Hypnotherapy Combined with Psychotherapy

James R. Hodge, M.D.

Hypnotherapy Combined with Psychotherapy

James R. Hodge, M.D.

e-Book 2018 International Psychotherapy Institute

From *Specialized Techniques in Individual Psychotherapy* edited by Toksoz B. Karasu and Leopold Bellak

Table of Contents

Hypnotherapy Combined with Psychotherapy

Introduction

Hypnosis is a very powerful tool in psychotherapy, with a wide range of application: from the superficial treatment of volitional disorders, such as smoking and overeating, through the treatment of specific symptoms, such as phobias; from intermittent use in psychotherapy programs, to being the basic treatment modality in psychotherapy; and finally to hypnoanalysis. It has been used effectively with individuals, with couples, and with groups.

Hypnosis is of least value in conditions in which there is a brief attention span, such as the organic brain syndrome and the acute psychotic episode, because attention is required for trance induction. The effective use of hypnosis depends upon a positive therapeutic relationship; failure to develop this relationship is the primary contraindication to the use of hypnosis as well as the primary reason for its failure.

The use of hypnosis in psychotherapy requires three attributes in the therapist: experience in hypnosis and in psychotherapy, imagination, and courage to try both accepted and innovative techniques. Also, he should always practice within his area of competence—that is, he should use hypnosis only for conditions he would be willing and able to treat without the use of hypnosis.

Inducing a hypnotic trance is the easiest part of hypnosis; more important is the therapeutic use of the hypnotic trance phenomena. The goal of this chapter is to demonstrate how a basic knowledge of psychotherapy and of hypnotic trance phenomena can be integrated into a total treatment program.

Fundamental Concepts of Hypnotherapy

When hypnosis is considered in the treatment program for any condition, the therapist must first make an adequate evaluation of the patient —his life history, his illness, and his psychological state—and then develop at least the beginnings of a positive doctor-patient relationship. The therapist should keep several basic questions in mind:

1.. What is the therapeutic goal, regardless of hypnosis, and why?

2. At what point in the process of the illness is therapeutic intervention planned?

3. How can hypnosis help, that is, what are the strategies and tactics available and appropriate for the treatment of this specific patient?

To answer these questions appropriately, the therapist needs a basic understanding and awareness of: 1) the natural history of psychiatric illness in general and the history of the patient's illness in particular, 2) the nature of psychotherapy and the strategies available, and 3) the nature of hypnosis and the strategies and tactics available.

Advantages of Hypnosis

If the therapist is to use hypnosis only in the treatment of conditions which he would otherwise treat without hypnosis, then what are the advantages of hypnosis? There are several:

1. The use of hypnosis can shorten the duration of therapy without interfering with the permanence of results.

2. When used appropriately, it elicits the patient's awareness of his own participation in the treatment process.

3. Even more than the analysis of dreams and the process of free association, hypnosis is truly "the royal road to the unconscious"; it is certainly a more incisive and direct road to the "relevant unconscious." A hazard here is that it is also a loyal road to the *therapist's* unconscious, and he must be constantly aware of the

process of countertransference.

4. Hypnosis is a powerful tranquilizing agent. It can directly effect relief from some symptoms; it can lead to the moderation of others, thus permitting their investigation without undue anxiety and without altering their dynamic meaning.

5. Hypnosis can facilitate the interpretation of symbolic material.

6. Hypnosis can promote the affective and relevant recollection of past events for connection with present life experiences.

7. Hypnosis strengthens the doctor-patient relationship. As a result, the patient is more willing to study himself in greater depth, more able to do it at greater speed, and less fearful of attempting new behaviors.

However, in spite of all these advantages, just because you can use hypnosis does not mean that you *should* use it; if you can do as well or better without it, you should do so.

The Nature of Hypnosis and the Hypnotic Relationship

Although no fully satisfactory theory of the nature of hypnosis has been generally accepted, it is essential that the therapist constantly bear in mind that the responsibility for the trance and for what happens during the trance always rests with the *patient.* The therapist does not actually "hypnotize"; instead, he helps the patient to enter a trance. The primary role of the therapist is that of a catalyst, a medium, a guide, a helper, a protector, and someone who can suggest ideas and techniques which the patient is not likely to think of by himself. Essentially, the therapist is a person who can teach the patient how to use the trance.

I assume that the reader has a basic familiarity with trance induction techniques and I will not address this topic here. For those wishing to study it in more detail; the books by Wolberg (1), Chertok (2), Weitzenhoffer (3), and

Brenman and Gill (4) are recommended. Most important is that the therapist learn one or two basic techniques which he can use effectively and which he can modify as indicated by the patient's needs. Current concepts of trance induction and deepening are in terms of developing the patient's "talent for hypnosis" or "trance capacity" so that he can be taught to utilize the phenomena of hypnosis at all levels of trance from the very light to the very deep. For many therapeutic purposes the light trance is quite effective, and the therapist should not be deterred by a patient's apparent mediocre talent, for this may be all that is required and it may be improved with practice.

Basic Strategies of Psychotherapy

Though every therapist has his own concepts of the nature of psychotherapy, I will briefly review the basic types of psychotherapy in terms of strategies and tactics. Knowing and selecting the strategies and tactics that are available are two of the greatest skills in psychotherapy

Psychotherapy by Promoting Rational Understanding

In the use of this strategy, the primary goal is to promote an understanding of the process of illness: "Now that you *know* the reason for your symptom, you can decide for yourself whether to keep it." It is basically exploratory and explanatory: 1) to find "the reason," or at least an *acceptable* reason, for the illness; 2) to make the irrational rational; and 3) to promote an understanding and acceptance of the acceptable reason.

