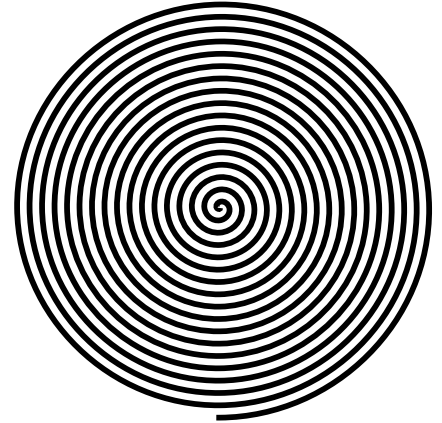




Hypnotism: Fact & Fiction

Very few topics in the whole history of mankind can have given rise to so many absurdities, misunderstandings, and misconceptions. From the very beginning the study of hypnosis has been tied up with fantastic concepts like animal magnetism, the influence of the stars, and similar tarradiddle. Even nowadays have done but little to clarify the issues involved.

—Hans Eysenck, *Sense & Nonsense in Psychology* (1957)



What is Hypnosis?

Hypnosis is essentially a state of heightened suggestibility, or “hyper-suggestibility”. Hippolyte Bernheim, the father of twentieth century hypnotism, wrote

“I define hypnotism as the induction of a peculiar psychical [i.e., mental] condition which increases the susceptibility to suggestion. Often, it is true, the [hypnotic] sleep that may be induced facilitates suggestion, but it is not the necessary preliminary. It is suggestion that rules hypnotism.” (*Hypnosis & Suggestion*, 1884: 15,)

Bernheim ultimately went further, stating, “There is no hypnotism, there is only suggestibility.” More specifically, hypnosis is any one of a number of different states of mind in which responsiveness to suggestion is enhanced. These may (or may not) be characterised by relaxation, absorption in the imagination, increased rapport with a hypnotist, etc. However, the essential feature of hypnosis must be considered, by definition, to be hyper-suggestibility. Clark Hull, the first major academic psychologist to research hypnosis in detail observes;

‘If a subject after submitting to the hypnotic procedure shows no genuine increase in susceptibility to any suggestions whatever, there seems no point in calling him hypnotised, regardless of how fully and readily he may respond to suggestions of lid-closure and other superficial sleeping behaviour.’
(Hull, 1933: 392)

Hyper-suggestibility is the sine qua non of hypnosis. Trance, sleep, or any other state without hyper-suggestibility is not worth referring to as “hypnosis”. More specifically, therefore, hypnosis can be defined as a state of artificially induced hyper-suggestibility (White, 1941).

What does hypnosis feel like?

Hypnosis is essentially a cognitive state, a special state related to belief and imagination –not a state of feeling, though it may be accompanied by various feelings

Just like belief, therefore, hypnosis is not necessarily reducible to specific feelings or sensations. To ask what hypnosis feels like is therefore to ask what hyper-suggestibility feels like. It predominantly feels like whatever suggestions are being accepted at the time. A person dancing on stage with a broom, in stage hypnosis, feels very different from a person reliving a painful childhood trauma in hypnoanalysis. There is probably no single feeling which equates to hypnotic trance therefore. It is true to say that people in traditional hypnosis usually –though not always– feel pleasantly relaxed. This is perhaps largely a consequence of the fact that traditional hypnotists tend to suggest that their clients will feel relaxed. In addition to the usual feelings of mental relaxation, however, there are several typical experiences that people have, which we will analyse in detail later. However, even these tend to vary from person to person and from time to time. Fixating your mind too much on a particular feeling and pursuing it, or comparing preconceptions about "what hypnosis feels like" to your actual experience can create mental tension and agitation. This is counter-hypnotic; it may prevent you from being hypnotised. Be patient and open-minded and find out through practice what your own typical experiences of hypnosis are.

Is hypnosis like being asleep?

