

HYPNOSIS: STATE OF THE ART AND PERSPECTIVES FOR THE TWENTY-FIRST CENTURY

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Abstract

In this presidential lecture research evidence is addressed for the effectiveness of clinical hypnosis as a psychotherapeutic and medical healing method. The state of the art is characterized by meta-analyses indicating the usefulness and effectiveness of clinical hypnosis and by neuroimaging data indicating hypnotic trance exists as a separate state of consciousness. Hypnosis research can profit from mainstream psychological research as well as inspire it by putting the research focus on the underlying processes of communication, rapport, attention and perception. In future developments, hypnosis is also seen as the home-base for research and the therapeutic usage of suggestions. A new paradigm for pharmaceutical research is envisioned in which efforts to maximize substance-effects by proper suggestive communication are to be enhanced, once the effectiveness of the medical drug has been demonstrated. Copyright © 2009 British Society of Experimental & Clinical Hypnosis. Published by John Wiley & Sons, Ltd.

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State of the art

Recent meta-analyses of effectiveness studies on clinical hypnosis provide accumulating evidence of the healing qualities of hypnosis in a broad field of applications such as anxiety disorders, somatoform disorders or post-traumatic stress disorder (PTSD) (Bongartz, Flammer and Schwonke, 2002; Flammer and Bongartz, 2003; Revenstorf, 2003; Alladin, 2007). Working with hypnosis nowadays is very intriguing. The seeds were sown more than two centuries ago when medical hypnosis was developed and applied by ingenious doctors like James Braid or Elliott Esdaile. Charcot, Freud and Breuer began exploring the psychopathological and the psychological sides of hypnosis to pave the way for utilizing hypnosis in the field of psychotherapy. In the 1950s the usefulness of hypnosis became apparent in hypnoanalytical applications with Gill and Brenman (1959) as prominent clinicians and in systemic, solution-oriented applications as well, with Milton Erickson as the most outstanding innovative contributor (Rossi, 1980).

Apart from psychotherapeutic applications, medical hypnosis was developed by proponents such as Kay Thompson (Kane and Olness, 2004). Yet, until very recently there

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was still a debate and a controversy about whether hypnotic trance existed as a separate discernible state of consciousness. Social psychological researchers like Nicolas Spanos always emphasized role-playing aspects of hypnosis and doubted the existence of hypnotic trance as a separate state of consciousness (Spanos, 1991).

However, recent fMRI-studies clearly showed the distinctive qualities of hypnosis. Hypnotic trance has special qualities as a distinctive state of awareness with the patterns of brain activities characteristic *only* for the hypnotic trance, setting it aside from the waking state, relaxation, sleep and even meditation. The studies performed by Ulrike Halsband (2004; 2009), Amir Raz (Raz, Shapiro, Fan and Posner, 2002), Pierre Rainville (Rainville, Hofbauer, Bushnell, Duncan and Price, 2002) and other prominent researchers produced some very clear evidence in that direction. Hypnosis allows for intensified experiential learning and can be utilized to facilitate therapeutic progress in many applications.

The seeds of hypnosis are sown. Now we can put it all together. Applications have been developed in a broad field ranging from psychotherapy to dental and other medical applications. Evidence shows that this hypnotic trance is a separate, healing state of consciousness. There is accumulating evidence of the effectiveness of hypnosis in many different applications. It is now time to crop harvest!

The integrative powers of hypnosis

Hypnosis makes possible the integration of what seem to be incompatible realities within an individual. Years ago, Peter Bloom and Peo Wikström created a wonderful motto for our global sister society, the International Society of Hypnosis (ISH): 'Building Bridges of Understanding'. For Europeans, integration is a continuous challenge considering the diversity of cultural backgrounds. Hypnosis is one area where there is already proof that integration works. Medical doctors, psychologists and psychotherapists of cognitive behavioural and psychodynamic backgrounds are sharing one common denominator, which is hypnosis and the utilization of trance, serving as a link for integrating different views.

Communication and rapport

Hypnosis is much more than a communication technique. It is an approach to communication altogether. It is a way of empathically tuning in to another person, structuring communication in such a way that it allows access to the inner world of another person, creating an intense relationship called rapport. It allows the client to go into a regression in the service of the ego, where corrective emotional experiences can be made, leading to emotional maturing and/or restructuring. Maybe, just maybe, we have already found the neurological basis for rapport: could it be that the mirror neurons (Rizzolatti and Sinigaglia, 2008) are responsible for getting in synchrony when experiencing deep rapport?

Intensified rapport can produce some remarkable phenomena. Whenever a therapist asks the patient to imagine a landscape, animal or object in a therapeutic context, it may happen that the therapist visualizes the exact same picture that is unfolding in front of the patient's inner eye, even before the patient has started describing it. It is always surprising to experience rapport by inner perceptions of the patient being mirrored automatically in the therapist.