The strategy of analytically oriented insight psychotherapy is the one in which the techniques of clarification, interpretation, paradoxical intention, and utilization of transference are used more than in any other.

Psychotherapy by the Direct Modification of Behavior

Here, the primary goal is the relief of symptoms and anxiety; however,

interpersonal relationships and problem-solving in current life situations are also studied, and although an understanding of the cause is not sought, it may develop. What is being sought is that the patient develop a sense of personal mastery of the symptom and of his life situation: “Now that you are no longer afraid, you can do whatever you wish." The specific tactics of this strategy involve: 1) the behavior therapies, especially assertive training, systematic desensitization, reciprocal inhibition, implosion (flooding) therapy, and aversive conditioning; 2) education and instruction; 3) counseling and exhortation; and 4) paradoxical intention.

Psychotherapy by the Release of Energy

Many symptoms and problems of life situations can be relieved by the release of energy which has been dammed up, blocked, suppressed, or repressed. The primary goal of this strategy is the release of this energy: “Now that you have this out of your system, understand it, and do not fear a recurrence, you no longer need it.” This is most often accomplished by: 1) ventilation; 2) abreaction; 3) connecting a feeling with an idea or an event; 4) seeking the barrier to the release of energy and removing it by promoting rational understanding; 5) confrontation through one of the various types of group psychotherapy.

Supportive Psychotherapy

In this strategy, it is acknowledged that no major changes are necessary nor are they likely to occur. The basic goal, then, is to help the patient live with his symptoms either by controlling, modifying, or accepting them or by modifying his life-style: "You are doing a good job. You see how situations like this can be handled. Keep up the good work. Your next appointment will be on. . . With transitory problems, such as grief or divorce, the goal is to support the patient through the adjustment period. A program of supportive therapy does not preclude the use of any other therapeutic strategy which may be indicated by the specific situation. The basic tactics in this strategy are support, reassurance,

encouragement, promotion of a good therapist-patient relationship, "modeling" or the promotion of identification with the therapist, and the use of medicines appropriate to the condition.

Psychotherapy by the Direct Relief of Symptoms

In selecting this strategy, the therapist assumes that the direct relief of symptoms may be all that is necessary: "Now that your symptom is gone, is there anything else you would like?" This strategy is most helpful in habit pattern disorders (enuresis, tics, nailbiting) or volitional disorders (smoking, overeating, alcoholism). It is acknowledged that direct symptom relief may be followed by the release or substitution of another symptom; this is not necessarily "bad" if the therapist is prepared to continue treatment, possibly selecting another strategy.

The basic tactics in this strategy are those of instruction, exhortation, "planning a program," behavior therapy, direct or indirect suggestions such as may be given with hypnosis, and the use of appropriate medicines.

Psychotherapy by Paradoxical Intention

This particularly interesting strategy is sometimes used as a tactic within other strategies. It takes advantage of the paradoxical nature of human behavior; it stresses the need to confront fears in order to overcome them. Having selected this strategy, the therapist requires the patient not to avoid the symptoms, but actually to confront them, create them, study them, and become an expert on them. By using these tactics, the patient can learn when the symptoms come, how he keeps them going, and what makes them go away; seeking them out, he is no longer embarrassed by them and comes to learn how irrational they are: "Now that you can look at your symptoms without fear, you can understand them better and see how your fear and avoidance have perpetuated them. Now that you know that you are in charge of them, you may either keep them or let them

go."

Basic Strategies of Hypnotherapy

There are three basic hypnotherapeutic strategies. These are (1) the projective strategy, (2) the strategy of direct and indirect suggestion, and (3) the strategy of behavior modification.

The Projective Strategy of Hypnotherapy

This strategy is similar to the use of projective psychological tests in that the hypnotized subject is requested to project himself into a situation different from that which exists in reality at the moment. Doing this with hypnosis permits him to be simultaneously both the observed and the observer. Some of the numerous tactics within this strategy are given below:

TACTIC I: *Time distortion.* The subjective experience of time can be changed in many ways. Among these are:

1.1 *Age regression.* The basic concept here is to connect the past with the present in terms of memories, symptoms, and affects by having the hypnotized patient regress to an earlier period when an event occurred that is relevant to the current problem. Some techniques are: 1) using the "affect bridge" (6) from the present to the past by intensifying a present affect through hypnotic suggestion and then having the patient go back in time to a previous event where he experienced the same feeling, and then relating the two events; 2) using the "symptom bridge" from the present to the past over which the patient traces his symptom to its beginning and to the circumstances surrounding it; and 3) using the rational selection of a previous event which is chosen to induce abreaction or to study the circumstances around the event or to produce desensitization to that event.

The purposes of age regression are several: 1) to explore the patient's past

and to relate his past experiences to the present, especially on an affective basis; 2) to release the patient's dammed up energies associated with past experiences and present anxieties; and 3) to help the patient master the feelings of helplessness associated with his past experiences.

1.2 *Time compression and time expansion.* The subjective experience of the passage of time is changed by suggestion so that time can be perceived as passing more rapidly, for example, when the patient is in pain, or more slowly, as when the patient is feeling well.

1.3 *Age progression.* In a sense, this involves forecasting the future by getting the patient to perceive how he may appear or behave at some future time.

TACTIC 2 *The production of hallucinations or dreams.* The dreams of a hypnotized patient can be analyzed in the same way that normally occurring dreams are analyzed in analytically oriented psychotherapy, but with the added advantage that the dream can be suggested to occur not only during normal sleep but also during the therapy session. Dreams can even be projected as hallucinations in which the patient can participate and then analyze. Even more, hallucinations and dreams whose meanings are not obvious can be reexperienced, or can be caused to recur with the use of different symbols, until the meaning becomes clear.

