

# **The Art and Science of Clinical Hypnosis: Why It Enhances Treatment So Well**

by  
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## **Overview**

There are compelling reasons why training in clinical hypnosis should be a mandatory part of any advanced academic program that produces health care professionals. 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? 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 suggestion 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 experiences.

Hypnosis allows for therapeutic possibilities simply not likely through other means. That alone warrants serious consideration. In this article, I will introduce readers to hypnosis and some of 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, a feeling, a memory, an expectation, a 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 new skill acquisition 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.

## Ways to 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) or interpersonal therapy (IPT). Thus, how one applies hypnosis will be entirely consistent with however one thinks about the nature of peoples’ 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 peoples’ lives.

Hypnosis can be used to *foster skill acquisition*. As alluded to above, 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 in on many different levels. There is plenty of evidence as a result that hypnosis generally enhances psychotherapy for this very reason. Thus, when comparing CBT without hypnosis versus CBT with hypnosis, the addition of the hypnosis enhances therapeutic efficacy. (Note that the salient research question is not how hypnosis compares to CBT, but how CBT without compares to CBT with hypnosis.)

Hypnosis can be used to *establish associations and dissociations*. What aspect(s) of experience do we want the client more connected or associated to? What aspect(s) of experience do we want the client disconnected or dissociated from? 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 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 of the hypnotic condition.

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

### **Hypnosis and Positive Psychology**

With an increasing emphasis within the psychotherapy profession to pay more attention to what's *right* with people rather than what's wrong with them, the very first lesson one learns when studying hypnosis takes on a new significance: What you focus on you amplify. Do we as mental health professionals want to focus on pathology or wellness? Is the goal of treatment to decrease pathology or weakness, or to expand strength? These are not merely semantic issues. On the contrary, how one responds to a client's distress and organizes therapeutic intervention is broadly based on whether one strives to identify and address client weaknesses or strengths.

In this sense, hypnosis can be thought of as the original positive psychology. Indeed, well before the term "Positive Psychology" was coined in just the last decade, pioneering psychiatrist Milton H. Erickson, M.D., as early as the 1940s, was writing about the need to pay more attention to and thereby amplify peoples' strengths. Erickson is often described as the most creative and influential clinician (as opposed to theorist) of the 20<sup>th</sup> century, and it is hardly a coincidence that so many of his innovative contributions directly involved insightful applications of clinical hypnosis.

Anyone who practices clinical hypnosis does so with the firmly entrenched and therapeutically invaluable belief that people have many more abilities than they consciously realize. Hypnosis engenders an entirely optimistic appraisal of people such that therapy gets organized around the belief that people can discover and

develop the very resources within themselves they need to improve. Hypnosis creates an amplified, energized, high powered context for people to explore, discover, and use more of their innate abilities. Hypnosis isn't the therapy, and hypnosis itself cures nothing. Rather, hypnosis is the vehicle for empowering people with the abilities and realizations that ultimately serve to help them. It isn't the experience of hypnosis itself that's therapeutic, it's what happens *during* hypnosis in terms of developing new and helpful associations. The study of hypnosis, then, involves a process of discovering what latent capacities are accessible in the experience of hypnosis, and how to bring them forth at the times and places they will best serve the client. It truly is a positive psychology in practice.

### **What is Possible in Hypnosis?**

The fact that people can manifest a variety of normally hidden capacities in hypnosis is the reason why hypnosis offers so much as a treatment tool. 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) has 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, 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); and, 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 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 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 so 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, Then Why Isn't Everyone Using It?**

To the experts in hypnosis, there is no more puzzling question. Therapists 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 this view. 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, then studying the literature of hypnosis makes good sense.

## Where Can You Get Hypnosis Training?

Since training in clinical hypnosis isn't (at least not yet) regularly offered in graduate training programs or in medical residencies, most professionals get their training through seminars and workshops given either by specific experts or sponsored by professional hypnosis societies. Earlier I mentioned the International Society of Hypnosis (ISH), the parent organization to hypnosis societies in dozens of countries (such as the American Society of Clinical Hypnosis, the Australian Society of Hypnosis, and so forth). These societies are comprised of a variety of qualified health professionals (psychologists, physicians, etc.) who all share a common passion for the merits of hypnosis in clinical practice. You would do well to do just a little bit of research about the availability of a branch of the hypnosis society in your country or even your immediate area, since the national societies typically have branches in each major city as well. You can get in touch with your national society and inquire as to the availability of their training programs. In the United States, the American Society of Clinical Hypnosis (ASCH) holds trainings on a regular basis. ASCH can be contacted through their website: [www.asch.net](http://www.asch.net).

The Milton H. Erickson Foundation in Phoenix, Arizona, conducts training programs in hypnosis. For more information, you can contact them through this website: [www.erickson-foundation.org](http://www.erickson-foundation.org).

I regularly run clinical hypnosis trainings all over the world, as well as in my home town of San Diego, California. You can visit my website's teaching schedule to see if and when I might be in your area conducting a training. My website address is [www.yapko.com](http://www.yapko.com). I regularly accept invitations to travel and teach, as you will see from my schedule, should you wish to organize a training locally.