No. Hypnosis does not usually feel like being asleep. In hypnosis you are mentally awake, not unconscious, and usually aware of everything that is said or done. Even Bernheim, one of the great pioneers of 19th century hypnosis emphasises, "in all degrees of hypnosis the subject hears and understands everything even though he may appear inert and passive." (1884: 419).

The word "hypnosis" comes from the Greek word for "sleep" (hypnos), but it is actually an abbreviation for "neuro-hypnotism", meaning specifically "sleep of the nervous system." In ancient times, when trancework was a traditional part of European culture, philosophers wrote 'The sleep [hypnos] of the body is the awakening of the mind.' (The Revelation of Hermes, translated by Paracelsus) In the Eighteenth Century, the mesmerists described hypnosis as "lucid sleep" or "artificial somnambulism." All of these points serve to emphasise that although hypnosis often resembles sleep externally, it is fundamentally different from normal sleep inside.

Hypnotists often use the word "SLEEP" as a trigger word to induce hypnosis. This is because of tradition, and because the (appropriate) use of that word has been found by psychologists to be capable of evoking the body's innate relaxation response, not because hypnosis feels like being sleep. That said, when a person is in a very profound state of hypnotic relaxation, they will often reach a certain depth of drowsiness at which their mind begins to drift in and out of a sleep-like state. This is perfectly normal; someone can be in hypnosis and feel sleepy at the same time

Is hypnosis an “alpha” brain state?

This is an outdated "pop psychology" theory found in cheap books on the subject. It is sometimes claimed that that people in hypnotic trance produce a higher frequency of "alpha", or sometimes "theta", brain waves on electroencephalogram (EEG) brain recordings. Michael Heap, one of the UK's leading psychological researchers in this field warns,

Incidentally, ignore any statements in the popular hypnosis literature to the effect that hypnosis is an "alpha state" or "theta state" or that the right hemisphere is put into one of these states, or that the hypnotist directs suggestions to the unconscious mind in the right hemisphere by sitting on the subject's left side, or that the hypnotist matches the frequency of his voice with that of the subject's brainwaves, etc., etc. (Heap, 2006: 6)

These are pseudo-scientific theories widely dismissed by credible researchers. There are some brain imaging correlates of hypnotic responses but they tend to be more complex and task specific than these sorts of books assume. For example, after reviewing the literature on EEG recordings during hypnosis, James E. Horton and Helen J. Crawford, two experts, recently concluded,

Hypnosis is not a unitary state and therefore should show different patterns of EEG activity depending upon the task being experienced. In our evaluation of the literature, enhanced theta is observed during hypnosis when there is task performance or concentrative hypnosis, but not when the highly hypnotisable individuals are passively relaxed, somewhat sleepy and/or more diffuse in their attention. (Horton & Crawford, in Heap et al., 2004: 140)

Similar differences, they note, are well-known from research on meditation, where changes in brain wave activity depend on the kind of meditation being practiced, in particular whether it involves intense concentration or not. These changes are, therefore, probably merely a reflection of the concentration employed rather than anything which could be accurately referred to as a "trance" or "altered state of consciousness." Because the neurological and physiological correlates of hypnosis are task-specific, nobody has ever been able to produce a single unambiguous marker of hypnotic trance. In other words, it is currently impossible to point at two brain scans and say, "That one's definitely in hypnotic trance and that one isn't."

Can anyone be hypnotised?

Yes, absolutely anyone. Entering into hypnosis is as easy as daydreaming, if you can daydream or relax your mind in any other normal way then you can enter into hypnosis.

Remember, hypnosis is essentially a matter of belief and imagination. In a sense, if you believe, or just imagine, that you are in hypnosis then you are in hypnosis. Hence, one perfectly legitimate -and pretty common- method of learning hypnosis is to pretend or role-play your way into hypnosis. Also, if you imagine that hypnosis is really difficult and you will be no good at it then, of course, you will find it to be so. But if you imagine that it is easy and believe you are doing well then you will be right.

As the great American industrialist Henry Ford famously said: "Whether you say you can or you can't, either way you're right." The poet Virgil wrote: "They can because they believe they can." That is especially true of hypnotism.