TACTIC 3. *Hypnoanalysis.* Hypnoanalysis is the procedure of analytically oriented psychotherapy taking place while the patient is in a hypnotic trance. Although this is rarely done *in toto,* during any given session or series of sessions most of the analytic therapy may occur while the patient is in a trance. This tactic is particularly helpful when the patient cannot confront the discussion of repressed material in the unhypnotized state but can discuss it relatively easily while in a trance knowing that he does not have to remember it upon awakening until he is ready to do so.

TACTIC 4. *Connecting affect and experience in the present.* This technique is

especially helpful when the patient has physical or psychosomatic problems and denies the presence or relevance of his emotions. The symptom is intensified by suggestion, and while he is experiencing this he is requested to develop some affect of equal intensity which he will be able to recognize and express both behaviorally and verbally. This is a powerful method of producing insight.

TACTIC 5. *The mini-vacation.* The patient may briefly escape an intolerable situation by going on a 10- or 15-minute vacation to a place of his own choosing so that he may return refreshed. Since the ability for only a light trance is required, this tactic is most suitable for a person who has learned self-hypnosis and can use it between sessions.

TACTIC 6. *Behavior therapy.* Here, all the basic behavior therapy techniques can be accentuated and facilitated, especially the technique of relaxation by hypnotic suggestion. Particularly helpful is the method of psychodynamic desensitization in which the patient is asked to take "one step beyond" his expressed fear and to imagine what would happen if he were actually in the anxiety evoking situation. He will almost always find some fear of being out of control, and treatment of this fear is often of more value than treatment of the expressed fear.

TACTIC 7. *Ego state therapy.* The patient is asked to identify various aspects of his personality and to act out these states in the session, much as is done in Transactional Analysis.

The Strategy of Direct and Indirect Suggestion

Because it has often been said that one of the reasons Freud stopped using hypnosis was that his direct suggestions did not work, it has become almost axiomatic that hypnotherapists should not use direct suggestions to remove symptoms. As good an axiom as this may be, there are exceptions. The direct confrontation-challenge to the symptom is almost always bound to fail unless 1)

the doctor-patient relationship is such that the patient can accept the suggestion and its results, and 2) a face-saving way out can be left for both the patient and the symptom. It is accepted that direct symptom removal may result in either the liberation or the substitution of another symptom by the patient for psychodynamic reasons, and that this is not necessarily undesirable if the therapist is prepared to make use of this experience in further treatment. Because of this phenomenon, however, most suggestive therapies have now turned from the simple directive, "Your pain (or other symptom) will disappear now," to indirect suggestions such as, "Here is a way to handle your pain (symptom) until we can get rid of it permanently," or, "If you are ready now to start giving up your symptom, here are some ways to do it." Sometimes a direct interpretation to the receptive patient will result in removal of symptoms as in the case of the woman who had had a constant headache for 26 years and who was told while hypnotized, "You have been carrying a heavy burden," and the symptom disappeared. The direct suggestion is imposed upon the patient; the indirect suggestion enlists the patient's aid.

Indirect suggestion is almost always accompanied by a great many direct suggestions; however, the indirect nature of these suggestions for symptom relief should be emphasized. The symptom is rarely attacked directly. Instead, some aspect of the symptom is modified while it is permitted to continue temporarily so that it may be studied analytically, removed gradually by desensitization or other behavior therapy methods, or allowed to die out by attrition. Self-hypnosis is a very effective technique which patients can use with only a small amount of training, but part of that training is learning not to attempt to remove the symptom directly. It may take longer to teach this than it takes to teach self-hypnosis itself. This hypnotherapeutic strategy, one of the most versatile, effective, and frequently used, involves what I like to call "emotional judo" in which the therapist uses the patient's momentum and problems for therapeutic purposes. Some of the tactics within this strategy are:

TACTIC 1. *Symptom substitution.* This involves the planned and purposeful

replacement of one symptom with another. A classical way of doing this is to move the symptom from one part of the body to another, preferably within the same organ system; e.g. if a person is having a muscular pain, it is desirable to substitute some other form of muscular pain or muscular activity. When this tactic is chosen, it is important for the therapist to remember that it is the patient who substitutes the symptom, not the therapist. The therapist only takes advantage of the patient's own abilities, and helps him to change the symptoms in a controlled way for therapeutic purposes.

TACTIC 2. *Hypnosis as a deterrent.* Hypnosis can be used as a deterrent to almost any kind of acting-out behavior, e.g. suicide. When used as a direct confrontation-challenge to *prevent* such behavior, it may actually compel the patient to respond to the challenge. However, a suggestion such as, "You will not be able to carry out a serious suicidal act without first discussing it with me in my office very clearly," serves to enlist the patient's aid by giving him a task to perform before he can carry out his suicide attempt. It also gives the therapist a chance to work with the patient and not be caught by surprise.

TACTIC 3. *Promoting personal mastery.* General ego strengthening through promoting personal mastery is a valid, effective, and often undefined tactic of therapy. Many neuroses, especially the traumatic neurosis, are precipitated by the patient's having been caught by surprise as a helpless victim of circumstances beyond his control; this feeling of helplessness also often occurs as a characterological state. When this tactic is used, the goal is to promote feelings of strength, competence, and "copability." Sometimes this can be accomplished by direct suggestion, though more often it is promoted through the use of projective techniques, such as age regression with abreaction, or through the behavior therapy techniques. Another useful technique here is to have the patient visualize himself the way he was as a small helpless child ("Little Billy") and then to have him visualize himself with all the assets that he has as an adult ("Big Bill"). Visualizing this contrast lessens the sense of helplessness and increases the patient's awareness that he is no longer the helpless "Little Billy."

