of hypnosis, such as what happens if you don't induce someone "properly." We scare people about the omnipresent threat of abreactions. Most recently, we scare people about what happens if you don't alert someone "properly." *Why are we scaring people in this way?* These are all practical hazards, vulnerabilities to be sure, and I'm certainly not ignoring or trivializing them. These are not exclusively dangers of hypnosis, though. Rather, these are all considerations relevant to the use of *any* experiential approach. They're clinical issues to be prevented when possible and managed skillfully if and when they arise. We don't have to scare people about the dangers of

hypnosis in order to make that point clear. We need to train them that no matter what modality they work in, people sometimes have unexpected and undesirable responses.

But my larger point is, why would people want to learn hypnosis if they're continually being told about all of the dangers of hypnosis? Do we want to lead clinicians to think hypnosis involves so many additional dangers and liabilities that no sane clinician would want to add hypnosis to his or her practice? I believe that letting the fear mongers among us dictate society policy and procedures makes no more sense than letting the extremists in politics dictate national policy. We let them scare us, and others too, and then we puzzle over why more people aren't attracted to the field!

I believe the issue of the dangers of hypnosis is far more about how you use it and how you define and structure the hypnotic experience than hypnosis itself. Some practitioners are stimulating abreactions regularly while some practitioners will see one in 5 years. We have to consider what's different in the way they approach things. Certainly, one of the differences is whether they approach hypnosis as something you do *to* someone or *with* someone.

My perspective comes, in part, from having spent so much of my professional life studying depression. When I was going through my training in hypnosis, I was told by well-known experts, "You shouldn't do hypnosis with depressed people. It will cause suicide. It will strip away peoples' defenses. It will trigger psychotic episodes." If I had listened to these fear mongers, I would never have learned all the things that I've learned about using hypnosis skillfully in treating depression. A lot of other clinicians do valuable work with depressed people, too. Now it's a standard part of this hypnosis conferences to talk about depression, but it wasn't as little as 10 years ago. The field was held back from considering hypnosis as a

viable treatment option for depression because of the fear induced by the experts they trusted and to whom they deferred. The continuing result is a terribly underdeveloped literature about how hypnosis can empower some of the most disempowered people there are, namely depressed people.

Someone very wise once said, “Obstacles are what you see when you take your eyes off the goal.” I’d like us to quit putting obstacles in front of other professionals who want to learn and use hypnosis. Instead of increasing the hours for certification and consultation, thereby making it harder, and scaring people with stories of all the dangers of hypnosis, I think we should be making it easier for people to join, easier for people to see and enjoy the merits of employing hypnotic approaches. The fact that its use is starting to expand now to people who aren’t doctors or master’s level practitioners, but who are starting to use hypnosis skillfully really makes a strong point: It’s not about the academic training, it’s about what you do for a living and who you are as a person. Shouldn’t we want to encourage more people to be good at what they do, sensitive about what they say, clear about what they communicate, and responsible for themselves as communicators? Good hypnosis training teaches these things. I gladly vote for making hypnosis more accessible rather than more restricted.

One last point of concern I’d like to raise: How do we get hypnosis into the professional and academic training programs? If people aren’t trained from the very beginning to recognize the value of hypnosis in the work they do, then why would they come to it 10 or 20 years later when their style of clinical practice is already well established? I think that we need to mobilize a stronger collective effort to get hypnosis into the graduate programs and the medical schools so that developing professionals are learning the concepts and language from day one. It needs to be a part of their way of thinking about things from their earliest academic

training. They're just too unlikely to come to hypnosis many years later when their professional approaches are already well established.

Section 3: Pachyderm Possibilities

This leads me to the next section and the idea of an expansive use of hypnosis. Now, I am a clinical psychologist. I treat individuals, couples, and families for whom depression is an issue. Hypnosis is a huge part of my practice. I have written a great deal about this work over the years. I've especially been deeply interested in the question of how people do things well. I've asked questions such as, how did somebody bounce back from terrible adversity? How did somebody insulate him or herself from sinking into despair and depression when they did face an adversity? How do people cope and problem solve who face tough times but still manage to stay balanced? What are the skills of people who do things well?

That's just what I was doing in my little world of psychotherapy, and my answers to such questions as these became things that I've written about and taught in my workshops. You can imagine my surprise when one day, seemingly out of nowhere, I received a phone call from a man who said, "Hi. My name is Jim. I'm the general manager at the San Diego Wild Animal Park." He asked, "Have you been out to the park?" I said, "Yes, many times." He asked, "Then you've seen our elephant enclosure?" I said, "Yes." He said, "Well, as you may know, elephants are highly endangered from poaching for their ivory and from human populations growing into their territory. Experts have projected that they could be extinct in as little as 25 years. Without successful captive breeding, elephants stand no long term chance of survival." This guy is barely pausing to take a breath while I'm trying to get a word in edgewise to say, "I'm a psychologist and you obviously have a wrong number."