Are some people easier to hypnotise?

Of course. Some people are exceptionally good at going into hypnosis, this may be a natural talent or the result of practice. However, anyone can do it and everyone can learn how to improve their ability with a little practice and basic instruction.

Am I under someone else's "power" or control in hypnosis?

No. This idea comes from the comic books, cartoons, and movies. People who believe this happens in stage hypnosis are misinterpreting the experience. In hypnosis you are generally aware, and fundamentally in control of everything that happens. You choose to be in hypnosis, you choose how deeply you go into hypnosis, and you choose whether to allow yourself to respond to suggestions or not. You cannot be forced into hypnosis against your will nor compelled to do anything embarrassing or objectionable while in hypnosis. In the first book on hypnosis, Braid insists that his experiments proved that, in hypnosis, "the patient could only be affected in accordance with his own free will and consent, and not, as the animal magnetizers contend, through the irresistible power of volitions and passes of the mesmerizers" (Braid, *Neurypnology*, 1843: 146, author's italics). Elsewhere writing,

Curiously enough, however, and, (as it appears so ordained by a special providence,) any suggestion involving a grave assault upon a moral principle, of persons with well constituted minds, will instantly arouse consciousness and self-control, and induce and enable the subject to protect himself against the real or imaginary moral assault or suggestion. (Braid, 1852: 67)

Likewise, the great Bernheim states: "I have said that no one could be hypnotised against his will." (1884: 418). It can therefore be seen as an early defining characteristic of hypnotism that, unlike Mesmerism, it rejects any notion of psychological dominance. This fact has subsequently been supported by the research of many experts in the field. For instance, in the book *Modern Hypnosis*, Milton Erickson, a famous authority on hypnotism, summarises his conclusions following extensive research in precisely this area as follows:

The findings disclosed consistently the failure of all experimental measures to induce hypnotic subjects, in response to hypnotic suggestion, to perform acts of an objectionable character [.]. Instead of a blind, submissive, automatic, unthinking obedience and acquiescence to the hypnotist and the acceptance of carefully given suggestions and commands, the subjects demonstrated a full capacity and ability for self-protection [.]. ('An Experimental Investigation of the Possible Anti-Social Use of Hypnosis,' 1939,)

Though it is difficult to engineer morally acceptable experiments to test this aspect of hypnosis, most hypnotists are convinced of it on the basis of their clinical experience. This is because, as Eysenck (1957: 35) observes, on rare occasions a client will object to a seemingly harmless suggestion for their own reasons, and in such circumstances they will tend to resist responding to it, or bring themselves out of hypnosis. There are some rare cases where subjects themselves report having felt "under the control" of a hypnotist. Baudouin explains this anomaly quite clearly,

Those who fancy beforehand, without always acknowledging it to themselves, that they will become mere puppets of which the hypnotised will pull the strings, those who tremble at the thought of what they will become, are very likely to become what they dread. Such, it would seem, are the only cases in which this puppetdom actually arises. It is not a phenomenon of hypnotism, but of autosuggestion. It is not a characteristic of profound hypnosis. (Baudouin, 1920: 202)

Some early researchers, such as Estabrooks, believed that it was possible, under exceptional circumstances, to induce people in hypnosis to perform anti-social acts. Estabrooks famously claimed to have brainwashed innocent soldiers into becoming unwitting killers on command by means of hypnosis, although only with one in a thousand or so who were especially suggestible. Recently, it was found that no evidence supported Estabrooks' claim to have worked with the CIA, and it has even been mooted that he may simply have been a fantasist (Streatfeild, Brainwash, 2007).

However, subsequent research (see Orne & Evans, 1965) has shown that when compared with an un-hypnotised control group, hypnotised subjects are no more compliant in this respect than non-hypnotised people. Hence, previous research probably confused the well-known phenomenon of compliance to social authority with the effects of hypnosis. Hypnosis adds nothing in this respect; if you want to "brainwash" people then there are much better ways of doing it. In other words: even in the deepest levels of hypnosis, you remain in control of your responses and will not accept suggestions which are in any way objectionable to you.

