



What is Hypnosis?

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A question often asked is 'what is hypnosis?' There are many opinions and definitions regarding this matter and most definitions fall dramatically short. In my opinion, hypnosis is a natural state which can be achieved by all persons and facilitated by others.

Pirotta, Cohen et al ¹ have investigated the level of acceptance of complementary therapies by general practitioners, and observed that many GP's have already elected to undertake professional development in the area of clinical hypnotherapy.

No discussion on hypnosis would be complete without the inclusion of Franz Anton Mesmer ². Mesmer was born in 1734 and graduated in medicine in Vienna. He believed that the planets influenced the human body, and compiled the current concepts into his theory of magnetism.

He believed the ethereal fluid of Galen would balance the client and consequently heal. This was achieved by fitting magnetised iron plates to the body part of the client. By this means, the client could be balanced and restored to good health. The results were spectacular, as clients with seemingly incurable conditions lost their symptoms completely.

Mesmer clashed with his medical colleagues when a high profile client 'cured' of blindness relapsed. He moved to Paris and established a clinic. His clients were ushered into a large semi dark room with a large oak tub filled with a mixture of iron filings and powdered glass - the 'baquet'. The lid allowed jointed iron rods to be immersed into the mixture.

The clients applied the rods to the injured area and then held hands in complete silence. Mesmer passed amongst the clients passing his hand over some and touching others with his short iron wand. Whilst some reported no result other had convulsions or coughed. Two or three sessions seemed to be sufficient to complete the cure. He believed that the effects were a result of the client's fluid being balanced, and that he could control the flow of the fluid and channel it through his clients.

He later claimed that he was the magnet, and since no artificial aids were required, the healing was due to 'animal magnetism'. He would pass his hands close to the body to allow the magnetic fluid to flow from his fingertips into the client's body, thus restoring balance and health.

King Louis XIV convened a commission to investigate Mesmer. The commission found that animal magnetism was not evidence based, as no proof of the supposed invisible fluid could be established. The final blow came when the Medical Faculty of Paris issued a statement that any physician found guilty of practising animal magnetism would lose their licence to practice. Mesmer left France and fell from public view.

Other explanations of the hypnotic state are outlined in Medical and Dental Hypnosis³ and can be summarised as:

1. The 'suggestion' theory
2. The 'modified sleep' theory
3. Charcot's 'pathological' theory
4. The 'dissociation' theory
5. 'Psychoanalytic' theories
6. The 'conditioned response' theory
7. Theories of 'role playing'
8. The theory of atavistic regression'
9. The 'Neurophysiological' theory
10. The theory of hemispheric specificity'

An outline of these concepts will demonstrate the diversity of opinions that have been held for many years. This diversity continues today with no conclusive evidence being presented to establish one theory as dominant. The descriptions will briefly outline the respective theories.

1. The Suggestion Theory

This theory inculcates that hypnosis is a state of mind induced by the hypnotist or hypnotherapist. It supports the long held view of increased suggestibility within the hypnotic state in comparison to the suggestibility of the waking state. In Bernheim's ⁴ writings he purported that a hypnotised subject will act upon the suggestions unless it is beyond their capacity.

2. The Modified Sleep Theory

The outward presentation of the hypnotised subject closely resembles the early stages of normal sleep. The subjects responsiveness to suggestion demonstrated that it was *not* a sleep state. This gave rise to Braid's⁵ theory of fixed attention resulting in 'nervous sleep'.

3. Charcot's Pathological Theory

Charcot formed a theory that hypnosis was a pathological condition similar to hysteria and the product of anxiety. This theory fell into disrepute because subjects demonstrating no anxiety state would easily be hypnotised. Additionally, a markedly higher percentage of the population could access the hypnotic state than the percentage diagnosed with anxiety states.

4. The Dissociation Theory

A theory put forward by Pierre Janet⁷ believed a close association existed between hypnosis and anxiety states. He believed that the artificially induced state of hypnosis represented the same splitting process.

5. Psychoanalytic Theories

Freud ⁸ believed a 'love state' existed between the hypnotist and the subject. He understood that the responsiveness of the subject was a result of this 'love state' and other contemporaries expanded his hypothesis by postulating a 'parent-child' relationship between the hypnotist and the subject.