During the process of trance induction, I repeatedly state to the patient that as he enters and deepens the trance he will feel progressively more "relaxed, comfortable, pleasant, strong, and secure." These sensations serve as a baseline experience of the trance state, alleviate many unspoken fears, and cause the patient to expect that the trance will always be a pleasant and secure experience. As he proves through repeated experiences that this is true, he develops confidence in his ability to use hypnosis. Thus, he is better able to tolerate his symptoms and to confront them in a therapeutic manner.

TACTIC 4. *Direct and indirect control of symptoms.* For the use of this tactic the imagination of the therapist and his knowledge of hypnosis are particularly valuable.

In the treatment of pain, for example, sometimes all that is required for relief is for the hypnotized patient to be told that he will have no pain or that the pain will be of a different nature, as every dentist knows. Sometimes merely entering the trance will bring relief. Sometimes more specific techniques are chosen. One method is to give a psychological injection of novocaine to an affected trigger area. Another is to teach the patient to develop a glove anesthesia of one hand and to transfer that anesthesia to any part of the body that is painful. Another method is to teach the patient to take the pain from wherever it is into his hand and then to drop it into the nearest wastebasket. Still another, more physiological, method is to create a feeling of either heat or cold in an inert object, or in the therapist's hand, or in the patient's hand, and then to transfer that sensation to the affected area; this is particularly helpful for muscular types of pain, as is applying a psychological splint or brace.

Chronic and recurrent symptoms of many types can be aborted or attenuated by these techniques, such as episodes of anxiety or even of schizophrenia. The patient can be taught, for example, to recognize the earliest symptoms of the illness and then to use self-hypnosis with relaxation or taking a "mini-vacation" until the precipitating event can be analyzed and the problem

brought under control.

TACTIC 5. *Creating physiological changes.* In the hypnotic state, it is possible to create physiological changes which can be used for diagnostic purposes, for a symptom bridge to connect affect with symptoms, and for direct treatment purposes. Biofeedback studies have demonstrated what practitioners of hypnosis have known for many years, namely, that the autonomic nervous system is not entirely beyond conscious control. It is well known not only that sensations can be changed by hypnotic suggestion, but that heart rate can be altered, blood pressure changed, some bleeding controlled, and muscle spasm relieved. Hypnotic suggestion has both produced and relieved asthma attacks and has given temporary relief of bronchitis. It has been successfully used as a diuretic (''Each one of your body cells will squeeze out the excess fluid"), has relieved menstrual cramps by suggestions of relaxation and by hypnodiathermy, and has also altered the duration but not the occurrence of menstrual periods. Injections of "psychological cortisone" have been effective in treating some skin conditions. A very simple and effective suggestion is that the desired effects of any medicine, from a tranquilizer to an antibiotic, will be doubled while the undesirable effects will be halved.

The Behavior Modification Strategy of Hypnotherapy

The basic theory of behavior modification is that persistent maladaptive anxiety responses to stress are the nucleus of most neuroses, that anxiety is conditioned, and that it can be deconditioned. Almost all forms of behavior modification involve: (a) teaching the patient to relax even in the presence of stress; (b) creating visual and other sensory images, either of pleasant or of feared situations; and (c) presenting these images to the patient in a systematic manner in his imagination before exposing him to the anxiety-evoking situation in real life.

TACTIC 1. *Intensification of behavior modification techniques.* For the

patient with a talent for hypnosis, all of the techniques described above can be facilitated and intensified, making therapy more effective and often shorter. The effect of hypnotically induced hallucinations, for example, is much more profound and realistic to the patient than is the simple use of his imagination in the unhypnotized state.

TACTIC 2. *Biofeedback.* Hypnosis is a natural and valuable adjunct to instrumental biofeedback training in which the patient is trained by a process of operant conditioning to achieve both specific and generalized relaxation and to produce other bodily changes. Further, the patient who can use hypnosis can bring about the changes sought in biofeedback training much more rapidly, regularly, and intensively than can other patients. Even more, since the ultimate goal of biofeedback training is for the patient to learn to produce the desired effects without the instrument, which does no more than to feed back information to the patient about how he is doing, hypnosis is of particular value in that it is always available. Merely entering a light trance for self-hypnosis can produce a recognizable state of general relaxation, and self-suggestion about specific changes may then be given if desired. Hypnosis, then, not only is an effective adjunct to instrumental biofeedback training, but can be used by itself as a form of subjective or non-instrumental biofeedback training.

TACTIC 3. *IRD.* The "IRD," or the "internal regulatory device," is a specific supportive, ego-strengthening, and quasi-instrumental biofeedback technique which has been found particularly helpful for patients who have fluctuating or unstable symptoms or anxieties. This concept occurred to me during the treatment of a patient suffering from cyclical bipolar affective disease before lithium became available. Searching for a method to control her mood swings from mania to depression, I gave the following suggestions: "I would like you to look into my right eye while I put one finger on each side of your head. At the spot where these two lines intersect you will soon feel a tingling sensation. We are creating an internal regulatory device in your brain which will work just like a thermostat. We can now put your euphoria on a scale of 0 to +10 and your

depression on a scale of 0 to –10 and we can set this thermostat so that it will start to function at either +7 or –7 and your symptoms will not be able to go beyond these levels." As soon as we established that this technique was effective, we were gradually able to reduce the number-settings of what came to be called the "Psychestat" until the range of the mood swings was essentially within normal limits, where they have remained for many years. A refinement of this technique developed following the exclamation of a patient: "I feel that there is a part of *you* in my head!" Every experienced therapist is aware that over a period of time the patient tends to introject various aspects of the therapist; i.e. the patient gets to know the therapist just as the therapist gets to know the patient. For appropriate patients, then, this process can be utilized in a supportive way by "lending" the patient a "part of the therapist" along with the internal regulatory device. With this, the patient can then utilize the therapist even though the therapist is not physically present. Naturally, this technique should not be used early in therapy because a good doctor-patient relationship must first be established. When I use this technique, I specify that the situation may continue to exist for a defined period of time such as a week or a month, though it may be renewable as often as necessary.