Can I get stuck in hypnosis?

No. Just as you cannot get stuck in a daydream, in your imagination, or in meditation. Given time you will either rouse yourself naturally or drift off to natural sleep; hypnosis is a temporary state of mind. Otherwise we would have piles of people who are "stuck in hypnosis" piled up in a warehouse somewhere. It has never happened.

Does it mean I'm weak-willed or gullible?

Definitely not; if anything, good hypnotic subjects tend to be more intelligent and less gullible than average. 'Gullibility' is a weakness of the conscious intellect, a form of stupidity. Research demonstrates that it is not correlated with hypnotic susceptibility. Hypnotic suggestibility, by contrast, is your ability to respond to positive ideas at an experiential, emotional, or "unconscious" level. Good suggestibility (or 'hypnotic responsiveness') is a valuable asset.

Indeed real 'self-control' fundamentally requires good suggestibility. For example, if a person can say "I can do this!", and believe himself so deeply that he feels it to be true, then he is both highly suggestible and highly self-disciplined. Hence, many hypnotists find that highly self-disciplined people make particularly good hypnotic subjects, e.g., soldiers, successful businessmen, athletes, martial artists, etc.

Is Hypnotism a form of Meditation?

No. However, hypnotic "trance" is very often compared to certain forms of meditation. There is an enormous amount of overlap between the two subjects, there is no doubt about that. To pick just one striking example, the great Indian sage Patanjali (fl. c. 250 BC), author of the first book on Raja yoga, lists seven forms of classical meditation. One of them obviously resembles the traditional techniques of self-hypnosis.

Alternatively, [you can meditate] by resting your conscious awareness upon the experience of dreaming, or the state of dreamless sleep [nidra]. (Patanjali, Yoga Sutras, 1.38)

This method is known as yoga nidra ("sleep yoga") in the Orient. However, although they sometimes employ very similar methods of inducing equally similar states of mind, the fundamental aims of hypnotism and meditation are usually different.

There are thousands of different types of meditation. Nevertheless, it is reasonable enough to say that most forms of meditation see the attainment of meditative trance as an end-in-itself, and the deeper levels of trance as more desirable insofar as they approximate to an enlightened state of consciousness.

There are also many different styles and uses of hypnosis. However, in most cases the hypnotic "trance" is seen merely as a means-to-an-end, viz., the achievement of personal transformation through autosuggestion. Hence, the "depth of trance" is very much a secondary concern. Goal directed suggestion, however, is not the dominant theme in traditional meditation.

What is the relationship between hypnosis & self-hypnosis?

Many hypnotists use the slogan: "All hypnosis is self-hypnosis." This is a half-truth, insofar as the real effects of hypnosis are created by the activity of the subject's imagination, with a little help from a skilled hypnotist.

In a questionnaire study carried out by psychological researchers at Stanford University in the USA, virtually all hypnotic subjects (96%) said that they experienced the hypnotist's role as that of "a guide", rather than an authority figure. Subjects realise they are "allowing themselves to be hypnotised" by passively following instructions, rather than being controlled by the hypnotist's "mysterious power." As Braid insisted when he first introduced the concept, hypnosis comes from within the subject.

Although the subject is following instructions they are doing so with some degree of mental detachment. In other words, they are allowing their mind to react to suggestions automatically (or semi-automatically) rather than trying to co-operate by consciously initiating deliberate responses ("trying too hard"). Hypnosis is not active conscious compliance, it is allowing suggestion to inspire your imagination, so that your imagination can in turn stimulate responses which feel "dissociated" to some degree. Responses to suggestion are typically mediated by the imagination, rather than being conscious acts of will, in that sense they are indirect responses.

What about stage hypnosis?