6. Theories of Role-playing

R.W. White⁹ outlined a theory where the subject was directed towards specific goals. These goals were consistently reinforced and amended by the hypnotist. The subject merely strives to achieve the role outlined by the hypnotist.

7. Theory of 'Atavistic Regression'

This theory was presented by Ainslie Meares¹⁰. He proposed that the regression achieved was to an archaic mental functioning rather than an infantile or childlike patterns of behaviour. This additionally seemed to support earlier theories of the parent-child relationship between the hypnotist and the subject.

8. The Neurophysiological Theory

Whilst various theories existed and many practitioners claimed that the hypnotic state was a reality, there was little evidence based research to verify that fact. Brainwave activity of various states and pathological conditions had been recorded but none verified the hypnotic state.

Dr Barry Wyke¹¹ of the Royal College of Surgeons of England recorded brainwave activity of the subject before, during and after hypnosis. He claimed changes in brainwave patterns did occur. Wyke (using the work of Hernandez-Peon¹²) hypothesised that because of the intense concentrated attention other external stimuli were blocked, the activation of the reticular system reduced and the state of hypnosis achieved. Caution needed to be observed with the instruction "go to sleep", as the client may remove themselves from their relationship with the hypnoterapist and actually go to sleep. It is often recommended by the authors that this phrase either not be used, or expressly identified and explained prior to any hypnotic induction occurring.

9. The Theory of Hemispheric Specificity

The theory of brain lateralisation was already accepted and researched by Macleod-Morgan¹³, reporting highly responsive clients showed more lateralisation than non responsive subjects. Researchers Meszaros¹⁴ and Banyai¹⁵ showed a dominance of one hemisphere when marked changes in consciousness occurred which characterised deep hypnosis. This led to the hypothesis that one hemisphere is involved in the imagination aspects of hypnosis and the other hemisphere becomes dominant during the pragmatic aspect of the process.

Whichever theory is accurate or inaccurate, the benefits of hypnosis and Clinical Hypnotherapy are evident from case studies, client comments and practitioner evaluations.

In reality, the hypnotic state is equivalent to that of deep relaxation or meditation. The variance occurs in the way the state is used rather than the state itself. Conceptually, the aim of meditation is to achieve the meditative state, and whilst in that state good things will come to you. The concept of Hypnosis is quite different. Clinical Hypnotherapy seeks to use the state to help the individual achieve their goals.

Hypnosis has a distinction that rarely exists in the health sciences. The technique in its basic form is incredibly effective yet it is very simple to learn. This can account for the large numbers of Clinical Hypnotherapists that have

arisen in the 10 years - but this is only half the story. If Clinical Hypnotherapy was not effective, it would not have developed the credibility within the consumer population it now enjoys. Hypnosis is, in essence, a state of deep relaxation where the subconscious mind is more accessible and can therefore be used to assist the client in resolving their issues. To those that consider evidence based research the only measure of credibility, this is all 'gobbledy gook' and belongs in the world of health fiction. The problem is - it works - to the point that now the AMA has recognised the need to have medical practitioners embrace the knowledge, if not the techniques.'

All hypnosis is self-hypnosis, and the hypnotist or clinical hypnotherapist (or whatever we deem to call ourselves) is a facilitator to assist the client to use the state to achieve their goals. We can use Susceptibility Techniques to determine the responsiveness of the client prior to the commencement of therapy. Therapy commences with the induction technique to enable the client to enter the hypnotic state, followed by the deepening techniques to enhance the hypnotic state. The suggestions which follow are crucial to the outcome of the consultation. The suggestions are invitations to the hypnotised client's subconscious mind to allow it to make the required changes. This is preferably in their own words, and gleaned from the counselling session prior to the commencement of hypnosis. As I said before - evidenced based!

The final stage is the awakening procedure. This needs to be done slowly and gently. Imagine being woken abruptly from a deep sleep. The subsequent moments are frequently distressing, and when this awakening process is abrupt it breaks rapport and lowers susceptibility / suggestibility in future sessions. Although the client is not asleep (hypnosis is said to resemble stage one emerging sleep), it is an intense state of relaxation and the awakening procedure is best achieved slowly approximately 30 seconds. After a short discussion to get feedback on the session, the consultation is concluded.

The duration of therapy depends on the skills of the therapist, the desires of the client and the interaction between the two.

Many doctors and other health professionals are seeking more information on Clinical Hypnotherapy because they desire to understand how it can be used in their own practices.