The Combination of Psychotherapy Strategies with Hypnotherapy Strategies

Hypnosis is used most effectively when it is used systematically, taking into account 1) the natural history of psychiatric illness, 2) how the patient's illness fits into that natural history, 3) the psychotherapy strategies available, and 4) the hypnotherapy strategies available. Hypnosis and psychotherapy are not the same thing. Hypnosis is merely a method of facilitating the overall program as a part of the treatment process. It may be used during most of every session, during part of every session, intermittently during the course of therapy, or regularly until a specific goal is accomplished. When the therapist elects to use hypnosis, he should keep in mind what he wants to accomplish, how he can accomplish it, and why hypnosis will be of value. Just because he *can* use hypnosis does not mean

that he *should* use it.

The following rationale for using hypnotherapeutic strategies assumes that there is a natural course of psychiatric illness just as there is a natural history of physical illness and that in this natural history certain identifiable factors are involved, viz. a predisposing personality, a current conflict, an external precipitating stress, the development of anxiety, a primary gain or symptom-forming factor, the symptom complex itself, and a secondary gain or symptom-fixing factor. It further assumes the formulation of a total treatment program in which the therapeutic goal and sites of intervention are selected on the basis of this natural history. In choosing the site of intervention in accord with this formulation, the therapist should consider 1) the purpose of intervention at that site, 2) the psychotherapy strategies available and applicable, and 3) the hypnotherapy strategies available and appropriate. Further, the selection of the hypnotherapy strategies always depends upon the preselection of the psychotherapy strategies.

Predisposing Personality

The predisposing personality refers to all the genetic, constitutional, developmental, educational, and experiential factors which constitute the basic personality of the individual.

1. *Purpose.* The basic goal is to promote insight into the nature of the personality and understanding of it by demonstrating recurring patterns of behavior, the relationship between the past and the present, and the process of repetition compulsion or how present behavior is an extension of or a repetition of past behavior which may or may not be appropriate to the current life situation of the patient. Awareness of the self as an individual in the process of development is stimulated, and the patient becomes aware of the difference between himself as a child and himself as an adult; he learns the difference between "Little Billy" and "Big Bill." Unconscious memories and experiences

become conscious and are analyzed as part of the developmental pattern so that the patient may develop more of a free choice about what his further development will be.

Treatment designed to make changes in this area must be considered as long-term therapy. However, information obtained *about* the predisposing personality may be very useful in brief therapy and in therapy focused in other areas of the process of illness.

2. *Psychotherapy strategies.* The basic psychotherapy strategy chosen for work in this area is that of promoting rational understanding. During this process, psychotherapy by the release of energy may occur spontaneously or by rational selection. Sometimes, especially if a discrete symptom exists, behavior modification techniques may precede the development of rational understanding, for change may produce insight as frequently as insight will produce change. This is particularly noticeable when a strategy such as the use of paradoxical intention is introduced early in the therapy process, for it enables the patient to focus on exactly what he is doing, thinking, and feeling; it compels change which produces insight which may be followed by a more fundamental change.

3. *Hypnotherapy strategies.* When the psychotherapy strategy of promoting rational understanding is selected, the projective hypnotherapeutic techniques are most helpful, though any of the methods of hypnotherapy may be used as the developing situations might indicate. The therapist must be particularly careful, however, of providing too much relief of anxiety through direct suggestion, for otherwise this will increase the dependency of the patient on the therapist and will interfere with the progress of the analysis. It must be remembered that the goal of the therapy is insight and understanding, and that to accomplish this it may be necessary to confront anxiety or to liberate the anxiety that is bound in the production of symptoms. The therapist must be prepared to help the patient with this anxiety.

Current Conflict

Just before and at the time of onset of an illness, a person almost invariably experiences a conflict in his life. This conflict is continuous, troublesome, and disturbing the equilibrium of his life; and it usually involves his feelings about himself, his activities, or his relationship with some other significant person.

1. *Purpose.* The basic goal is to relate the presenting symptom to the current problems of living, and clarification of this relationship may be all that is necessary for the patient. This may not be easy, however. It should be recalled that part of the function of the symptom is to conceal these current problems, yet it must also reveal them, especially when the symptom is carefully analyzed. Here again, insight may precede change or may follow it. For many patients a personality change is not necessary, though the patient may obtain self-knowledge which he can put to effective use if later episodes should develop. It is in this area of intervention that most of the useful short-term psychotherapy is done.

2. *Psychotherapy strategies.* The basic strategy here, also, is that of promoting rational understanding. Intervention in depth is not usually necessary, though it is often helpful to relate the new insights to the predisposing personality and patterns of behavior.

3. *Hypnotherapy strategies.* When therapy by promoting rational understanding is selected, the projective hypnotherapy techniques are of most value, especially those involving age regression using the affect bridge or the symptom bridge from the present to the past. Hypnotherapeutic techniques of the direct and indirect suggestion type may be necessary or helpful to give support to the patient while the basic therapy is proceeding.