## SUGGESTED READINGS ON CLINICAL HYPNOSIS

### General Texts

- Barabasz, A. & Watkins, J. (2005). *Hypnotherapeutic Techniques 2E*. New York: Brunner/Routledge.
- Hilgard, E. (1986). *Divided Consciousness: Multiple Controls in Human Thought and Action*. New York: Wiley.
- Lynn, S. & Kirsch, I. (2006). *Essentials of Clinical Hypnosis*. Washington, D.C.: American Psychological Association.
- Yapko, M. (2003). *Trancework: An Introduction to the Practice of Clinical Hypnosis* (3rd ed.). Philadelphia, PA: Brunner/Routledge.
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### Ericksonian Hypnosis

- Erickson, M., Rossi, E. & Rossi, S. (1976). *Hypnotic Realities*. New York: Irvington.
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- Zeig, J. (Ed.) (1980). *A Teaching Seminar With Milton H. Erickson, M.D.* New York: Brunner/Mazel.

### **Hypnosis in Psychotherapy**

- Barker, P. (1985). *Using Metaphors in Psychotherapy*. New York: Brunner/Mazel.
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- Burns, G. (2000). *101 Healing Stories: Using Metaphors in Therapy*. New York: Wiley.
- Gafner, G. & Benson, S. (2003). *Hypnotic Techniques for Standard Psychotherapy and Formal Hypnosis*. New York: Norton.
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- Yapko, M. (1994). *Suggestions of Abuse: True and False Memories of Childhood Sexual Trauma*. New York: Simon & Schuster.
- Yapko, M. (2001). *Treating Depression With Hypnosis: Integrating Cognitive-Behavioral and Strategic Approaches*. New York: Brunner/Routledge.
- Yapko, M. (Ed.)(2006). *Hypnosis and Treating Depression: Applications in Clinical Practice*. New York: Routledge.

### **Hypnosis and Pain Management**

- Barber, J. (Ed.) (1996). *Hypnosis and Suggestion in the Treatment of Pain: A Clinical Guide*. New York: Norton.
- Chaves, J. (1993). "Hypnosis in pain management." In J. Rhue, S. Lynn, & I. Kirsch (Eds.), *Handbook of Clinical Hypnosis* (pp.511-532). Washington, D.C.: American Psychological Association.
- Eimer, B. (July, 2000). "Clinical applications of hypnosis for brief and efficient pain management psychotherapy." *American Journal of Clinical Hypnosis*, 43, 1, 17-40.
- Gatchel, R. (2005). *Clinical essentials of pain management*. Washington, D.C.: American Psychological Association
- Hilgard, E. & Hilgard, J. (1994). *Hypnosis in the Relief of Pain*. New York: Brunner/Mazel.
- Kihlstrom, J. (2000). "Hypnosis and Pain: A New Look." Online at: [www.institute-shot.com/hypnosis\\_pain\\_newlook.htm](http://www.institute-shot.com/hypnosis_pain_newlook.htm)
- Yapko, M. (2003). "The Case of Vicki: Hypnosis For Pain Control in a Terminal Cancer Patient." (2 Hour DVD) Fallbrook, CA: Yapko Publications
- Yapko, M. (2002). *Managing Pain With Hypnosis* (CD). Fallbrook, CA: Yapko Publications.

### **Key Journals**

- American Journal of Clinical Hypnosis*.  
*Australian Journal of Clinical Hypnosis*  
*Hypnos: The European Society of Hypnosis Journal*

*International Journal of Clinical and Experimental Hypnosis\**

\*In particular, see the April, 2000, issue of the IJCEH regarding the status of hypnosis as an empirically supported treatment

## **A BIOGRAPHICAL DESCRIPTION OF MICHAEL D. YAPKO, Ph.D.**

Michael D. Yapko, Ph.D., is a clinical psychologist and marriage and family therapist in private practice in Solana Beach, California. He is internationally recognized for his work in depression and outcome-focused psychotherapy, routinely teaching to professional audiences all over the world. To date, he has been invited to present his ideas and methods to colleagues in 29 countries across six continents, and all over the United States.

Dr. Yapko has had a special interest for more than a quarter century in the intricacies of brief therapy, and the clinical applications of hypnosis and directive methods. He is the author of numerous books, book chapters, and articles on the subjects of hypnosis and the use of strategic psychotherapies. These include *Trancework: An Introduction to the Practice of Clinical Hypnosis* (3<sup>rd</sup> edition), *Treating Depression With Hypnosis: Integrating Cognitive-Behavioral and Strategic Approaches*, *Essentials of Hypnosis*, and *Hypnosis and the Treatment of Depressions*.

Dr. Yapko is a member of the American Psychological Association, a clinical member of the American Association for Marriage and Family Therapy, a past Fellow of the Royal Society of Medicine's Division of Hypnosis and Psychosomatic Medicine (in England), a member of the International Society of Hypnosis, and a Fellow of the American Society of Clinical Hypnosis. He was a recipient of *The Milton H. Erickson Lifetime Achievement Award* in 2007, twice a recipient of the *Arthur Shapiro Award* for the "best book of the year on hypnosis" from the Society for Clinical and Experimental Hypnosis for *Treating Depression with Hypnosis* (2001) and *Hypnosis and Treating Depression* (2006) and the 2003 *Pierre Janet Award for Clinical Excellence* from the International Society of Hypnosis, a lifetime achievement award honoring his many contributions to the field.