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WHEN HYPNOSIS LOOKS LIKE MAGIC, REMEMBER ELECTRICITY!

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Abstract

When hypnosis is featured in the media, it is often to report some 'miraculous' cure. This paper reviews four apparently miraculous cases from the author's own experience and identifies what they have in common in an attempt to provide a rational explanation for them. Relevant factors identified include expectancy, distraction, motivation, compliance, imagination, relaxation, attribution and cognitive change. Of particular importance are circumstances that prevent the individual from escaping or avoiding the feared situation and the role of suggestion, including the powerful implicit suggestions conveyed by the belief that 'hypnosis' is being used.

Key words: hypnosis, rapid cures, expectancy, motivation, compliance

Introduction

It has always intrigued me that whereas clinicians usually say that they spend many sessions carrying out assessments and treating problems in order to help their patients, there are frequent accounts of rapid, sensational cures in the press, in magazine articles and in television documentaries on hypnosis. There are descriptions of very brief interventions, such as 10-minute phobia cures, and interestingly they do sometimes seem to have worked. This has prompted me to look back over my own experience as a clinician to see if I have had cases of rapid, successful interventions similar to those reported in the media and to consider what they have in common and what made them work.

When considering how hypnosis may be so instantly effective it is necessary to distinguish between what is a discovery and what is an invention. Alexander Graham Bell exploited the power of electricity and invented the telephone – before he invented it it didn't exist. Columbus discovered America, which, like electricity, was there all the time. It is important perhaps to see hypnosis as a discovery rather than an invention. We can use it quickly and easily because it is there, part of our everyday experience, not because we or anybody else invented it. Nevertheless it is also true that over the years more formal 'hypnosis' has acquired its own mystique for some people, implying that they will be able to respond in certain ways. The element of expectancy is also important.

I have four cases to report from my own experience, which all involved very quick, very powerful and effective interventions. Some of them at least raise the question of the extent to which 'hypnosis' was involved. I will describe the cases first before going on to consider what, if anything, they have in common that might account for the speed at which positive change seemed to have occurred.

Case 1

The first case I would like to describe concerns a lift phobia. Some years ago my husband and I were in Paris with a group of people who were on a coach tour. Sitting at a

table with us one day was a young woman in her twenties and our tour guide was telling us that on the evening tour of the city we would go up in an express lift. He described with great delight how many floors this lift went up in how many seconds. I looked at the young woman opposite, who seemed very disturbed at this news. She told me that she did not like lifts but that she would go up anyway, though she would be holding tight onto her husband's hand. She added that when she was about six years of age she had been trapped in a lift, which her mother had previously told her she must not go into. When she found she was stuck she was terrified and also faced her mother's subsequent anger at her disobedience. The young woman was now working as a theatre sister in a general hospital and found her fear of lifts a major problem as she could not travel in one without feeling terrified and could not enter a lift at all if she was unaccompanied. She was emphatic that she would like to be free of her fear and on further enquiry there seemed to be no other psychological problems in her life that needed to be taken into account.

My words to her then were: 'Right. You say you are going to go up in the lift anyway and you want to solve your problem. Tonight, when we go up in the lift I will be with you. You will stand next to me – are you happy for me to touch you?' On her affirmation, I went on 'I'll hold your hand, or contact you in some way, and I will say something to you and you will not be afraid again.' That evening as we went up in the lift I put my hand on her shoulder and simply said the words 'Just listen to me. When you were a little girl you went into a lift when your mother told you not to and you were frightened. But of course, when you were a little girl there were many things that you do now that you would have been frightened of then. You drive a car and you are a theatre sister – that probably would have terrified you – and I would like you to let that little girl in there know that she doesn't need to be frightened any more, because you are grown up.'