External Precipitating Stress

A person with an appropriate predisposing personality and current conflict

can be said to be waiting, even hoping, for something to happen which will solve his problem; and this "something" is often inaccurately called "the cause" of the illness when it is only a triggering factor or a permissive event. It may be a severe trauma or it may be an innocuous event which is seized upon as the solution to the current conflict.

1. *Purpose.* The primary goal is to relieve the stress or its sequelae whenever possible by the use of medicinal or psychotherapeutic methods. It is necessary to demonstrate the effect of the stress to the patient while relating the stress to the ever-present current conflict and the predisposing personality by promoting recall of the circumstances surrounding the external precipitating event. Desensitization of the patient to the stress or its memories is essential, as in a traumatic neurosis or a grief reaction. If the external precipitating stress consists of a series of minor stresses, relief of this input overload is important.

When early intervention is possible, therapy focused in this area is most effective; and sometimes only a few sessions may be necessary, especially when the external precipitating stress is quickly related to the current conflict. When early intervention is not possible, therapy may not be able to be limited to this area and will therefore take longer.

2. *Psychotherapy strategies.* Any or all of the psychotherapy strategies can be used during intervention at the level of the external precipitating stress as long as the therapist follows the basic principle that the patient must confront the stressful situation and recognize its effects. Psychotherapy by promoting rational understanding is effective in helping the patient to understand how the stress developed and how it is related to the current conflict and the predisposing personality. Psychotherapy by the modification of behavior using systematic desensitization and rehearsal techniques can be particularly helpful, especially as the patient is taught to relax while he recalls and contemplates the stressful situation. Aversive conditioning can sometimes be of value here. Repeated ventilation and abreaction can be especially helpful for releasing the

dammed up energy and emotion associated with the stress. The direct relief or alleviation of symptoms through medicinal and/or psychotherapeutic methods, when possible, can be very helpful and supportive to the patient as he works through his problems, but it should not allow him to avoid working on them. Paradoxical intention helps the patient to confront the stressful situation, its memories, and its effects by compelling him to think about it in minute detail.

3. *Hypnotherapy strategies*. Any of the hypnotherapy techniques can be effective as long as they fit in with the psychotherapy strategies already selected. The most appropriate of the projective strategies are those of time distortion, abreaction, and the production of dreams and hallucinations. Hypnotherapy by direct and indirect suggestion is helpful when used to control symptoms and to give psychological support as the patient develops personal mastery of the situation and strengthens his personality. Accentuation of the behavior modification techniques by hypnotic suggestion will improve their effectiveness.

The Development of Anxiety

Whenever a stressful situation occurs, anxiety accompanies it or follows it. Anxiety is an essential ingredient in almost all psychiatric symptoms; but even more than this, the basic anxiety stimulates the personality defenses to attempt to control it, and these defenses will characteristically create symptoms in this attempt. The symptom, then, is an unsuccessful attempt of the personality to control anxiety.

1. *Purpose.* The main goal is to encourage the patient to become aware of and to confront the primary anxiety related to the external precipitating stress, the current conflict, and the predisposing personality. The patient is to learn that the anxiety is either irrational, unnecessary, maladaptive, or simply not currently helpful to him. He is to learn to handle both current and future anxiety in a healthy, productive manner instead of in a pathological manner.

This is another point at which early intervention in the process of illness is not only helpful in relieving present symptoms but also in preventing future ones. Short-term therapy is often quite effective here.

2. *Psychotherapy strategies.* Any one or all of the psychotherapy strategies can be used in treating the problem of anxiety; but whatever strategy is chosen, the anxiety must first be admitted and confronted, and the patient must learn that fear is perfectly normal. When the strategy is to promote rational understanding, the current anxiety should be related to both past and future anxieties, for anxiety by its very nature is future-oriented in terms that "this could happen to me again." In this sense, dynamic desensitization is particularly helpful as the patient is asked to fantasize what would happen if he were in the anxiety-evoking situation. The key question here is "What if . . . ?" Promoting the release of energy will also be facilitated by connecting the present with the past. If the anxiety is considered maladaptive, it can be attacked directly by using one of the behavior therapy approaches, such as systematic desensitization or reciprocal inhibition. Supportive therapy, including the appropriate use of psychiatric medicines, can demonstrate that the anxiety can be relieved or modified so that it is not too intense for the patient to confront. Confronting the anxiety by taking charge of it, as taught by paradoxical intention, is effective in relieving the anxiety and developing an understanding of it.

3. *Hypnotherapy strategies.* The choice of hypnotherapy strategies depends upon the choice of psychotherapy strategies. Projective techniques are particularly helpful, especially with time distortion tactics such as age regression to recent and remote past anxiety situations, time compression to demonstrate a method of controlling anxiety and time progression to forecast how the patient can become in the future. The release of energy is promoted by age regression and abreaction. While this may be unpleasant for the patient, it is also supportive in that it shows that he can survive the anxiety and that it can be controlled. Direct suggestions about controlling the degree and duration of anxiety are supportive and promote mastery of the fear of anxiety. Accentuation of behavior

therapy techniques with hypnosis aids the development of a sense of mastery, and the installation of the “internal regulatory device” can be very supportive.

Primary Gain or Symptom-Forming Factor

Anxiety, like pain, is an unpleasant sensation, and the patient attempts to relieve it at all costs. The primary gain or symptom-forming factor is the process by which the patient attempts to do this; it is the process by which the defense mechanisms bind the anxiety by attaching it to a symptom or by creating a symptom.

