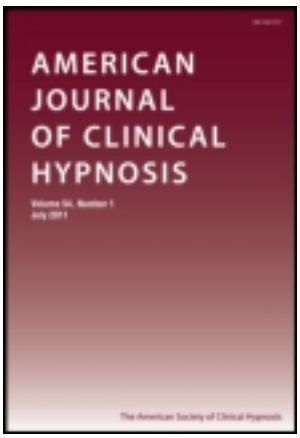

American Journal of Clinical Hypnosis

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/ujhy20

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Version of record first published: 21 Sep 2011.

To cite this article: Michael Jay Diamond Ph.D. (1986): Hypnotically Augmented Psychotherapy: The Unique Contributions of the Hypnotically Trained Clinician, American Journal of Clinical Hypnosis, 28:4, 238-247

To link to this article: http://dx.doi.org/10.1080/00029157.1986.10402660

AMERICAN JOURNAL OF CLINICAL HYPNOSIS
VOLUME 28, NUMBER 4, APRIL 1986

Hypnotically Augmented Psychotherapy: The Unique Contributions of the Hypnotically Trained Clinician[1]

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In the last century, psychotherapists trained in clinical hypnosis have made a number of unique contributions to the psychotherapeutic endeavor, particularly in the areas of psychotherapeutic theory, technique, and practice. Nine factors indexing the contribution of hypnotherapists are discussed. They are: 1) communication focus; 2) maximizing expectation and belief; 3) mind-body emphasis; 4) handling of resistance; 5) employing trance phenomena; 6) using archaic levels of relationship; 7) stressing healthy, adaptive ego functions; 8) using therapist trance; and 9) permitting responsible creativity. Each factor is considered as it pertains to hypnotic technique and phenomena as well as how it is manifested in clinical treatment.

Keywords: Psychotherapy, hypnotherapists, hypnosis.

"If you can't get rid of the family skeleton,
You may as well make it dance."
— George Bernard Shaw

The hypnotherapist or, more precisely, the psychotherapist knowledgeable and skilled in the use of hypnosis augments psychotherapy in numerous ways.[3] This article considers the ways in which psychotherapists trained in hypnosis are unique in their approach to clinical practice. It is this author's hypothesis that well-trained psychotherapists who are also knowledgeable in the vicissitudes of hypnotic technique and phenomena make several unique contributions to the psychotherapeutic endeavor. Moreover, it is suggested that the advantages of hypnotic training occur regardless of whether the clinician continues to employ direct or indirect hypnotic procedures with clients. It has, in fact, been the writer's observa-

Received 8/7/85; revised 12/1/85; accepted for publication 12/15/85.

[1] Read in part at the 27th Annual ASCH Scientific Meeting, San Francisco, CA, 1984. The author is grateful to Jean Holroyd, Ph.D., whose stimulating colleagueship contributed to the ideas developed in this paper.

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[3] The term hypnotherapist will be used throughout this article to refer to psychotherapists skilled with and comfortable in the use of hypnotic procedures. This usage presumes that the hypnotherapist does not necessarily employ hypnosis with all or even a majority of clients.

tion that most hypnotically trained psychotherapists' (i.e., hypnotherapists') use of formal hypnotic interventions becomes markedly reduced within five to ten years after their becoming proficient in hypnotic technique.

The contributions made by hypnotherapists are discussed in terms of nine factors. No claims are made for completeness and no one factor should be understood to be unique to hypnotherapy. Taken together, however, this combination of factors may well distinguish hypnotic psychotherapy from other treatment modalities. Each dimension is complex and can be clinically misapplied as well as appropriately used. While the benefits of the hypnotherapist's perspective are highlighted, the reader is cautioned to critically consider each potential contribution according to "anything that can *heal* can also *harm*." Both a knowledge of hypnosis and skill in hypnotic technique may be specifically used to augment therapeutic goals at varying stages in the therapeutic process; nonetheless, hypnosis is *not* a therapy in itself and the subsequent dimensions may be facilitative or inhibitory among various theoretical and technical orientations to treatment.