Attention

When trying to describe the essence of hypnosis, hypnosis often appears like a fuzzy set. It is like trying to catch a fish with the bare hand. However, a very interesting common factor can be isolated which is present during hypnotic induction and psychopathological conditions as well. This common factor is attention. Placing attention in the proper direction is crucial for emotional well-being and salutogenetic processes. In hypnosis, focusing attention eventually leads to a state of pleasant absorption. In psychopathological conditions the problem can easily be described in terms of improperly directed attention. Do we pay attention to our own needs or the needs of others? Do we pay attention to one predominant need, several needs, or do we neglect our needs completely? Do we direct our attention to events of the past, the present or the future? What aspects of inner realities are we mostly focused on: perceptions, thoughts or emotions? Are we directing more attention to positive or negative events? And are we orienting our attention more inward or outward? Many psychopathological disorders such as anxiety disorders, depression or obsessive-compulsive disorders can be described in terms of maladaptive attentional processes, directing the patient to areas of discomfort and helplessness.

In each of these dimensions attention is filtered in numerous ways – ways that can be health promoting or weakening. Defence mechanisms like repression, projection and denial can also be described in terms of attentional processes. Attention and attentional filters create and shape our experiential space. Consciously and unconsciously choices are made continuously determining the subjective world we are living in. Hypnosis basically means focusing the attention in the suggested direction. In hypnosis we can show what positive effects can be produced, if we focus the attention in a direction that supports health and well-being.

Perception

Every hypnosis professional knows about the plasticity of perception and the relativity of what we consider to be real. Everyone familiar with the utilization approach will acknowledge the existence of subjective realities – constructed according to a person's perceptions of the world. By acknowledging the fact that we are dealing with subjective realities, the claim of knowing the objective truth loses significance. Ideology-based assumptions about what reality really is can be overcome. Consequently, professionals of very diverse backgrounds can communicate, find common ground and build bridges of understanding.

When I was teaching in Bad Orb earlier this year on the utilization of transference in hypnosis, I found that cognitive behavioural therapists working with hypnosis can easily embrace the usefulness of the concept of transference and countertransference in their approach. Our Austrian hypnosis-psychotherapy training programme is built on a strong psychodynamic background. Vice versa, the trainees in our programme can easily discover the usefulness of solution-oriented, behavioural approaches for changing thought and behaviour patterns.

Within the hypnosis community there is a creative, stimulating exchange of ideas between psychotherapists of different backgrounds such as cognitive behaviour, psychodynamic, gestalt, systemic family therapy, psychodrama and others, due to the fact that hypnosis delivers a framework centered around the usefulness of subjective reality constructions, rather than on the alleged rightfulness of what is supposed to be considered objective reality.

Hypnosis can be easily integrated in mainstream psychotherapy and medicine by looking at the processes underlying hypnosis: these are all basic psychological processes. Whether it is communication, attention or perception: all of these processes are researchable, explicable and very exciting. If the healthcare community and the public find out more about these processes, they will know more about hypnosis – without taking away the ‘magic’ flavour hypnosis has.

Future perspectives

Hypnosis and the role of suggestion

Hypnosis relies heavily on the usage of suggestion. Hypnosis is induced by suggestions; inner search-processes are facilitated by suggestions during a hypnotic trance state. Up to the 1950s, the prevailing view was that hypnosis was necessary to enhance the effect of suggestions that otherwise might not be accepted by the patient. We all know, and research has proven, that suggestions also work without hypnosis. This has led researchers to doubt the necessity of using hypnosis to make suggestions work for therapeutic goals. If suggestions do the job all by themselves, why take the trouble and induce hypnosis first? Vladimir Gheorghiu separated the examination of suggestion from the examination of hypnosis (Gheorghiu, Netter and Eysenck, 1994). This prompted remarkable results as the examination of suggestions could be easily done on social psychological terms in strict experimental settings.

Hypnotic trance as the realm of suggestions

fMRI-studies are in keeping with the view that a hypnotic trance actually is an altered state of consciousness (Halsband, 2004; 2009). Now that hypnosis has definitely left the area of anecdotal realism, we are in the best condition to reclaim suggestions as a genuine, significant research topic in the field of hypnosis. Even though suggestional phenomena exist outside hypnosis, hypnosis is the only therapeutic technique making systematic, intentional usage of suggestions. Research on suggestion may be done detached from hypnosis. However, hypnosis is the only context where suggestions are advocated, used systematically, and reflected as to their appropriateness. Other therapeutic modalities or communicational contexts in medical or psychological healing are faced with major difficulties when it comes to the role of suggestions in the respective therapeutic setting. Some therapeutic approaches might even deny the application of suggestions within their therapeutic field. However, we all know it is impossible to do without suggestion in any communication: you cannot not suggest, just as you cannot not communicate.

Treatments discounting the role of suggestion

There are many fashionable therapeutic techniques making heavy use of suggestions without acknowledging this fact. Hypnosis has a significant role in assessing the influence of suggestive effects in therapeutic approaches that do not explicitly acknowledge the use of suggestion. One example is suggestive influences present in family constellation enactments. If the person in the centre is watching protagonists enact the role of non-present other family members, these enactments will mostly be seen as representations of factual reality, even if they are merely constructions of reality. If these enactments do not follow a proper therapeutic protocol, the unfolding stories may either be unhelpful, irrelevant or even harmful constructions of reality. However, no suggestions

are used to enhance helpful constructions of reality, as this doesn't seem to be necessary if the resulting reality constructions are as seen as a valid expression of factual reality.