I'm listening to all this and wondering, "Where is this conversation going?" He goes on to tell me about the need to be able to breed elephants successfully and how dangerous it is because elephant trainers and keepers are routinely getting injured and killed. Then he said, "Here is why I'm calling you. We want to expand our herd size from 23 elephants to over 100. We'll need many new trainers and keepers to accommodate the larger herd, and we'll need to train them ourselves. We have a guy in charge of our breeding program named Alan who is brilliant with the elephants. But, when you ask him, 'How do you do what you do?', he very insightfully says, 'Well I don't know. I just do it.' " So he says, "Your reputation for figuring out how people do things would be invaluable to us right now. Would you come out to the Wild Animal Park and study Alan and figure out how he does elephants so you can devise the training manual for the new trainers and keepers we'll need to hire?" Well, instantly my head is swimming! Go work with elephants, expose myself to the dangers that they're concerned about for everybody else? What do I know about elephants? This is too weird. My first thought was, "How can I do that?" Immediately on the heels of that, though, was the thought, "How can I *not* do that?" I told him, "I'm in!"

So, to make a long story short, I went to the Wild Animal Park to study Alan. It turns out the organizational psychologist for the zoological society, who had attended a hypnosis lecture I'd given, was very impressed with the notion of hypnosis as a tool of building associations. It's what hypnosis does best. How does hypnosis work? It builds associations. Hypnosis itself, as you know, cures nothing. It's what happens *during* hypnosis that has the potential to be therapeutic. The goal was for me to learn what the specific associations are that make for safe and skillful elephant management. To do that, I'd need to be Alan's shadow,

doing all he did until I understood the effective sequences he used. I'd be in the enclosure with the elephants, handling them, training them, learning about them.

I spent the next three years learning more about elephants than anyone you are likely to meet. If you ever need your elephant trained, then I'm your guy! What this whole episode did was give me an opportunity to use hypnosis in an entirely different way. As it turns out, hypnosis was a core element of the training program that I eventually developed. I used hypnosis to help get the new keepers and trainers into a frame of mind that allows them to be able to function safely around the elephants. I encouraged key skills that Alan had, such as his extraordinary observational skills, his ability to resist interpreting elephant behavior from a human perspective, his ability to extrapolate where interactions were going in order to prevent conflicts within the elephant matriarchy from escalating, and much more.

We did frequent hypnosis sessions, and recorded sessions that the trainers would independently practice with on a regular basis. Some sessions were shorter, some were longer, but they all were about shaping identity and skills as an "elephant person" and what it meant to be one.

I can tell you great elephant stories all day long, so many amazing things happened while I was there. We published articles about what we were doing that helped re-shape captive elephant management. I'm very proud of the fact that a number of zoos around the world picked up on what we were doing and integrated it into their programs. So it's really had a big impact, I'm happy to say, on the zoological world. Working on this project was a very inspiring and personally transformative experience that highlighted the spirit of hypnosis

in a whole different context and made me realize that these skills we have apply in other places every bit as vital as in people's health care.

Section 4: Standing on the Shoulders of Giants

This leads me to the last section. We have had a rich, rich history of extraordinary people that have been a part of this society who have contributed hugely to this dynamic field of hypnosis. It's been my privilege to know quite a few of them and spend time studying with them. Many of the most important things that I've learned can be traced back to conversations I've had with these friends and mentors. I just want to single out a few of them for you.

I don't think that there's an hour in a day that goes by that I'm not using something that I learned from Jay Haley. Jay was a mentor and good friend for more than 20 years. There were so many things he taught me about learning to think strategically in conducting psychotherapy. When I was a young psychologist, I went for supervision with Jay. I was still relatively new to the field, green and inexperienced. I wanted to impress him with my knowledge of psychological jargon. Boy, was I barking up the wrong tree with that approach! So I came to him and I said, "Jay, what would you do with a woman who is dysthymic, who has borderline personality disorder, who has PTSD and unresolved attachment issues?" There was this long pause before Jay finally said, "I wouldn't let her have those problems." It took me years to understand the brilliance of that comment.

What was he telling me? He was telling me in this very understated way how important it is to always define problems in solvable terms. It's a lesson I've never forgotten.