Stage hypnosis has some methods and principles in common with hypnotherapy, however, in terms of style and approach it is obviously very different. Yes, most of the people on stage are indeed in real hypnosis. However, hypnotherapy is not about making fun of people. You will not be asked to bark like a dog, cluck like a chicken, or dance like Elvis Presley! Bear in mind that stage hypnotists often have a background in stage magic and that their acts often contain some sleight of hand and clever illusion mixed in with genuine hypnotism.

It is worth reading the various books available on stage hypnosis to learn about these "smoke and mirrors" tricks. Although some of them are well-documented, there are many experienced hypnotherapists who, ignorant of them, are taken in by the illusory parts of stage hypnosis. The most famous "hypno-trick" or "fake hypnosis" trick is called the "human plank" or "full body catalepsy." Anyone can demonstrate that this phenomenon does not require hypnosis, but merely depends on the correct positioning of the subject's bod

Are there different uses of hypnosis?

Yes. Traditional hypnosis began with James Braid, a Scottish surgeon who in Neurypnology (1843) coined the term "hypnotism" for a special neurological state which had the potential to generate pronounced therapeutic effects. Braid thought, like the Mesmerists who preceded him, that hypnotic trance was inherently therapeutic. He made little or no use of suggestion or other therapy techniques, he simply put people into a trance and manipulated their posture to work his cures. Braid later changed his mind and began to emphasise the importance of verbal suggestion. Though his later work, e.g., Hypnotic Therapeutics (1853) was less well-known. Subsequently, in his Suggestive Therapeutics (1884), the eminent French psychologist Hippolyte Bernheim, popularised the use of direct verbal suggestions in hypnosis such as "You are now feeling stronger and more healthy." This completely superseded the old non-verbal approach, and is the basic therapeutic intervention used in all modern hypnotherapy.

Then, in Studies on Hysteria (1895) Sigmund Freud, the founder of psychoanalysis, introduced a very different therapeutic use of hypnosis. Freud held the belief that many physical and most mental problems in adult life are caused by unconsciously repressed memories and desires. He used hypnosis to help people re-experience their childhood memories (regression), in order to discharge associated negative emotions (catharsis) and thereby achieve experiential insight into their unconscious. Direct suggestion and regression therapy ('hypnoanalysis') are the two main forms of classical hypnotherapy.

After the Second World War, however, there was a massive growth in interest in psychotherapy; hypnotherapists began integrating techniques from many other forms of psychotherapy. At the same time a famous American hypnotherapist, Milton Erickson, was developing a unique model of hypnosis which has subsequently become about as popular as the more traditional approach. Now there are very many different psychological techniques which have been adapted for use in conjunction with hypnosis, and many different styles of hypnotism. Many hypnotherapists in the UK are also integrative psychotherapists, and what they do is therefore Termed 'hypno-psychotherapy.'

Where can I find current research on hypnosis?

The leading, peer-reviewed, scientific research journals in the field of hypnosis are,

- 1. The International Journal of Clinical & Experimental Hypnosis**
The IJCEH is the official publication of the Society for Clinical and Experimental Hypnosis (SCEH), the American Psychological Association (APA) Div. 30 (Society of Psychological Hypnosis), and the International Society of Hypnosis (ISH). It was also founded in the 1950s.
www.ijceh.com
 - 2. The American Journal of Clinical Hypnosis**
The American Journal of Clinical Hypnosis is the official journal of the American Society of Clinical Hypnosis (ASCH). It was founded in 1957 by Milton Erickson.
www.asch.net/ajch.htm
 - 3. Contemporary Hypnosis**
Contemporary Hypnosis is the official publication of the British Society of Experimental and Clinical Hypnosis (BSECH).
www.bsech.co.uk
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What evidence is there that hypnosis works?