Ellenberger's (1970) comprehensive examination of the history of psychotherapy and this author's perusal of the psychotherapy literature suggest that clinicians knowledgeable and skilled in the use of hypnosis have disproportionately influenced psychotherapeutic theory, technique, and practice. The most notable of these contributions originate from: (a) the early, classical psychoanalysts (Abraham, 1948; Adler, 1927; Breuer & Freud, 1893–95; Ferenczi, 1926; Freud, 1981; Kubie, 1936; Nunberg, 1955); (b) early investigators interested in individual differences and psychopathology (Binet, 1900, 1903; Charcot, 1892; James, 1890; Janet, 1889; Jung, 1957; Kraft-Ebing, 1893; Prince, 1906); (c) neo-Freudians and ego psychologists (Fromm, 1984; Gill, 1982; Gill & Brenman, 1959; Gruenewald, Fromm, & Oberlander, 1979); (d) family systems and strategic therapists (Erickson, 1980; Erickson & Rossi, 1979; Haley, 1963; Watzlawick, 1978); and (e) cognitive and behavioral therapists (Ellis, 1962; Greenwald, 1973; Lazarus, 1971; Wolpe, 1973). More specific benefits will next be considered as they pertain to each of the nine factors, which, when taken in combination, depict the unique therapeutic contribution made by hypnotherapists.

1. Communication Focus

The first factor pertains to the particular kind of focus which the hypnotherapist brings to the psychotherapeutic arena; namely, a *focus upon the subtleties of communication* in order to insure that maximal receptivity toward and meaningfulness of the therapeutic messages takes place for the patient. The hypnotherapist is thus geared toward being attentive to and skilled in creating the conditions that facilitate information exchange. Two questions that the hypnotically skilled therapist is likely to ask are: 1) Did the patient actually receive the message and 2) Was the message in the sort of language that would be most conducive to the patient's frame of reference or awareness (e.g., the trance state)? The hypnotherapist is consequently attentive to and skilled in creating conditions which facilitate the exchange of information, particularly with respect to unconscious communication (Bandler & Grinder, 1975; Erickson, Rossi, & Rossi, 1976).

Hypnotherapists learn to develop specific observational skills to discover their patients' attentional and other cognitive processing abilities. Thus, patient *receptivity* to therapist communication is hopefully maximized. Hypnotically relevant cognitive processing abilities include nonvolitional experiencing (Sheehan &

McConkey, 1982); imaginative involvement (Hilgard, 1979); dissociation (Hilgard, 1977); absorption (Tellegen & Atkinson, 1974); primary process thinking (Gruenwald, Fromm, & Oberlander, 1979); and sensory representation (Grinder & Bandler, 1982). To further insure *meaningful* communication, hypnotherapists remain vigilant in the particular ways suggested by such familiar adages as: "orienting to the patient's uniqueness;" "speaking the patient's language;" "meeting the patient where (s)he is;" "reducing resistance by permitting it;" and "maintaining an alliance with the patient." All good psychotherapists would endorse these notions albeit hypnotherapists have frequently received training in the technique of developing suggestions in line with these principles.

Hypnotherapists are trained to use what Watzlawick (1978) termed "the language of change" to further enhance the therapeutic meaningfulness of their message. Thus, hypnotherapists learn to attend and respond to their patient's subtle unconscious mental processes in various ways. The unique "language" that best communicates to unconscious levels of understanding involves: 1) using non-*linear* rather than sequential logic in framing interventions (Watzlawick, 1978); 2) understanding the *simultaneity* of unconscious mental processing wherein seemingly contradictory processes operate simultaneously as in "trance logic" (Orne, 1959); 3) appreciating the unique *spatiality* within the unconscious whereby one might be "here and there" at the same time; 4) utilizing the *temporality* of unconscious mental processing — that is, the sense that the unconscious knows no time (Freud, 1915); and 5) recognizing the absence of negativity in an unconscious that cannot know "no" (Freud, 1915). To accomplish this, both patient and therapist are engaged in an enterprise where the therapist tries to "speak the patient's language," while employing more injunctive rather than descriptive or explanatory linguistic modes (Watzlawick, 1978). In addition, the hypnotherapist attempts to minimize negative statements or suggestions, to speak in a soothing vocal tone, and to employ the more "unconsciously-near" language processes of puns, condensations, analogies, metaphors, story telling, and concrete sensory representations. This approach to communication tends to minimize patient resistance (Erickson & Rossi, 1979; Erickson, Rossi, & Rossi, 1976) while enhancing the therapeutic alliance and the patient's sense of being connected to the therapist (Diamond, in press).

2. Maximizing Expectation and Belief

The second dimension involves optimally utilizing *expectational and belief* factors which are likely to increase therapeutic success. Frank (1961) posited that expectation of success is essential in effective psychotherapy. Nonetheless, "in hypnotherapy it often spells the difference between success and failure" (Udolf, 1981, Pp. 310). Gruenewald (1982), Lazarus (1973), and Mott (1982) suggested that the hypnotic situation or context, comprised of induction rituals and suggestion, enhances treatment by increasing positive expectation while capitalizing on patients' motivation for change.