I had inspiring experiences with Kay Thompson. Kay was a most formidable woman with a most formidable intellect. She was challenging in many ways, and was inspiring in this way. There was always an attitude she conveyed that said without words, “Michael, you can do more. Michael, you can do better.” It was done so gently but so firmly and I’ve never forgotten it.

Kay happened to be a huge elephant aficionado, by the way. She had 2000 elephants in her home. When I began my work at the Wild Animal Park, I called her and told her, “You won’t believe what I’m doing.” The envy that poured through the telephone was palpable!

I remember early on having a conversation with Kay where I shared how perplexed I was by the differing models of hypnosis and the difficulty that I was having navigating my way through their contradictory emphases. One teacher says you should only use direct suggestions while another says you should rarely use direct suggestions. One says, “Have a well thought out plan” while another says, “Be spontaneous and trust your unconscious.” Kay listened to this outpouring of confusion and self-doubt before she finally just simply said to me, “Michael, you have to find your own voice.” I’ve never forgotten her voice telling me that.

William Kroger, one of the founding fathers of hypnosis, was a brilliant man. I had the privilege of studying with Bill for more than 12 years. The amount of information, the quality of information that he had and was so generously willing to share was very, very inspiring. My favorite quote from Bill is this one: “So, what is hypnosis? It’s the induction of conviction. And always remember, there’s nothing more important than taking the patient into your heart.” I’ve always loved that phrase, “taking the patient into your heart.”

André Weitzenhoffer, co-developer of the Stanford scales, was a long-term mentor of mine. We had a strong friendship, but we also had one specific friction between us, a friction that went unresolved until nearly the very end of his life. It was about the fact that here I am writing books about hypnosis and teaching hypnosis all over the world, but I don't encourage people to use the Stanford Hypnotic Susceptibility Scale (SHSS). That rankled André constantly. He'd say, "I spent 30 years developing this test, why aren't you teaching it in your workshops?" I always mention it in my trainings and usually say, "For research purposes, the SHSS has continued to be the gold standard scale. But the issue that I personally have with it is that it doesn't have any meaningful predictive ability for clinical response." That perspective just irritated André.

Eventually André retired. He closed out his role at Stanford and moved to a tiny little town in Colorado. For the first time in his life, he opened a clinical practice and decided to use his knowledge of hypnosis to help people change. It wasn't even three months later that he called me up and said, "Okay, now I see what you're talking about."

Try and imagine spending more than three decades of your life perfecting a test only to come to that conclusion and then to actually be able to say it out loud. André was short in physical stature, but he was a giant of a man in my eyes. Much to my surprise and a lot of other people's surprise - and certainly some people's displeasure - he actually wrote about this new conclusion about the scales when he wrote in his book, the second edition of *The Practice of Hypnotism*, "...it remains to consider why a clinician might want to use them aside from scientific reasons for doing so. Apart from this last, there seems to be little reason for it" (2000, p.276).

What I learned from that is it doesn't matter who you are. The importance, the power, of being able to say, "Maybe I wasn't right about that" can't be overstated. I've learned the value of being able to acknowledge that, at times, I was wrong.

Finally, I want to mention Ted Barber as another inspiring figure. Ted had started as a stage hypnotist of all things! He did what I consider to this day to be some of the most amazing research of anybody. He did studies with what he called the "think with" instructions. He would give his research subjects these instructions: "In this study we're going to give you a series of tests in which I'll ask you to focus your thinking and to use your imagination creatively to produce certain effects and to experience certain events" (2000, p.266). He didn't use the word hypnosis, and he didn't do a formal induction process.

Guess what? People would generate the same quantity and quality of hypnotic responses! What I learned from Ted, the key phrase that came out of that body of research was, "You don't need the rituals. You just need the suggestions." And that is why the value of the skilled use of suggestion – *being* hypnotic – matters more to me in some ways than just doing hypnosis.

Section 5: Conclusion

So what is the spirit of hypnosis? I think it's about a willingness to self-examine, a desire to keep expanding ourselves personally and professionally. It's about a deep investment in good clinical practice. It's about a willingness to support our national organization, the people who are willing to give their time and energy to keep this ASCH vital, and vital it absolutely is. It's about creating a cohesive community and using it as a vehicle for spreading the word about the value of hypnosis to our professional colleagues. Certainly, the spirit also

encompasses a willingness to poke fun at ourselves and, at the same time, maintain the ability to take ourselves and our work very, very seriously. I am proud to be a part of this organization and I am proud to be a part of that organization's spirit.

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