Hypnosis

Entry for *The SAGE Encyclopedia of Marriage, Family, and Couples Counseling*

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Although some family therapists directly employ hypnosis in their work with couples and families, it is primarily a modality of treatment for use with individuals. Nevertheless, hypnosis holds an important historical place in the development of the field, as the theoretical underpinnings and clinical techniques of the brief and strategic models of family therapy were significantly inspired and influenced by hypnosis, particularly as practiced by the leading medical hypnotist of the 20th century, Milton H. Erickson. This entry provides a theoretical understanding of what hypnosis is and how and why it can be used therapeutically to resolve symptoms that clients have been striving, but failing, to eradicate or control. It concludes with an explanation of how the principles of hypnosis are relevant to brief family therapy approaches.

Within a clinical setting, the term *hypnosis* is descriptive of a specialized procedure or communication tool that clinicians use to alter their clients' phenomenological experience of themselves and to facilitate changes in the clients' problem. The word *hypnotic* refers to the focused, immersive quality of the experience itself. Clients commonly feel themselves to be *in hypnosis* or *in trance* when they are absorbed in the experience and are responding effortlessly, without conscious intent, to the clinician's comments and suggestions. When this happens, they find themselves able to experience one or more hypnotic phenomena, such as a feeling of heaviness or inability to move; floating sensations and/or the seeming "independent" movement of a hand or arm; a sense that time is moving much more slowly or quickly than clock time; hallucinations, involving any of the five senses, that are either positive (perceiving something to be present that is not) or negative (failing to perceive something that is present); or alterations in perceptions of the body (e.g., numbness or loss of sensation) and in the workings of the body

(e.g., blood flow or heart rate).

Many experts consider hypnotizability to be a trait within individuals that is stable across the lifespan and normally distributed in the general population, with approximately 10-15% of individuals at each end of the Bell curve being classifiable as "high" or "low" "hypnotizables," respectively. However, beginning with Jay Haley's theoretical writings in the 1950s and 60s, and supported by more recent research findings, some theorists, clinicians, and researchers view hypnotic ability less a function of individual characteristics and more a result of the curious communicational interactions between hypnotist and client, particularly as these interactions affect the client's expectations. Indeed, those clients who have the least specific beliefs regarding what hypnosis is, as well as the least specific assumptions about what needs to happen for the experience to be classified as "hypnosis," tend to be capable of more hypnotic phenomena. To explain the unique interactional, or relational, qualities of communication that contribute to such possibilities of hypnotic experience and hypnotherapeutic change, it will help to contrast hypnosis with everyday conscious experience.

Throughout our day, we perceive ourselves as distinct from our surroundings, from other people, and from ourselves. This sense of detachment is an artifact of the scanning, evaluating, and choosing we must do to successfully negotiate a physical world of enticements and dangers; a social world of offers, demands, requests, and innuendos; and an internal world of pleasure, pain, fear, and longing. Whenever we *scrutinize* what we're encountering, we define a personal boundary, locating a sense of self in contradistinction to whatever we're noticing, judging, and deciding.

Such self-defining boundaries dissolve during the sorts of engaging activities that result in what the psychologist Mihaly Czikszentmihalyi would categorize as experiences of *flow*:

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gardening, meditating, writing a poem or reading a novel, playing music or a game of chess or tennis, having a heart-to-heart talk with a friend. During such activities, our sense of *conscious separation* gives way to a feeling of *effortless connection,* as the awareness of *being* (a distinct, scrutinizing self, a *something*) is superseded by an involvement in *doing*. Athletes describe the phenomenon as being "in the zone," but a sense of flow requires neither athletic ability nor strenuous activity, only absorbed focus. This is certainly the case with the practice of mindfulness meditation, where the practitioner sits still, training his or her awareness on the movements of the breath and mind.

Hypnosis can be usefully understood as an experience of *assisted* flow. Absorption is typically achieved via the clinician's *induction*, which serves to invite focused attention and a concomitant letting go of conscious scrutinizing and willful effort. The transition into flow makes it possible for hypnotic phenomena to naturally occur, but hypnotists heighten their clients' capacity for hypnotic responsiveness by virtue of what they say and how they say it.

Most inductions are both rhythmic and evocative. Clinicians typically speak in time with their clients' breathing, emphasizing or clustering words in sync with their exhalations. This intimate conjoining serves to ambiguate the line of conscious differentiation that is normally invoked between two people engaged in an everyday conversation. As the induction continues, the clinician's words and the client's experience become more and more collaboratively entwined.

Some inductions focus on developing relaxation ("Take another deep relaxing breath in . . . and out . . . and in . . . and as you breathe out, you can allow the muscles in your face to slacken, the muscles and tendons in your neck and shoulders to loosen, your arms becoming so comfortably heavy, you can feel any remaining tension just draining away . . ."). Encouraging

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relaxation is an excellent means of helping clients transition into hypnosis, and most people find hypnosis significantly relaxing; nevertheless, hypnosis and relaxation are not synonymous. It is possible to be relaxed and not in trance or in trance and not relaxed. Experimenters, for example, have demonstrated the ability to induce hypnosis with subjects who are riding on stationary bicycles. This finding accords with understanding hypnosis as a *flow* perspective: *active engagement* is key.

Other inductions provide clients a step-by-step guide for the development of trance ("As I count backwards from 10 to 1, you can find yourself going deeper and deeper into hypnosis. Ten: Readying yourself for transitioning from your waking state into hypnosis. Nine: . . ."). Still others involve the detailed description of a pleasant scene, such as a beach ("One of my clients went to the coast recently, and she described what a beautiful day she had. She was sitting on a towel on the sand, soaking in the light and the sounds around her, immersed *in* her thoughts . . . while she looked *out* over the water . . . the waves coming *in* . . . and then dispersing *out* across the sand and back *out* to sea. . . . The rhythm of that: *in* . . . and *out*, and the birds calling from *above* . . . catching the *up*drafts . . . floating . . . soaring . . . with the palm trees swaying *back* . . . and *forth* . . .").