The hypnotic context is characterized by numerous conscious and unconscious expectations of both the patient and therapist. Most patients harbor "preformed" (Morris & Gardner, 1959) or "primary" transferences (Gill, 1972) which involve unconscious fantasies about hypnosis which concern magic, omnipotence, benevolence, seduction, sadism, and control. Such fantasies, along with "curative fantasies," (Kohut, 1971; Smith, 1984) tend to be enhanced by hypnotic treatment. For example, a typical

preformed transference or hypnotic curative fantasy might be, "I will get better much faster and more completely if I can be hypnotized by . . . (the old man in the purple jumpsuit)."

These expectations and hypnotic rituals, accompanied by both patient's and therapist's faith in the process, play a major role in facilitating successful treatment. Therapeutically employing expectational and belief factors can, however, ultimately serve to hinder a patient's reality-testing and autonomy by perpetuating magical fantasies, or conversely can "empower" a patient to more effectively deal with internal and external reality through the use of hypnosis as a "transitional phenomenon" (Smith, 1981; Winnicott, 1965). These elements operate *reciprocally* to interactively affect the treatment process (Diamond, in press). Thus, a therapist who doesn't believe in the treatment's efficacy, or who has little experience with his/her own hypnotic processes, is unlikely to convey the requisite faith in the hypnotherapeutic treatment.

3. Mind-Body Emphasis

The third factor concerns the emphasis on the *mind-body* relationship. This frequently operates in a reciprocal fashion in contrast to non-hypnotic forms of psychotherapy. This mind-body emphasis is evidenced in many ways but is most obvious in the comfortable use of the touch modality in treatment. Touch is variously employed in hypnotherapeutic treatment to enhance therapeutic "conditions of safety" (Eagle & Wolitsky, 1982), to foster archaic involvement (Diamond, in press), and to encourage therapeutic regression. Similarly, touch is frequently employed to enhance self-control through acquiring self-mastery skills in brief, symptom-oriented hypnotherapy. This is exemplified by Stein's (1963) classic "clenched fist technique" where the clenched dominant fist is hypnotically associated with feelings of ego strength. Likewise, Grinder and Bandler's (1982) anchoring technique also employs touch as an associative link in symptomatic treatment.

Hypnotic suggestions have traditionally been oriented toward accessing bodily experience through mental ideas (i.e., ideomotor suggestion). Consequently, accepted hypnotic ideas alter bodily experiences such as migraines or psychogenic pain (Barber & Adrian, 1982). Alternatively, in hypnotherapy the body is often used to access the mind. For example, an individual suffering from an unconscious or difficult to describe conflict might be asked to go inside his/her body and experience that conflict as something that can be symbolized via a bodily representation (e.g., a lead ball resting inside the stomach) which can eventually lead to the uncovering of the mental components of the experience. This type of therapeutic influence is closely related to holistic health and healing and, indeed, the realms of therapeutic influence are greatly expanded when the mind and body are seen as operating together. Hypnotic techniques are somewhat unique in their capacity to heal Cartesian splits by concomitantly increasing access to both mental and bodily representations.

4. Handling of Resistance

This factor concerns the hypnotically trained psychotherapist's *handling of resistance*. Generally, the hypnotherapist attempts to reframe resistance as a message to be understood and respected. Hypnotherapists owe their understanding of this process to the work of Milton Erickson (1980) who approached resistance as an interpersonal message from the patient's unconscious whose purpose is to discover if the therapist is sufficiently respectful of the patient's needs.

Thus, resistance is a message to be carefully attended to, understood, and respected. By adopting this collaborative perspective, the therapist trained in hypnosis is more likely to maintain the therapeutic alliance while decreasing the patient's need to defensively protect the self. Ericksonian-influenced techniques for dealing with resistance primarily involve reframing the resistance by giving permission for its occurrence. In giving permission for its occurrence, resistance is frequently circumvented by virtue of its being actively utilized within the working dyad.