1. *Purpose.* The primary goal here is to help the patient see and understand how symptom formation occurs and that it is not necessary for him to develop or maintain symptoms. It is important that he understand that he causes the symptoms himself in order to escape a sense of intolerable anxiety, that he "owns” them, and that he is not merely their victim. He should be helped to understand how he has handled stress in the past, continues to use the same techniques in the present, and can be expected to continue this way in the future unless he understands these processes better.

Treatment designed to make changes in this area must be considered as long-term therapy; however, information obtained *about* these processes may be very useful in briefer therapy and in working in other treatment areas.

2. *Psychotherapy strategies.* Only one basic psychotherapy strategy is appropriate here and that is the analytically-oriented strategy of promoting rational understanding through studying defenses, resistances, and transference. Gestalt methods and paradoxical intention may be helpful adjunctive techniques.

3. *Hypnotherapy strategies.* When analytically-oriented therapy is chosen, the most frequently indicated hypnotherapeutic techniques are the projective ones, especially the hypnotic analysis of natural dreams and the production of hypnotic dreams for analysis, and age regression using the affect bridge and the

symptom bridge. Creating substitute symptoms by direct suggestion and then analyzing them is, in effect, creating a "parallel neurosis" much like that of a transference neurosis; and analysis of the substitute symptom makes the original symptom easier to analyze. Supportive suggestions should be given only with care so as not to distort the processes which are being analyzed. Observation and analysis of the patient's behavior during trance induction may be very enlightening, as may failure to dehypnotize if it should occur.

The Symptom Complex

The symptom is almost invariably the patient's presenting complaint but it is important for the therapist to remember that the symptom is really only a stage in the development of the overall illness. It represents an unsuccessful attempt of the psychological defense mechanisms to control the primary anxiety and therefore involves elements of die primary anxiety as well as elements of the secondary anxiety about the presence of the symptom itself. The symptom, with its anxiety, represents a "cry for help" and is a "ticket of admission" to therapy.

1. *Purpose.* The primary goal here is the relief of symptoms while preventing their recurrence or replacement by other symptoms. This is accomplished by 1) relating the symptom to the basic anxiety, the cur rent conflict, and the predisposing personality; 2) providing insight that the symptoms are not really necessary, are unadaptive or maladaptive, and do not truly solve the underlying problem; and 3) identifying the underlying problem by "getting behind the symptoms."

The symptom complex is the point at which all of the patient's problems come to a focus. It is a good place to intervene, perhaps the best; but intervention here is usually only the beginning of therapy. With tin; symptom as the focal point, therapy may spread out to all aspects of the process of illness.

2. *Psychotherapy strategies.* Any of the therapeutic modalities can bit used

here, either alone, in combination, or in sequence. The decisions must be made by the therapist according to his own continuing evaluation of the patient's needs, assets, liabilities, and progress in treatment. The strategy of choice is psychotherapy by promoting rational understanding; but this may be neither necessary nor possible, depending on the nature of the problem and the capacity of the patient for psyche-therapy. Sometimes all that is necessary for a given patient is the relief of his presenting symptom with or without some degree of insight, as exemplified by the patient with a 26-year-old headache which was relieved in two appointments with the simple interpretation that she had been carrying a heavy burden. It is predictable that the mere relief of such a prolonged symptom without taking a history and providing insight through interpretation would have had little lasting value, but the combination did.

3. *Hypnotherapy strategies.* When the psychotherapy strategies of promoting rational understanding and/or of promoting the release of energy have been chosen, any or all of the hypnotherapeutic projective tactics are especially indicated. Direct or indirect suggestion therapy may be effective either for temporary symptom relief while the analysis is proceeding or for long-term supportive therapy. The production of substitute symptoms by hypnotic suggestion is analogous to the production of substitute dreams, and they can be analyzed in the same way. Behavior modification may be a primary hypnotherapy strategy at this level of intervention, or it may be chosen as an adjunctive technique for the other strategies.

Secondary Gain or Symptom-Fixing Factor

The secondary gain is what keeps the established illness, the symptom complex, from going away like a self-limiting condition such as the common cold. Since the primary anxiety is not totally relieved by the creation of the symptom complex, the symptom must continue because of the danger of releasing the primary anxiety. Often, however, by the time the patient comes for therapy, the primary anxiety has essentially been dissipated, and the symptom continues

almost as a habit or as a new life-style; it has become ego-syntonic. Further, the patient may not only adapt to the symptom itself, but may consciously or unconsciously learn that there are secondary advantages to having it; and if this occurs, he will hold on to it at all costs.

1. *Purpose.* The primary goal of treatment in this area is to break up the continuing development of the process of illness and to prevent the illness from becoming ego-syntonic. It can be very difficult, but the patient should be helped to develop insight into how he "uses" his illness as he has learned in the past to use other situations, how he must remain ill to do so, how the cost to him is high in terms of discomfort and dissatisfaction, and how there may be different and better ways to accomplish what he really wants to accomplish.

This is one of the most difficult areas to work in, partly because of the confusion between secondary gain and malingering, and partly because the patient has acquired a vested interest in maintaining his symptom. It is also one of the most important areas to work in, for therapy here, especially early in the illness, is true preventive medicine in the best sense of the word. It may prevent the need for rehabilitative therapy later. This is one of the areas in which other special techniques such as environmental manipulation and/or family therapy may be used effectively. Intervention in this area may be either preventive or therapeutic.