By the time I had said all this the lift had reached the top. She looked at me in surprise and said she felt fine, not shaking, not sweating and not afraid. We went to look at the view and I repeated the same process with her on the way down. When we were back in the hotel, to reinforce her experience I asked her to travel up and down in the hotel lift on her own and added 'Just remember, if the lift gets stuck, you can always press the alarm button.' She was ecstatic, and went in the lift to the first floor, to the second floor and so on. I received a letter from her three months later saying 'I don't know exactly how you did that, but lifts are no longer a problem.' It is important to add here that though I never formally mentioned hypnosis to the young woman in the course of this brief intervention, we had talked about our jobs in earlier meal-time discussions and she was aware that mine sometimes involved the use of hypnosis.

Case 2

In the next example I was really put on the spot. I was in America at a Society of Clinical and Experimental Hypnosis Workshop sitting at the registration desk when someone came up to me and asked if I was 'one of these people who do hypnosis.' Having established that I was, the enquirer went on to say that Kim, one of the sales staff, had a dentist appointment later in the day for root canal treatment and she was terrified. She was sitting in the office crying and shaking and I was asked if I could do something to help her. I was uneasy about the situation but felt under enormous pressure to comply so I said that I would see her, but could not make any promises. Kim duly emerged and told me that she had had part of the dental treatment the week before, the root canal fillings, but she had been 'in a dreadful state'.

She said she had to be strapped down, because she was shaking so much, and had been crying and vomiting. The dentist was clearly concerned about all this and had rung her the night before to see if she was coming for her next stage of treatment. She told me that she was going to go through with it, but pleaded for help in doing so. She told me a little of her history, which included being hurt by a dentist when she was little. In particular she did not like the sound of the drill. She had no previous history of treatment for psychological problems, and there was nothing else in her personal or family background which gave cause for concern. It was evident that she knew that I used hypnosis but as time was limited I did not give her a preparatory talk on it as I would normally do. There were a few things I knew about Kim by this time – she was married, she was a good employee and her colleagues liked her. Also, she drove a car and she was very competent.

I used a 'magnetic hands' induction and simply said 'As your hands come together, become relaxed and when they get there I want to talk to you and just as soon as you are ready for me to do that, your hand will float up'. Her hand duly floated up and I began, as in the previous case, to talk to her about the fact that when she was a little girl many things frightened her but that now she was no longer a little girl she could do many things the little girl could not do. Things like holding down a responsible job, being married and driving a car, things which might have frightened her then. I continued, 'and I would like you to let that little girl know that you can do all of these things, so she doesn't need to be frightened any more. As soon as you have told her, and she knows she doesn't need to be frightened any more and is alright about it, then the hand will come down.' Two minutes later Kim's hand came down and then I said 'I would like you to go forward to one o'clock, you are at the dentist and you are calm and relaxed. You are amazed at how calm and relaxed you are and you are going through with the procedure. When you hear the sound of the drill it can become another sound which is more acceptable to you – perhaps like the hotel air conditioning and when you know that you can do that, and you are feeling alright, just come back to the present and open your eyes.'

A few minutes later she opened her eyes and appeared calm and relaxed. I gave her the option of coming back to see me again before her dentist appointment if she wanted to and asked her to let me know the following day how she got on. Next morning I was greeted excitedly by the some of the hotel staff who told me, somewhat in disbelief, that Kim had coped very well. Kim herself later confirmed that she had had no problems and reported also that the dentist had been amazed at the change in her. Unfortunately I have no follow-up data on this case, though I imagine she would not have had any further problems with dental treatment.

Case 3

This case involved a lady with 10-year long history of an excessive fear of stairs. Unlike the subjects of the previous two cases, she was one of my regular referrals from a local doctor. On her first appointment with me it took her 20 minutes to get up the stairs to my office and she had required a rest with a cup of tea to get over her ordeal. She could identify no particular triggers or thoughts associated with stairs that could account for her fear but she said it had started at a time when she had been very anxious just after her husband had a heart attack. She also did not like travelling in lifts. When she arrived she was crying, shaking, nauseous and clearly terrified but could not say what it was that made her so afraid. When she had calmed down I did a normal assessment of her and asked her, among other things, what it had been like

before she had the fear. She recounted how she had been able to run up and down stairs easily when she had worked in a busy department store.

