

Integrating Hypnotic Approaches into Psychotherapy

The uses of hypnosis and hypnotic communication and experiences are innumerable, and are magnified by the creativity of both clinician and client, and the quality of the healing relationship between them. Here are some impressionistic reflections on how psychotherapy in a variety of treatment contexts can include a hypnotic orientation. The list is by no means exhaustive, and you are invited to add your own thoughts and experiences to the list.

Anxiety

Imagery of safety provides the experience of relief in session, and demonstrates the client's influence on her psychological experience.

Discovering and developing competence and mastery in influencing heart rate, blood pressure, perspiration can lead to cognitive challenges of anxiety based on physical experience. The client who becomes confident in her ability to influence "involuntary" physiologic responses feels less powerless in the face of the buffeting of anxiety.

Practicing and anchoring states of confidence, comfort, optimism, humor, and curiosity can make these states more accessible alternatives to anxiety states.

The ability to narrow focus and even dissociate are distraction techniques.

Remembering and practicing successfully tolerating uncomfortable states can anchor those skills for use when anxiety arises.

Depression

The fluidity of hypnotic experience and the curiosity it inspires directly challenge the rigidly and globally negative attributional style that is the hallmark of depressive mentation. Michael Yapko in *Breaking the Pattern of Depression* and *Treating Depression with Hypnosis* urges clinicians to begin challenging this interpretive style early if not immediately in psychotherapy with depressed clients, using hypnosis to both access and anchor expectation of change and experiences of growth and pleasure.

Pain

Direct and indirect suggestions for anesthesia, analgesia, distraction, displacement, dissociation and symptom substitution are among possible approaches for altering the psychological experience of physical pain.

Often gaining skill at manipulating physical sensations in comfortable or neutral parts of the body creates confidence that is helpful before moving to the sometimes more challenging task of altering the pain experience itself.

Integrating Hypnotic Approaches into Psychotherapy p. 2

Behavior Change

Clients can imagine their successes before they can achieve them. Vivid, detailed descriptions of successful outcomes and hypnotic practice increase motivation and confidence and can uncover barriers to progress that can be addressed in therapy.

Sometimes the hypnotic description of the desired outcome alone generates client creativity in the accomplishment of the goal. The story "The New Bed" illustrates this.

Sexual Dysfunction

Kay Thompson was masterful at the use of humor and puns in developing receptivity to hypnotic states. The double description, playfulness and energy present in double entendre is a model and a resource for hypnotic transformation of the worried, ashamed affect often present with sexual dysfunction.

Eating Disorders

Use of hypnotic self-soothing, safe-place imagery and even intention dissociation can be helpful in tolerating the discomfort during exposure to eating in anorexia and to not purging in bulimia.

Hypnotic rehearsals of eating routines, explorations of body image, and future-orientation to developing a healthy relationship with food can help achieve these therapeutic goals.

Family Therapy

Michelle Ritterman's book *Hypnosis and Family Therapy* includes clear case examples of therapists recognizing the pathologizing trances dysfunctional family systems perpetuate. She demonstrates how hypnotic intervention can interrupt these patterns and redirect their energies, in support of the emergence of healthy, supportive, bounded, and loving family interactions. The story "The Control of Fluids" is a beautiful example.

Personality Disorders

Christine Padesky tells a story of a supervisee who was distressed because she had misdiagnosed a client with Narcissistic Personality Disorder. Padesky reviewed the chart with the young therapist and discovered that at the close of treatment he did not meet the criteria for the diagnosis. She noted further that he *had* met the criteria at the beginning of treatment. Her supervisee was unable to explain this, and Padesky had to offer the explanation that therapy had cured him.

In *Cognitive Behavioral Treatment of Borderline Personality Disorder* Marsha Linehan notes various pejorative descriptions of the condition in the DSM-IV diagnosis, and offers the suggestion that

Integrating Hypnotic Approaches into Psychotherapy p. 3

certain attributes of people with the diagnosis may be the result of being in great distress for prolonged periods of time and without relief from treatment, and not a result of psychopathology per se. Her use of mindfulness and compassion in thinking clearly about the disorder and its treatment challenge rigid mindsets of clinicians, breaking the “negative trance” of therapeutic hopelessness.

Milton Erickson demonstrated that a subject fully capable of hypnotic hand levitation was *unable to do it* under the suggestion of a hypnotist who had been told the client was unable to do it.

The hypnotic interventions of *imagining our clients healthy* and *sensing the importance of our contributions to their improvement* and *remembering that even personality disorders improve and resolve* may be as important for us as clinicians as anything we teach our clients.

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