Whatever you choose to call it, evidence seems to support the efficacy of the hypnotic state in facilitating the treatment outcomes in a variety of broad range of conditions¹⁶.

The embodiment of the Hippocratic Oath says "first, do no harm" - Hypnosis is the epitome of this. Hypnosis is something that every individual uses constantly. Some call it 'mind over matter', others call it a 'positive mental attitude' and others call it the placebo effect.

References:

- 1 Pirotta Maria V, Cohen Marc M, Kotsirilos Vicki and Parish Stephen J. Complementary therapies: have they become accepted in General Practice? *MJA* 2000; 172:105-109
- 2 Esdaile J., 1848. Dr Esdaile's practice in the Calcutta Mesmeric Hospital. Zoist, 22,115 in Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed



- 3 Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed ISBN 0-7020-1323-4
- 4 Bernheim H., 1900. *Suggestive Therapeutics. A Treatise on the Nature and ses of Hypnotism* (trans Herter). Putnam, New York, in Waxman, David:
- 5 Braid J., 1899. *Neurypnology or the Rationale of Nervous Sleep in Relation with Animal Magnetism*. Redway, London, in Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed
- 6 Charcot J.M., 1890. *Oevres Completes, IX, Metallotherapie et Hypnotisme*. Boumeville et Brissand, Paris, in Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed
- 7 Janet P., 1925. *Psychological Healing*. George Alien and Unwin, London, in Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed
- 8 Breuer J. and Freud S., 1955. *Studies on hysteria*. In: *Standard Edition of the Complete Works of Sigmund Freud* (ed. Strachey), Vol. 11. Hogarth, London, in Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed
- 9 White R.W., 1941. A preface to the theory of hypnotism. *J. Abnorm. Soc. Psychol.*, 36,477505, in Waxman, David: *Hartland's Medical and Dental Hypnosis* 1989 Bailliere Tindall 3rd ed
- 10 Meares A., 1960. *A System of Medical Hypnosis*. Saunders, Philadelphia.
- 11 Wyke B.D., 1960. *Neurological mechanisms in hypnosis*. *Proceedings of the Dental and Medical Society for the Study of Hypnosis*. Royal Society of Medicine, London.
- 12 Hernandez-Peon R., 1959. *Sensory perception and centrifugal control of sensory input to the brain*. *Electroenceph. Clin. Neurophysiol.*, 11,373374.
- 13 Macleod-Morgan C., 1985. *Hemispheric specificity and hypnotizability: an overview of ongoing EEG research in South Australia*. In *Modern Trends in Hypnosis* (eds Waxman, Misra, Gibson anHasker). Plenum, New York.
- 14 Meszaros I., Banyai E.I. and Greguss A.C., 1985. *Evoked potential correlates of verbal versus imagery coding in hypnosis*. In *Modern Trends in Hypnosis* (eds Waxman, Misra, Gibson and Basker). Plenum, New York.
- 15 Banyai E.I., Meszaros I. and Csokay L., 1985. *Interaction between hypnotist and subject: a social psychophysiological approach (preliminarreport)*. In *Modern Trends in Hypnosis* (eds Waxman, Misra, Gibson and Basker). Plenum, New York.
- 16 Kirsch I, Montgomery C, Saperstein G: *Hypnosis as an adjunct to meta analysis*, *J Consult Psychol* 63:214, 1995.
- 13 Macleod-Morgan C., 1985. *Hemispheric specificity and hypnotizability: an overview of ongoing EEG research in South Australia*. In *Modern Trends in Hypnosis* (eds Waxman, Misra, Gibson anHasker). Plenum, New York.
- 14 Meszaros I., Banyai E.I. and Greguss A.C., 1985. *Evoked potential correlates of verbal versus imagery coding in hypnosis*. In *Modern Trends in Hypnosis* (eds Waxman, Misra, Gibson and Basker). Plenum, New York.
- 15 Banyai E.I., Meszaros I. and Csokay L., 1985. *Interaction between hypnotist and subject: a social psychophysiological approach (preliminarreport)*. In *Modern Trends in Hypnosis* (eds Waxman, Misra, Gibson and Basker). Plenum, New York.
- 16 Kirsch I, Montgomery G, Saperstein G: *Hypnosis as an adjunct to meta analysis*, *J Consult Psychol* 63:214, 1995.