

Some Comments Regarding the Division 30 Definition of Hypnosis

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I appreciate the positive intentions and the substantive efforts of the committee in tackling the exceptionally difficult task of trying to create a well-accepted definition of hypnosis. Hypnosis, however, is a largely subjective phenomenon, and so I have my doubts as to whether anyone really believes that a unanimously agreed-upon definition is even possible. It could be reasonably argued that the definition from the committee isn't really a definition at all, but rather a description of many facets of hypnotic experience as well as issues in the field. Skepticism aside, acting "as if" such a definition is possible, I want to offer the following points of clarification and disagreement in order to help move the definition closer to what I believe is important to include and exclude. I hope these comments are received in the well-intentioned spirit in which they are offered.

Framing hypnosis

How one introduces hypnosis to the client is an extremely important issue in shaping his or her responses to one's hypnotic procedures. I believe it is a poor choice of words to frame the suggestions to be offered merely as "suggestions for imaginative experiences." In clinical practice, hypnosis is used to teach people new skills, amplify existing but latent personal resources, associate people to new ideas and perspectives, and for many other such "real-world" applications. These are not only experiences or exercises in imagination. On the contrary, they are amplifications of real thoughts, feelings, perceptions and behaviors that directly affect the client's functioning. To frame the experience as entirely "imaginative" allows the client a means of dismissing the suggestions as unrealistic, or at least not reality based, and, therefore, easier to ignore. Hypnosis can certainly be used to facilitate imaginative experiences, but the essence of clinical applications of hypnosis is found in helping people develop sensible skills for the "real world." These are not mutually exclusive choices, of course, but not all hypnosis should be characterized as only involving imaginative experiences.

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Inductions

Hypnotic inductions have many purposes beyond “extended initial suggestions for using one’s imagination.” Clinically, the induction serves as a vehicle for facilitating the dissociation that defines hypnotic experience, as well as building responsiveness to the suggestions yet to come. As discussed above, the emphasis on the induction as a vehicle for amplifying salient portions of current realities is generally more clinically relevant than simply encouraging further imaginations.

The Role of the Client

Defining the client’s role as one in which he or she “respond(s) to suggestions for changes in subjective experience” is a direct statement declaring that the client’s role is an entirely reactive one. On one hand, any response to a suggestion, however indirect, can be viewed as reactive. On the other hand, people in hypnosis inevitably selectively attend to what is deemed meaningful and typically they proactively adapt suggestions to better fit their needs. If a client generates novel ways of applying generic suggestions in his or her own behalf, is that a reactive or proactive process? Personally, I would like to alter any definition of hypnosis to counter the old negative stereotype of hypnotic subjects being passive reactors. Instead, I would prefer we emphasize that the client is empowered by the process to proactively choose *whether* and *how* to utilize any suggestions that have been offered to him or her.

The Use of the Word Hypnosis

Regarding the use of the word hypnosis in the induction, apparently some “view it as essential.” The fact that many people regularly perform highly effective hypnosis sessions in which they are able to elicit hypnotic phenomena without ever using the word “hypnosis” is irrefutable evidence that the use of the word “hypnosis” is *not* essential to the induction. If one prefers to use it, that’s fine. But, it’s important that this be recognized as a preference, not a necessity, and so should be excluded from the definition, in my opinion.

As a parallel, there are those in the field of psychotherapy who assert that exploring the client’s history in detail is “essential.” Yet, there are empirically validated, highly effective approaches (e.g., cognitive-behavioral therapy) that pay little, if any, attention to the details of a client’s history. Clearly, a focus on history isn’t essential to effective treatment, even though philosophically one might have a preference to explore the client’s history in detail.

Whose Goals Are They?

Structuring the session “depending on the goals of the practitioner...” needs one addition to fairly represent the therapy process: adding in, “...and the client.” The negative stereotype that is unintentionally reinforced in the committee’s statement is that hypnosis is only concerned with the goals of the practitioner. From that perspective, hypnosis is something the clinician does *to* the client rather than *with* him or her. The goals of therapy are, presumably, the client’s. The therapist helps facilitate reaching those goals, but the goals are the client’s. Thus, I believe the client should be included in this sentence and thereby emphasize the importance of the therapeutic relationship as a collaborative and mutually responsive goal-oriented partnership.

What Defines the Hypnotic Experience?

The statement that, “Procedures traditionally involve suggestions to relax” is inarguably true. But, addressing the issue of relaxation and declaring that relaxation is typical but “not necessary” misses the opportunity to say what *is* essential. What defines the hypnotic process and experience is the mechanism of focusing in order to facilitate dissociation. Can there be hypnosis without some degree of dissociation? I believe the answer is unequivocally no. Thus, providing some definition of the role of dissociation in hypnotic experience seems more salient than stating that relaxation may or may not be part of the process.

Suggestibility Testing

The value of suggestibility testing in obtaining standardized scores for research purposes is probably self-evident. However, by drawing attention to the issue of hypnotizability testing in the committee’s hypnosis “definition,” it raises the issue of the clinical relevance of such scores. No less an authority than André Weitzenhoffer, co-developer of the Stanford Scales widely considered the “gold standard” of hypnotizability scales, concluded they were of exceptionally limited value in clinical practice (Weitzenhoffer, 2000; Yapko, 2005). There has been sparse evidence at best for a relationship between hypnotizability as a generalized trait and one’s specific clinical response in treatment settings. It’s most likely the main reason why most clinicians do not use such tests, according to at least one survey of ASCH members (Cohen, 1989).

The Hypnotic Relationship

As a final point, my greatest disappointment with the committee’s definition is the noticeable lack of even a mention of the quality of the relationship between a clinician employing hypnosis and the client he or she is treating. Instead of emphasizing the reciprocal nature of the relationship which involves a sensitive adjustment and re-adjustment to the needs, abilities and responses of the client as the therapy unfolds, hypnosis is portrayed as a function of the individual’s responsiveness. It is as if the clinician’s demeanor, position in the relationship, style, and methods are unimportant to the outcomes he or she obtains.

I believe any definition of hypnosis must consider that hypnosis is an interpersonal process (except for the use of self-hypnosis, which was nicely included in the committee’s definition) and occurs in a social context. Intrapersonal factors obviously matter a great deal, but so do interpersonal ones, yet these are entirely excluded in the new definition.

Conclusion

I believe Jay Haley was entirely correct when he talked about different hypnoses (plural) rather than a single hypnosis (see Haley’s comments in Yapko, 2003, p. 530). Perhaps instead of striving to develop a “one-size definition fits all” approach to defining hypnosis in an effort to appease advocates of virtually opposite viewpoints (e.g., calling it hypnosis is “essential”), it may be more beneficial to define different hypnoses according to the context in which each occurs. After all, the variables that exert strong effects in one context may be weak or absent in another, thereby defining them as non-essential at least some of the time. Ultimately, therefore, I believe hypnosis will remain a highly subjective phenomenon that eludes precise definition.

References

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