5. Employing Trance Phenomena

The fifth factor involves *employing trance phenomena* by using hypnotic phenomena therapeutically. Holroyd (1983) recommended "exploiting" trance processes in order to facilitate a more experience-near, affectively rich treatment. Others have stressed the ego-supportive, adaptive, and mastery opportunities inherent in modern hypnotherapy (Baker, 1985; Fromm & Gardner, 1979). Hypnotherapists make use of the trance state to augment various therapeutic goals irrespective of their orientation, or the stage in therapy. Mott (1982) and Holroyd (1983) have been helpful in delineating the various kinds of phenomena that are characteristically altered during clinical trance. Thus, hypnosis tends to involve alterations in the following domains: (a) an increased availability of affect; (b) changes in attention and awareness; (c) enhancement of imagery; (d) increased dissociative abilities; (e) greater suggestibility; (f) the lessening of initiative and, in turn, an increasing sense of involuntariness and compulsion; and (g) an increased access to bodily-sensory experiences.[4] Each of these processes can be utilized, for better or for worse, in psychotherapeutic treatment. To be maximally effective, hypnotic interventions must be employed in both *state* (i.e., trance-level) and *stage* (i.e., developmental-phase) appropriate ways.

6. Using Archaic Levels of Relationship

The sixth factor has to do with the usage of more *archaic levels of relationship* within the psychotherapeutic dyad (see Diamond, 1984; Diamond, in press, for an extensive review of the nature of the hypnotic relationship). These relational experiences promote the necessary "conditions of safety" and therapeutic regression (Diamond, in press). Shor (1962) discussed hypnotherapy patients' regression to earlier and more primitive levels of relationship with their hypnotherapist, a dimension he termed "archaic involvement." Others have elaborated on the rather profound and often rapid alterations in the hypnotherapy patient's object ties to the therapist (Baker, 1982; Chertok, 1981; Diamond, in press; Smith, 1981, 1984). This suggests that the therapist must be very skilled and careful in actively managing these relational dimensions while remaining sensitive to and ethical in the use of ascribed power (Diamond, 1984). Patient archaic involvement is not unique to hypnotherapy and indeed is a sine qua non of psychoanalysis. Nonetheless, most hypnotherapists are not trained to modulate such transferences (Macalpine, 1950) and, as Fromm (1984) observed, they tend to be *utilized* rather than *analyzed* in hypnotherapy.

The felt conditions of safety and therapeutic regressions that occur as a result of these altered object relation ties suggest

[4] However, the evidence for these alterations is equivocal. For example, Wadden and Anderton (1982) report that hypnosis does not enhance visual imagery, suggestibility, or bodily relaxation in comparison to waking techniques.

that, at times, hypnotic psychotherapy presents a safer, firmer, and more comfortable crucible for the psychotherapy to take place in. To paraphrase Winnicott (1965), "a holding environment" is created by virtue of the hypnosis that allows a patient to feel considerably more safe, more comfortable, and more secure. Thus, the hypnosis or, more specifically, the hypnotic relationship becomes the vehicle through which the treatment and work of suggestion can proceed (cf. Smith, 1981). These kinds of altered relationships occur as a result of internalizing the hypnotherapist into the patient's mental world (Baker, 1982; Diamond, in press; Smith, 1981). Erickson's (1980) adage that "My voice will go with you" is a good example of such an internalization occurring within a brief hypnotherapy session. Similarly, the mental representations of the therapist go beyond the auditory system to include visual and kinesthetic features where the patient sees or senses the presence of the therapist. Baker (1982) has utilized Geller, Cooley, and Hartley's (1981–82) methodology to examine hypnotherapy patients' internalized mental representation of their therapists.

7. Stressing Healthy, Adaptive Ego Functions

The seventh factor pertains to hypnotherapists stressing *healthy, adaptive portions of the patient's ego functioning* in order to promote ego-strengthening and psychological health. Ego-strengthening tends to be employed by hypnotherapists either to consolidate defenses in brief or supportive psychotherapy or, alternatively, for uncovering purposes in more expressive, regressive, and reconstructive psychotherapies. Hypnotically influenced therapy tends to become much more than the "sturm und drang" of early Victorian-era dominated classical treatment. The patient's experience is taken quite seriously without it necessarily becoming deadly serious. Ergo, the role of humor and play acquires an important place in hypnotherapy. Hypnosis can be viewed as a form of "adult's play" when play is construed as pleasurable, freely chosen, intrinsically complete, and noninstrumental activity (cf. Plaut, 1979). The adult patient's use of hypnotic processes, as exemplified by the hypnotherapist's efforts to encourage "trusting the unconscious" (Erickson, Rossi, & Rossi, 1976), provides an opportunity both for accessing and intrinsically reinforcing the oft-neglected capacity for play. An opportunity to temporarily leave what is real and journey into the realm of experience between subjectivity and objectivity (cf. Winnicott, 1971) suggests ways in which trance itself may offer opportunities for healing and stress-prevention.

