

## **What Is Clinical Hypnosis? A Short Profile**

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The idea of drawing a verbal profile of clinical hypnosis became attractive to us for two reasons. First, it allows to identify the components that constitute its unique entity. Second, it invites professionals who are unfamiliar with it to learn about clinical hypnosis, and possibly, integrate it into their practice.

In this paper, we will address the following fundamental questions: a) What is clinical hypnosis? b) How does it resemble or differ from other types or uses of hypnosis, such as experimental, forensic science and entertainment hypnosis? c) How do we define it? d) Who should practice clinical hypnosis? e) Which are the means or vehicles that facilitate and allow its application? f) What is the present status of clinical hypnosis?

The answers to these questions will serve as a framework and a guide for our discussion.

### **What is clinical hypnosis?**

Clinical hypnosis is one of the fields in which hypnosis is applied. It is a tool or a technique which is precious for both patients and clinicians. It is also a mode of proceeding in clinical research, used to verify the efficacy of results after a treatment of hypnosis is completed.

The reader is encouraged to consult manuals of hypnosis to learn more about the history of hypnosis in general, the variables which affect its outcome, and related theories, since these points will not be covered in this text.

### **How does clinical hypnosis resemble or differ from other types or uses of hypnosis, such as experimental, forensic science and entertainment hypnosis?**

Clinical hypnosis, if compared to these other types or uses of hypnosis does not differ greatly. On the contrary, it shares a number of properties with them. They are the procedures which are necessary to induce a trance, the trance itself, the phenomena which take place during the trance and the conclusion of the trance. A trance state or a trance experience can be achieved by a hypnotized person, regardless of the background of the operator. The usual objective and subjective characteristics of the trance may be observed in all types of hypnosis. Finally, a good number of hypnotic phenomena can be present or absent, in all types of hypnosis. They can also be induced or spontaneously manifested depending on the degree of hypnotizability of the subject, the competence of the operator and the goals sought after.

Where then lies the real difference?

Clinical hypnosis is different from other types of hypnosis in the objectives pursued and the results obtained. The former resemble the objectives of professions dealing with health and wishing to help mankind. The latter pertain to improvement of physical and mental health, as well as the enhancement of the quality of life of those who consult.

Another characteristic of clinical hypnosis is the immensity of the territory it covers and the innumerable areas in which it applies. The only other type of hypnosis which competes with it in this respect, is experimental hypnosis. The wealth of studies found in experimental hypnosis attests to this statement. On the other hand, clinical hypnosis has and will always gain insights in its work by using the findings of experimental hypnosis.

### **How do we define clinical hypnosis?**

Before turning to this question, some important related information will be presented. Most authors believe that clinical hypnosis is not a treatment in itself, but rather an adjunct to another treatment applied in the areas of medicine and psychology (Bourassa et al., 1999; Brown and Fromm, 1986). There seems also to be a consensus regarding the practice of clinical hypnosis. Only professionals with solid scientific knowledge, licensed, being trained adequately in hypnosis and having received rigorous supervision in this area, should practice clinical hypnosis (Lynn et al., 1996b; Bloom, 1993; Hammond, 1990). It is also known that no professional should treat a patient or a client, if he or she does not feel competent and secure enough to treat that patient or client without hypnosis (Hammond, 1991).

Defining clinical hypnosis is not an easy task. A simple, self-evident but limited definition is that of : “hypnosis being applied in a clinical context”. Barber’s definition (1985) has greatly contributed to our understanding of how hypnosis is so useful when applied in the clinical field. He pointed out the catalyzing properties of hypnosuggestive techniques, which used in a broader psychotherapy plan tend to amplify the results expected from it.

Lynn et al. (1996b) define clinical hypnosis as follows : “As it is practiced today, clinical hypnosis can be defined as the addition of hypnosis to accepted psychological or medical treatment. As such, it should be practiced only by professionals, who have appropriate training and credentials to provide the treatment that has been augmented by hypnosis”, (p. 4).

These definitions are appropriate and commendable. But we chose a different approach by specifying summarily the areas of its applications. We glanced into journals and books of clinical hypnosis, so that we could discover categories large enough to be included in our definition. [see issues of the *American Journal of Clinical Hypnosis*; Lynn’s et al. (1996a), *Casebook of Clinical Hypnosis*; Rhue’s et al. (1993), *Handbook of Clinical Hypnosis*; Hammond’s (1990), *Handbook of Hypnotic Suggestion and Metaphors*]. This exercise allowed us to see the tremendous potential of clinical hypnosis and the huge range of its applicability.

We then opted for a modest, but hopefully relatively comprehensive definition, which reads as follows: “Clinical hypnosis is a tool which should be used in conjunction with a larger therapeutic plan, in the treatment of several physical ailments and certain mental disorders, including serious psychiatric syndromes or emotional disturbances of a lesser gravity, as well as addictions, habit disorders and the enhancement of creativity and academic or athletic performance”.

Our definition based solely on Hammond’s classification (1990), permits the inclusion of activities related to “normal” people. This should not be seen as a problem, in spite of some incongruity between the concepts of morbidity and “normality”. Even in “normal” cases, the application of hypnosis involves a treatment modality.

The reader who is interested in the indications and contraindications of the use of hypnosis in psychiatry, may consult the writings of Lavoie (1988) on this subject.

The areas in which clinical hypnosis is applied are so numerous that one has to study hard in order to obtain just a general picture. In practicing clinical hypnosis, the interventions are different and often not comparable. The treatment may be short or long, it may address only a symptom or the whole personality (see reconstructive psychotherapies). Suggestions may be direct or indirect, therapeutic attitudes authoritarian or permissive. Trance induction may be short or long and finally, the approach chosen will definitely determine the way in which hypnosis will be used. Children, adolescents and adults can be treated with clinical hypnosis.