Inductions may of course include elements of all three of these techniques or something else entirely; however, common to clinical hypnosis approaches is an emphasis on offering permissive possibilities. Whereas stage hypnotists are known for issuing commanding directives that require compliance ("On the count of three you *will* be deeply asleep, unable to open your eyes. Ready? One! . . ."), clinical hypnotists are more likely to offer opportunities for discovery ("As I count from one to three, you *may* notice just how quickly, just how easily, you can go into hypnosis. And when I get to three, go ahead and *allow yourself* the pleasant curiosity of

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discovering what happens when you try ever so hard to open your eyes. Really, really trying and then discovering, in a way that *can* surprise you, what happens next.")

More advanced clinicians extemporaneously vary the approach and particularities of their inductions so as to account for and accommodate any potential disruption in the developing flow of their clients' experience, whether it originates from distractions in the physical environment (e.g., bright light, intermittent and/or loud sounds, uncomfortable temperature or seating) or arises from clients' expectations, worries, efforts, reluctance, or behaviors (i.e., what could be classified as the client's *resistance*). Such clinicians, informed by Milton Erickson and other skilled clinical hypnotists, avoid trying to stop, control, or dispense with such interruptions. Instead, they *utilize* them, making mention, for example, of outside noises, even when very loud, in a way that supports and contributes to what is unfolding in the therapy office (e.g., "Isn't it fascinating the way an emergency vehicle uses its siren to *signal others* to *slow down*, to move to the side, to *safely open up space* so that the vehicle and those *inside* can *move freely and safely toward their destination, proceeding efficiently, quickly, and smoothly*?").

This same utilization principle is applicable not only to the induction of hypnosis but also to its clinical application in the resolution of symptoms. If a client, say a woman, suffering from stomach pain is able to develop numbness in her hands, for example, the therapist may suggest that she allow one of her hands to make its way to her stomach and transfer its numbness to the afflicted area. Another woman who sees vivid colors may be invited to focus in and discover the color of her headache. Suggestions could then follow for the designated color to start shifting in some subtle way—in hue, brightness, saturation, or contrast—with the implication and dawning realization that as this or that color value starts to fluctuate, an analogous change in the headache develops. Still another client, this time, say, a man, adept at hallucination and time distortion,

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might be directed to gaze into an imaginary crystal ball, discovering there, in vivid, describable detail, a time in the future when the problem is no longer an issue, when he and others find themselves behaving and relating differently as a result of the change. Such an embodied recognition of the effects of the future change can then be brought back to the present and incorporated in how he now and subsequently orients to himself and his circumstances.

Implicit in such hypnotic techniques is the assumption that problems are better conceptualized and treated as patterns of interaction than as reified entities. An unwanted object, an actual *thing* that clients dislike or disapprove of, can be locked away or discarded. However, when clients attempt to purposefully delimit or eliminate an unwanted *symptom*, something quite different unfolds. Because a problem is not, in fact, an object existing independently of clients but is rather is woven into the fabric of their experience, then all efforts to manage it will necessarily and reflexively become a part of the problem itself. The hypnotist's task, then, is to interact with the symptom in a way that respects and utilizes this interconnected reality, offering possibilities that facilitate change rather than entrenchment.

When hypnotherapists conceive of and approach the problem as a pattern of relationship, then instead of trying to do something *to* or *against* the symptom, they are freed up to join with clients to do something *with* it, to play with possibilities for altering different elements of its unfolding. Just as a melody (a quintessential pattern if there ever was one) can be transformed by slightly altering one note of the whole, so too a symptom can be altered by introducing a small change somewhere in its expression. This is where hypnosis excels, but the same pattern-sensitive sensibility informs brief family therapy approaches, such as MRI, Solution Focused Brief Therapy, and Strategic Family Therapy. All developed in part in as an attempt to codify the

hypnotherapeutic innovations of Milton Erickson in settings involving not only individuals, but also couples and families.

The resolution of problems using hypnosis was traditionally understood to be the result of the therapist's persistent and persuasive efforts to "implant" suggestions in a passive recipient who, if sufficiently "suggestible," could achieve relief. Researchers and clinicians are now more likely to remark on the synergistic, mutually cooperative nature of hypnosis, in which the invention and realization of hypnotic shifts in experience and problems are the result of an active and collaborative venture, involving both hypnotist and client in an interactive, creative communication of possibilities and discoveries.

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Cross References

Brief Family Therapy; Circularity/Linearity; Resistance; Strategic Family Therapy; Solution-Focused Brief Family Therapy

Further Readings and References

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience.* New York: Harper Perennial.

Flemons, D. (2002). *Of one mind: The logic of hypnosis, the practice of therapy.* New York: Norton.

Erickson, M. H. (1959). Further clinical techniques of hypnosis: Utilization techniques. *The American Journal of Clinical Hypnosis, 2,* 3-21.

Haley, J. (1986). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson, M.D.* New York: W. W. Norton.

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Kirsch, I. (Ed.). (1999). *How expectancies shape experience*. Washington, DC: American Psychological Association.

Lynn, S. J., Rhue, J. W., & Kirsch, I. (2010). *Handbook of clinical hypnosis* (2nd ed.). Washington, DC: APA.

O'Hanlon, W. H., & Martin, M. (1992). *Solution-oriented hypnosis: An Ericksonian approach.* New York: Norton.

Ritterman, M. (2005). *Using hypnosis in family therapy.* Phoenix, AZ: Zeig, Tucker & Theisen.

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