Hypnosis and medicine: utilizing the placebo effect

Finally, the options of systematic use of suggestive communication in the field of medicine are heavily underestimated to date. Suggestive effects in medicine are discounted as placebo effects. Much progress can and will be made by research on maximizing the effects of helpful suggestions in combination with pharmaceutical therapies, surgical operations and physical therapies.

A change can be envisioned in the medical paradigm. In the first stage of introducing a new medical drug it will be necessary to shut out all other factors to determine the effectiveness of the new substance. However, after the effectiveness of the substance has been proven sufficiently, stage two of the application of the drug can be entered. In this application phase it will be useful and desirable to combine the effect of the substance with all other imaginable impact factors that will enhance the effect of the drug. And among these factors enhancing the power of the drug, suggestive influences present in the doctor-patient communication are playing a vital role. It is not really helpful to continue with the paradigm of isolating the influence of the substance itself and minimizing the effects of all other helpful factors once the effectiveness of a drug has been shown. Thereafter, it makes much more sense to seek an *integration* of the effect of the substance and other factors that will support the effect of the substance.

To promote this change in the medical paradigm, prominent investigators and clinicians are encouraged to approach the pharmaceutical industry and propose investing efforts in how to maximize the effect of the drug by appropriate suggestive communication embedded in a strong rapport between patient and physician. At present, the pharmaceutical industry is still a little anxious when it comes to supporting hypnosis research, as in their view, hypnotic research in the field of medicine is mainly directed towards replacing pharmaceutical products by hypnosis and proving that one could actually do without drugs.

Frictions between pharmaceutical treatment and hypnotic treatment can be resolved. Following the new medical paradigm, it could be like a special recognition of a given drug, if it passes to be a stage two product: one that is suited for effect augmentation by communicational and contextual suggestions.

In this vein, the scientific exploration and therapeutic utilization of the placebo and nocebo effects deserve special attention (Raz, 2008). Placebos take effect due to expectations in their healing powers and hypnotic qualities of the communications involved in administering it. ESH will support all national societies in advocating the training of medical and mental health professionals in the usage of unobtrusive, supportive, healing suggestions to prevent harmful communication in the doctor-patient relationship.

Note

- 1 This is an abridged version focusing on the academic aspects of the lecture. It does not include society matters, policy, thanks to colleagues, etc., which were also acknowledged in the address.

References

- Alladin A (ed.) (2007) Evidence-based practice in clinical hypnosis, part I-II. *International Journal of Clinical and Experimental Hypnosis* 55: 115–371.

- Bongartz W, Flammer E, Schwonke R (2002) Die Effektivität der Hypnose. Eine meta-analytische Studie. *Psychotherapeut* 47: 67–76.
- Flammer E, Bongartz W (2003) On the efficacy of hypnosis: a meta-analytic study. *Contemporary Hypnosis* 20: 179–97.
- Gheorghiu VA, Netter P, Eysenck HJ (eds) (1994) *Suggestion and Suggestibility: Theory and Research*. Berlin: Springer.
- Gill MM, Brenman M (1959) *Hypnosis and Related States*. New York: International Universities Press.
- Halsband U (2004) Mechanismen des Lernens in Trance: Funktionelle Bildgebung und Neuropsychologie. *Hypnose und Kognition* 21: 11–39.
- Halsband U (2009) Plasticity changes in the brain in hypnosis and meditation. *Contemporary Hypnosis* 26: (in press).
- Kane S, Olness K (2004) *The Art of Therapeutic Communication. The Collected Works of Kay F. Thompson*. Camarthen: Crown House.
- Rainville P, Hofbauer RK, Bushnell MC, Duncan GH, Price DD (2002) Hypnosis modulates activity in brain structures involved in the regulation of consciousness. *Journal of Cognitive Neuroscience* 14(6): 887–901.
- Raz A, Shapiro T, Fan J, Posner MI (2002) Hypnotic suggestion and the modulation of Stroop interference. *Archives of General Psychiatry* 59: 1155–61.
- Raz A (2008) Genetics and neuroimaging of attention and hypnotizability may elucidate placebo. *International Journal of Clinical and Experimental Hypnosis* 56: 99–116.
- Revenstorf D (2003) Die Effekte der Hypnotherapie. *Hypnose-Bulletin-CH* (8): 4–19.
- Rizzolatti G, Sinigaglia C (2008) *Mirrors In The Brain: How Our Minds Share Actions and Emotions*. New York: Oxford University Press.
- Rossi EL (1980) *The Collected Papers of Milton H. Erickson on Hypnosis*. Vol. 1–4. New York: Irvington.
- Spanos NP (1991) A sociocognitive approach to hypnosis. In: SJ Lynn, JW Rhue (eds) *Theories of Hypnosis: Current Models and Perspectives*. New York: Guilford, 324–61.

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