The practice of doing hypnotherapy is actually considerably older than academic research in the field of psychology. Hence, since the very early days of psychology, hypnosis has been subject to analysis and experiment. Thousands of books and articles have been published on the effects of hypnosis, containing reference to research projects and case studies, which confirm the characteristics of hypnosis and its therapeutic benefits. To pick just two recent examples, the British Medical Journal (BMJ) published a 'Clinical Review' of hypnosis and relaxation therapies in which a carefully conducted overview of the best medical research on hypnosis confirms its effectiveness in alleviating pain and treating various medical conditions. Cognitive-behavioural therapy (CBT) is ultimately derived from hypnotherapy, incidentally, and the CBT techniques used in these kind of studies are often identical to standard hypnotherapy interventions such as goal visualisation. In any case, the study proves that hypnosis is effective in the following cases,

- 'There is good evidence from randomised controlled trials that both hypnosis and relaxation techniques can reduce anxiety particularly that related to stressful situations such as receiving chemotherapy.'
- 'They are also effective for panic disorders and insomnia, particularly when integrated into a package of cognitive therapy.'
- 'A systematic review has found that hypnosis enhances the effects of cognitive behavioural therapy for conditions such as phobia, obesity, and anxiety.'
- 'Randomised controlled trials support the use of various relaxation techniques for treating both acute and chronic pain.'
- 'Randomised trials have shown hypnosis to be of value in asthma and in irritable bowel syndrome,

'There is strong evidence from randomised trials of the effectiveness of hypnosis and relaxation for cancer related anxiety, pain, nausea, and vomiting, particularly in children.' [BMJ 1999;319: 1346- 1349 'Hypnosis and relaxation therapies,' Vickers & Zollman]

In brief, the Clinical Review concludes that evidence for the effectiveness of hypnotherapy is particularly strong in relation to three conditions: pain, anxiety and insomnia. This is fairly consistent with other reviews of research on hypnotherapy. This is just a sample of some well-established medical research conclusions on common uses of hypnotherapy. There are innumerable studies on other medical and experimental applications of hypnotism.

PubMed, the online database of research maintained by the US Government's National Institute for Health (NIH) also contains over thirteen thousand abstracts on hypnotherapy. The only form of psychological therapy which has more published research is behaviour therapy, which has been subject to a notorious amount of scientific investigation. There are more research abstracts on hypnotherapy than on most other modalities of psychotherapy combined. Another form of evidence comes from market research: a recent survey of over 2,000 people Conducted by the UK Consumer Association and published in WHICH? Magazine showed that 82% of hypnotherapy clients found that their condition had improved as a result of treatment

Is Hypnosis a Quick Fix?

Yes and no. Hypnotherapy is possibly the most rapid of all psychotherapies. However, the impression that it creates instantaneous miracle cures is false in the vast majority of cases. In their recent meta-analysis of the best-designed research studies on hypnotherapy, Flammer & Bongartz (2003) found an average treatment length of 3.7 weeks based upon data from 42 randomised controlled studies (RCTs) employing several thousand participants, but the number of sessions per week is not specified. This figure also combines data from treatment of a range of issues, including smoking cessation where single-session therapy is common. Hence, I would estimate the real figure is more like 4-5 sessions on average in these studies. In fact, reviewing the data on duration of hypnotherapy for anxiety, derived from eight of these studies employing 315 subjects, appears to suggest an average of approximately 4-5 sessions.

Smith et al. (1980) carried out one of the largest and most influential studies ever conducted on comparative psychotherapy outcomes. From meta-analysis of 475 research studies, employing tens of thousands of participants, they found an average duration of 14.75 hours for psychotherapy in clinical trials. By contrast, behaviour therapy for simple phobias and similar conditions typically lasted only 6-7 hours in research studies (Smith et al., 1980: 116). Their data also showed, surprisingly, that psychotherapy lasting less than seven sessions was usually at least as effective as longer-term therapies, and possibly much more effective. In other words, hypnotherapy tends to be slightly quicker than other brief therapies but usually lasts roughly 4-5 sessions on average not just one, except in special cases like smoking cessation. However, it is also more effective than other forms of psychotherapy in a shorter space of time.

Is Hypnosis a 'recognised' therapy?