Hypnotic practitioners tend to hold a broader view of the unconscious than Freud's (1915) classical topographical model. Prevailing hypnotherapeutic models are more closely aligned with the positions of Janet (1889), Jung (1957), Kris (1952), Hartmann (1939), and Hilgard's (1977) more recent neo-dissociation theory. These viewpoints tend to highlight the more autonomous, archetypal, creative, artistic, healthy, and conflict-free spheres of unconscious mental activity. The application of these perspectives are evident in Erickson's (1980) overused adage of "trusting the unconscious" and Baker's (1983) "principle of alternation" wherein the facing of conflictual material is rendered more effective by virtue of its being alternated with pleasant, ego-strengthening experiences.

8. Using Therapist Trance

The eighth factor involves hypnotherapists' use of their *own trance experiences* to facilitate the ability to be empathic with and receptive to the patient. This in turn facilitates the therapist's ability to

employ a "language" appropriate to the patient's operative state of consciousness (see above). Several writers have discussed therapeutic benefits accruing as a result of the therapist's appropriate use of trance (see Diamond, 1980 for a review). For example, Scagnelli (1980) reports that her own trance facilitated her ability to empathize with her clients while Diamond (1980) suggested that benefits result from the therapist's increased sense of relaxation, enhanced receptivity and empathy to the patient's experience, and greater access to internal trance processes enabling the language of influence to proceed more organically from the therapist's experience of the interaction. Needless to say, the therapist's experience of trance must be used primarily as a vehicle to increase his/her attention to the patient. The focus must be on the patient rather than on the therapist's narcissistic pleasure and, in effect, the patient must become the hypnotic "target" or suggestion for the therapist so that the therapist's hypnotic associations are structured to revolve around the person and experiences of the patient.

9. Permitting Responsible Creativity

The final dimension involves a kind of *permission to be responsibly creative* allowing the hypnotherapist to both create and operate within a therapeutic frame. Permission for or legitimizing "responsible creativity" (i.e., clinical innovation) has been an everlasting partner for the hypnotherapist due to historical, sociopolitical, and psychological factors. *Historically* hypnosis has long been an area for unusual, controversial, nontraditional, and rebellious sorts who have tried to provide an alternative perspective to dominant modes of thought (Ellenberger, 1970). From a *socio-political* angle, hypnosis has consistently brought together lay workers and professionals from a variety of healing disciplines. Cross-fertilization in thought and application continues to operate within the hypnotic domain and, when extended into the psychotherapeutic realm, provides a meeting ground apart from the divergencies of therapeutic schools and theoretical orientations. *Psychologically*, the hypnotic state, which is based on the mind-body interface and embedded in multiple levels of consciousness, complex psychic structure, and the rich nexus of relationship, provides an exceptionally unique vehicle for the creative and therapeutic integration of primary and secondary process thought (Gill & Brenman, 1959).

The application of this factor is aptly illustrated in the George Bernard Shaw quote cited at the beginning of this article. Clinicians skilled in hypnosis have introduced a veritable plethora of responsibly creative psychotherapeutic innovations ranging from Breuer and Freud's (1893–95) "talking cure" of hypnotic catharsis to Erickson's (1980) strategic use of metaphor and indirect hypnotic communication promoting mastery and cognitive restructuring. These and many other hypnotherapists have provided abundant evidence for the perceptive, thoughtful, surprising, and often humorous ways of doing effective psychotherapy.

Conclusion

As this article indicates, clinicians representing a multitude of theoretical perspectives have brought their knowledge of hypnosis to bear in helping their patients to more freely work, love, and play. It remains to be determined whether the clinician trained in hypnosis is in a better position to treat any particular psychopathologies. Nevertheless, evidence is mounting that suggests specific advantages afforded the hypnotherapist in working with such diversified clinical populations as: multiple personalities (Kluft, 1983); post-traumatic stress

patients (MacHovec, 1985); bulimics (Pettinati, Horne, & Staats, 1985); phobics (Frankel & Orne, 1976); smokers (Holroyd, 1980); as well as patients with selected psychosomatic (Wadden & Anderton, 1982), sexually dysfunctional (Araoz, 1982), and childhood disorders (Gardner, 1974). The nine factors discussed in this paper are designed to help clinicians better understand and in turn implement the therapeutic principles underlying the microtechniques of hypnosis across patient populations. In this respect, we can begin to empirically delineate the specific therapeutic contributions made by hypnotically trained clinicians.

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