### **Who should practice clinical hypnosis?**

This is a very controversial question and it became the object of debates over many years. Historically, clinical hypnosis was developed inside the realm of medicine and psychology (Hammond, 1991) and was practiced mainly by physicians, dentists and psychologists. Today a number of other health professionals joined the ranks and use clinical hypnosis in the context of their specialty (A.S.C.H. Newsletter, 2006). Lack of space precludes elaborating on this question. However, we wish to insist on the necessity of associating clinical hypnosis with the highest standards of serious scientific knowledge, licensing, professional ethics and rigorous training in hypnosis.

### **Which are the means or vehicles that facilitate and allow the application of clinical hypnosis?**

This question is very important, since clinical hypnosis cannot be applied on a vacuum. It needs to be supported by a good knowledge of psychological concepts. Its application requires from clinicians and practitioners, a number of features that are rooted in psychology.

These features are:

(a) The capacity to communicate adequately with the person who receives the treatment; (b) the ability for attunement with that person's motivations and needs; (c) the capacity to evaluate the psychological status of that person and decide about indications and contraindications for this type of treatment; (d) the ability to face unpredictable reactions of that person before, during and after the trance completion. Clinical hypnosis can gain greatly from psychological knowledge on which it can rely, in order to be functional and efficient.

During our search for a definition of clinical hypnosis, we discovered two means or vehicles that facilitate and allow the application of the technique in question. These are *psychotherapy* and *the helping relationship*. The first corresponds to clinical psychology and the second, to counselling. Both are therapeutic tools. The helping relationship, as a technique, analyses also the anatomy of the relationship between the person who seeks help and the one who gives it (Héту, 1982).

Not all interventions in the field of clinical hypnosis necessitate the use of psychotherapy. Many applications in medicine, dentistry and health psychology, can be integrated in a larger treatment, once the health professional has acquired the principles of the helping relationship. Good examples of this are the preparation for medical and dental surgery, the preparation for

hypnoanesthesia, the accompaniment of the patient for x-ray therapy and the preparation for labor (Bourassa et al., 1999).

An interesting protocol for the helping relationship in the treatment of pain is presented by the above-mentioned authors. It consists of an active listening to the patient, the establishing of a relationship in the purpose of building up confidence, a welcoming attitude, exploration, comprehension and action taking. Such a protocol can be also used in other types of physical ailments.

The importance of psychotherapy as a means for facilitating and allowing the practice of clinical hypnosis needs no elaboration. The reader can verify its veracity by looking at case studies in manuals of clinical hypnosis. It suffices to say, that in psychiatric and psychological disturbances and in some physical affections, in which hypnosis may prove beneficial, *only* psychotherapy should be the primary tool and hypnosis the additional one.

Finally, we present some supplementary features borrowed from Wall and Dubin (1991), which we consider necessary for professionals who want to practice clinical hypnosis and lack the basic information on psychopathology and psychotherapy. We summarize them, in spite of being unfair to the authors. These are familiarization with psychiatric symptoms and syndromes, detection of thought disorders, evaluation of ego strength and resilience and recognition of transference and countertransference phenomena. It is important to remember that clinical hypnosis is a precious tool in the hands of a competent clinician, but it may be a risky proposition in the hands of an incompetent one (Matalon, 1997; Mac Hovec, 1986).

### **What is the present status of clinical hypnosis?**

This question could be better answered, if we had updated information on the present practice of clinical hypnosis, its success rate and its popularity. This ideal condition being absent, a less rigorous approach will be taken.

Clinical hypnosis has been legitimized as a tool by medical associations since more than fifty years, in England and in North America (Upshaw, 2006). It has been considered a helpful adjunct to the treatment of many diseases, which have been lately enumerated by Anbar (2006). These are asthma, burns, chest pain, childbirth, hypertension, irritable bowel movement syndrome, insomnia, obesity, smoking cessation, stress related and migraine headaches, shortness of breath and chronic or acute pain.

On the other hand, the satisfactory performance of clinical hypnosis in the treatment of other physical and mental affections is well documented in a rich anecdotal literature (Simon, 2000; Rhue et al. 1993). Good progress is also noted in the area of the neurophysiology of hypnosis thanks to cerebral imagery research (Rainville, 2005; Faymonville et al, 2003), which contributes valuable information concerning the effects of hypnosis on brain functioning.

Finally, based only on impressions, we can point out a blooming of original articles in clinical hypnosis journals, an increase of television shows on hypnosis treatments and hypnosis topics (at least in Quebec) and a growing awareness of hypnosis as a therapeutic tool in the general population.

Clinical hypnosis is in good health and is advancing surely!

## RÉSUMÉ

Cet article examine l'hypnose clinique en tant qu'entité unique et tente de répondre à certaines questions fondamentales qui s'y rattachent. Au début, sont comparées les similitudes et les différences qui caractérisent l'hypnose clinique et certains autres types ou usages de l'hypnose. Cette comparaison permet d'identifier les éléments qui constituent cette entité unique. Ensuite, une définition de l'hypnose clinique, formulée à l'intention des cliniciens et des praticiens est introduite, ainsi que le concept du choix inimaginable des interventions utilisées lors de son application. Par ailleurs, les moyens ou véhicules qui facilitent et permettent la pratique de cette technique, sont spécifiés et leur signification pour l'obtention d'un bon résultat thérapeutique est élaborée. Une attention spéciale est accordée aux standards élevés du bagage scientifique et de la formation du professionnel, qui désire faire usage de l'hypnose clinique en tenant compte des principes d'éthique. Enfin, le présent statut de l'hypnose clinique est sommairement présenté.

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