Yes. The current situation in the UK is that hypnotherapy is classified by the Department of Health as being a branch of complementary and alternative medicine (CAM), while hypno-psychotherapy (see below) is recognised in the UK, and internationally, as a branch of integrative psychotherapy.

The **British Medical Association (BMA)** first recognised the genuineness of hypnosis and its therapeutic benefits back in 1892, then again following a more thorough report in 1955. The following, rather technical, medical definition of hypnosis was proposed by their committee of experts:

A temporary condition of altered attention in the subject which may be induced by another person and in which a variety of phenomena may appear spontaneously or in response to verbal or other stimuli. These phenomena include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further, phenomena such as anaesthesia, paralysis and rigidity of muscles, and vasomotor changes can be produced and removed in the hypnotic state. [BMA, 'Medical use of Hypnotism', BMJ 1955]

The original BMA report on hypnosis is reproduced in full in a subsequent section of this manual, as is a commentary on the 1955 report. The BMA recently suggested in a statement to the House of Lords that they considered hypnotherapy, along with counselling, to be an orthodox therapeutic treatment. However, the House of Lords committee proceeded to formally categorise hypnotherapy as a branch of complementary and alternative medicine (CAM). Their report provides the following rather terse definition of hypnotherapy:

Hypnotherapy – The use of hypnosis in treating behavioural disease and dysfunction, principally mental disorders. (House of Lords Science and Technology Committee Report 6)

The Select Committee officially placed hypnotherapy within the category of 'complementary therapy' (distinguished by them from 'alternative therapy'), which is defined as follows:

Contains therapies which are most often used to complement conventional medicine and do not purport to embrace diagnostic skills. (Ibid.)

Their list of 'complementary' therapies also includes disciplines such as therapeutic massage, stress counselling, and nutritional medicine. It has become an official classification now used by government departments such as the **Department of Health (DoH)**.

Hypnotherapy which is combined with integrative psychotherapy is known as 'hypno-psychotherapy.' Hypno-psychotherapy is officially recognised as an established model of psychotherapy by the **UK Council for Psychotherapy** the lead body for psychotherapy in the UK. Hypno-psychotherapy is also recognised at an international level by the **European Association for Psychotherapy (EAP)**, a fact formalised in the **Strasbourg Declaration on Psychotherapy (1990)**, an international protocol whose signatories are thereby committed to respect the multiplicity of psychotherapy models, including hypno-psychotherapy. The UKCP are signatories of the Declaration, as are lead psychotherapy bodies in many other countries around the world.

What can Hypnosis be used for?

The range of things which hypnosis has been successfully used for is absolutely vast, yet so far we have only scratched the surface.

- Hypnosis has been scientifically proven as a treatment for a great many medical and psychological conditions (see above).
- Many athletes now improve their sporting performance using hypnosis, or techniques derived from hypnotherapy such as visualisation or anchoring.
- Salesman, trainers, and managers often use hypnosis or NLP to increase their business success. You will often find more books on NLP, a derivative of hypnosis, in the sales and management section of bookshops than in the therapy or self-help sections!
- Mystical, spiritual, and religious people of every creed and culture, from ancient times to the present day, have used the techniques of hypnosis alongside their traditional prayer and meditation.
- Artists and poets, such as André Breton and the early Surrealists, have used it for inspiration and self- exploration. The writer Aldous Huxley developed his creative talent with hypnosis, as did the composer Rachmaninov who used hypnotherapy to help him write his Piano Concerto No. 2. Charles Dickens, Edgar Allen Poe, Henri Balzac and Alexander Dumas are just some of the famous authors known to have studied Mesmerism, the precursor of hypnotism. The poet Shelley dabbled in Mesmerism, and wrote a short poem about it. The philosopher Wittgenstein was hypnotised twice to help improve his grasp of logic; he subsequently became one of the most influential academic philosophers of the Twentieth Century. Hypnosis has been used by countless thousands of people over the centuries to help them in dealing with the everyday problems of living, to overcome fears and inhibitions, to develop skills and to cultivate self- esteem and confidence.