I got her to sit back and relax and imagine herself 20 years before and she found this a very comfortable thing to do. She could imagine herself running up and down stairs in high-heeled shoes. This imagery exercise was carried out as part of the routine assessment, though again this woman was aware that I used hypnosis in my work. As the session drew to a close she began again to shake and became very disturbed at the thought of going back down the stairs. I accompanied her to the waiting room, from which a door leads onto the stairs, and as she was about to leave I said 'Just close your eyes for a moment. As you go through that door imagine you are entering into a time machine and you are going back 20 years to the time when you could run up and down stairs. You are going to go down these stairs 20 years ago'. We went through the door and she proceeded to go quickly down the stairs. As she did so I added 'As you go down the stairs you are bringing back with you that feeling of going up and down stairs 20 years ago to the present.' When she reached the bottom of the stairs my patient expressed her amazement at her performance and went back up and down the stairs several times to convince herself of what she had done. I followed this up with further exposure to stairs in a department store, in the main hospital and on an escalator to consolidate her newly found confidence.

Case 4

This final very brief case concerns an aeroplane phobic who happened to sit next to me on a flight from London to Glasgow. In the course of a casual conversation it became evident that she was petrified at the prospect of the journey. We also talked about the fact that I used hypnosis. Just before the flight began I did a brief eye closure induction with her, followed by relaxation suggestions and special place imagery. I then said to her 'You can be so comfortable, nothing need bother you', adding as the plane started up its engines, 'Nothing you hear need bother you'. That was all I did and the effect really was like magic.

Discussion

When hypnosis looks like magic, whether its use is explicit or implicit, as in these cases we need to consider what else might be happening in the situation rather than simply assuming that hypnosis itself has some wonderful special power.

- All of these cases, I would argue, involved high levels of expectancy that something helpful could be done. In particular there was the expectancy that I would be using hypnosis, though this was not explicitly stated by me in all of the cases. Implicit in that expectancy also is the belief that as I use hypnosis in my work it must be a helpful procedure to employ.
- They all involved forms of distraction, for example in the first case I described when the entire journey in the lift was taken up with my talking to the young woman.
- Also I suggested relaxation to all four of the individuals involved and encouraged them to engage in imagery of some sort.
- I encouraged what I hoped would be helpful attributions and adaptive cognitive changes. In the first two cases I emphasized that the problems were a product of past experiences and I encouraged new cognitions by emphasizing the fact that as

adults the individuals concerned were able to deal fearlessly with situations that would have frightened them as children. In the case of the stair phobic woman I encouraged the belief that she could return to her former lack of fear of staircases, and in the plane phobic the simple belief that nothing need bother her.

- In addition all of the subjects were compliant, at least in so far as they went along with the procedures I suggested, and they were all highly motivated to overcome their problems.
- Finally, and I think significantly, in all four cases they did not have a choice but to cope with the imminent feared situation either because they had committed themselves publicly to it or were already at a point from which there was no easy means of escape. In this connection it has always struck me in treating problems like needle phobia how quickly patients respond when they have soon to face an essential injection and how slowly they respond when they haven't.

It seems to me that in those situations where most or all of the above common factors co-exist apparently magical, rapid cures such as those reported in the media can result from very brief hypnotic interventions. That is not to say that hypnotic procedures themselves do not confer some special power of their own. I would argue, however, that a large part of that power lies in what their use suggests to the person in terms of what is likely to happen as a consequence (e.g. Wagstaff, 1998). In each of the cases reported here there was an implicit suggestion that something was being done that would bring about change, and that 'something' was 'hypnosis'. Overall though we should remember that when we achieve results by the use of hypnotic interventions we are not employing some newly invented 'magical' device but are helping in the discovery of the potential that individuals have for achieving rapid positive changes in their beliefs about themselves and the world. This is especially true when the circumstances are particularly conducive to that discovery.

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Reference

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