Principles of Evidence-Based Hypnotism

Research Findings & Hypnotherapy

Go into any large bookshop nowadays and you will most likely find that their shelves are liberally stocked with books about hypnosis, and its numerous applications. Pick out any such book at random, open it anywhere and look anywhere on the page. The chances are that what you are reading is plainly wrong, is misleading, is questionable, has little support, or requires significant qualification for it to be accepted as a valid statement. (Heap, 'Hypnosis: the modern perspective', 2006)

Lynn, Kirsch et al. emphasise that, "clinicians can now rely on the following empirically derived information to educate their clients and inform their practice." Each point is substantiated by reference to a major piece of scientific research, most of which are well over a decade old now. On several key points these findings clash with popular misconception, pop psychology, New Age therapy, stage hypnosis hype (3,4,5,12), and certain principles of hypnotic regression therapy (9,13) and NLP/Ericksonian hypnosis (10,14). All are consistent, however, with the theory and practice of cognitive-behavioural hypnotherapy which is intended to be evidence-based.

1. The ability to experience hypnotic phenomena does not indicate gullibility or weakness (Barber, 1969).
2. Hypnosis is not a sleep-like state (Banyai, 1991).
3. Hypnosis depends more on the efforts and abilities of the subject than on the skill of the hypnotist (Hilgard, 1965).
4. Subjects retain the ability to control their behaviour during hypnosis, to refuse to respond to suggestions, and to even oppose suggestions (see Lynn, Rhue, and Weekes, 1990).
5. Spontaneous amnesia is relatively rare (Simon & Salzberg, 1985), and its unwanted occurrence can be prevented by informing clients that they will be able to remember everything that they are comfortable remembering about the session.
6. Suggestions can be responded to with or without hypnosis, and the function of a formal induction is primarily to increase suggestibility to a minor degree (see Barber, 1969; Hilgard, 1965).
7. Hypnosis is not a dangerous procedure when practised by qualified clinicians and researchers (see Lynn, Martin, and Frauman, 1996).
8. Most hypnotised subjects are neither faking nor merely complying with suggestions (Kirsch, Silva, Carone, Johnston & Simon, 1989).
9. Hypnosis does not increase the accuracy of memory (Sheehan & McConkey, 1993) or foster a literal re-experiencing of childhood events (Nash, 1987).
10. Direct, traditionally-worded hypnotic techniques appear to be just as effective as permissive, open-ended, indirect suggestions (Lynn, Neufeld, & Mare, 1993).
11. A wide variety of hypnotic inductions can be effective (e.g., inductions that emphasise alertness can be just as effective as inductions that promote physical relaxation; Banyai, 1991).
12. Most hypnotised subjects do not describe their experience as "trance" but as focused attention on suggested events (McConkey, 1986).

13. Hypnosis is not a reliable means of recovering repressed memories but might increase the danger of creating false memories (Lynn & Nash, 1994).
14. Hypnotisability can be substantially modified (Gorassini & Spanos, 1986; Spanos, 1991). Many initially low-hypnotisable participants can respond like high-hypnotisable participants after positive attitudes about hypnosis are instantiated and training in imagining, interpreting, and responding to suggestions is undertaken. Research in at least five laboratories (see Spanos, 1991) has shown that more than half of participants who test as low hypnotisable can, after assessment and training in a variety of cognitive-behavioural skills, test in the high hypnotisable range on a variety of assessment instruments and suggestions, some of which were not specifically targeted in the training. (Lynn, Kirsch, Nuefeld & Rhue, 1996: 6-7, numbering added).

I beg farther to remark, if my theory and pretensions, as to the nature, cause, and extent of the phenomena of nervous sleep [hypnotism] have none of the fascinations of the transcendental to captivate the lovers of the marvellous, the credulous and enthusiastic, which the pretensions and alleged occult agency of the mesmerists have, still I hope my views will not be the less acceptable to honest and sober-minded men, because they are all level to our comprehension, and reconcilable with well-known physiological and psychological principles. (Braid, 1853: 36)