2. *Psychotherapy strategies.* Direct symptom relief, especially when early intervention is possible, prevents the development of secondary gain. After the secondary gain is entrenched, however, a direct relief of symptoms may be almost impossible because such relief could threaten the patient's entire life-style. Any psychotherapy strategy, however, can be effective if it modifies the symptom, interferes with the development of the process of illness, or disrupts the equilibrium of the established illness. Environmental manipulation can be effective not only in preventing the development of any secondary gains, but also in eliminating their effectiveness and their desirability for the patient. None of

the psychotherapy strategies are likely to be successful here, however, unless *the therapist* 1) can develop a rational understanding of the nature of the process of illness and the value of the secondary gains for his particular patient, and 2) can impart this same understanding to the patient through the strategy of promoting rational understanding, including analysis of how the illness affects the patient's environment and the other people in it. This process almost always involves the laborious procedure of identifying, analyzing, and interpreting the patient's conscious and unconscious resistance. It is in working in this area that the therapist and the patient are most likely to become adversaries, and thus both transference and countertransference phenomena abound. These must be handled by the therapist, whether or not they are interpreted.

3. *Hypnotherapy strategies.* When the psychotherapy strategy of promoting rational understanding is employed, the projective techniques directed toward cure, relief, and understanding of the symptoms are of most value. A combination of age regression and age progression can enable the patient to see himself as he was, as he is, and as he would like to become. Hypnoanalysis can be particularly helpful in that the patient, while in a trance, may be able to discuss things which he would not be able to discuss otherwise. Hypnotherapy using direct and indirect suggestions to give some degree of control of discomfort, or to produce substitute symptoms for analysis, can help to keep the patient stable enough yet in a sufficient state of disequilibrium that he will keep working on his problems and his "cure." Ego state therapy may assist the patient to become aware of the different parts of his personality, some of which may be working for cure while others are working to maintain the illness. The behavior modification strategy, especially with the special tactics such as biofeedback and the internal regulatory device, may alleviate the symptoms and maintain the patient's interest in treatment while those persons in his environment who are influenced by his symptoms are taking the opportunity to change their own behaviors, thus having an indirect positive effect upon the patient.

Summary

Hypnosis has a wide range of application in the field of psychotherapy, but it is only a part of the overall psychotherapeutic program for any patient. It can be of value in the treatment of almost any condition. Hypnosis is of most value when it is used according to a rationale involving the concept of intervention at various sites of the natural history of the illness. Hypnotherapeutic strategies should be selected on the bases of 1) the purpose of intervention, and 2) the psychotherapeutic strategies already selected.

Examples of Hypnotherapeutic Intervention

Dream analysis (7). A woman had a recurring dream of being in a closed room with thousands of spiders. While in a deep trance, she was asked to repeat the dream. She did, but it produced extreme anxiety. She was then asked to put distance between herself and the dream by watching it on a hallucinated television set. She noted that the spiders had features like those of her mother. She then recalled a current conflict with her mother and related this to childhood experiences with mother and father, then to her relationship with her husband. Again repeating the dream, she felt a desire to step on the spiders; she also visualized my presence in the background, and as I came to the foreground the spiders disappeared and she felt well. Interpretation is left to the reader.

Control of symptoms and age progression (8). A young marine had recurrent dissociative episodes in which his body was “taken over” by his dead dog. The episodes were unpredictable, and dangerous in that he would attempt to gouge out his eyes; so he had to remain under observation in the hospital and to be restrained during the attack. He was given the post-hypnotic suggestions that he could not have an attack without also being in a trance and that while having the experience he could not bring his hands within two inches of his eyes. Communication was established with “Brownie” by a Ouija board technique, and "Brownie” could tell us when the next attack would occur. The patient was

released from the hospital with post-hypnotic suggestions that at the scheduled time nothing could prevent him from returning to the hospital and that he could not have the attack without being in the psychiatric unit. The suggestions protected the patient and permitted definitive therapy to proceed.

Hypnosis as a deterrent (9). A recurrently suicidal patient was given the suggestion that she could not make a serious suicide attempt without first discussing it with me in the office and that I would see her as an emergency if necessary. She became suicidal, called, and was seen. Her thought processes were severely suicidal, and she revealed that she had a gun in her purse. She readily entered a trance, revealed the nature of her current conflict with her husband, was given a face-saving way out, traded her gun to me for two sleeping pills, and returned the next day for conjoint therapy with her husband.

Age regression and hallucination production. A middle-aged man had severe pain and disability of his left arm as the result of an industrial accident. Part of his treatment involved age regression with abreaction of the incident. This was so anxiety-inducing that we reproduced it on a hallucinated television set. This was still too intense, so we speeded up the projection. When he was able to tolerate this, we slowed it down and ultimately he abreacted the episode repeatedly. In doing this he became aware of his anger and resentment at the company and also of his sense of being a cripple and losing his masculinity. This made the significant difference in his overall treatment program.

Producing physiological change. The patient mentioned previously had received many surgical forms of treatment, including nerve blocks. During one episode of pain, I touched a pencil to his neck and had him experience receiving a stellate ganglion block. He developed a typical Horner's syndrome, and his pain was relieved.

The mini-vacation. A woman, experienced in the use of hypnosis, reported that between sessions she had gone to the dentist, requested no novocaine for

the first time ever, and had taken a vacation in the mountains while the dentist did his work. After several sessions like this, the dentist remarked, "Your hypnosis is the best thing that ever happened to me."

Aborting a psychotic episode. A woman had had episodes of schizophrenia requiring hospitalization and ECT about twice yearly for five years. She learned to use hypnosis, to recognize her earliest symptoms, and to call me when these occurred. If I could not see her immediately in the office, I would have her enter a trance by a prearranged signal and tell her to relax until I could see her and to analyze her current life situation. The episodes were aborted, became less frequent, and required less intervention by me. Following an emergency hysterectomy, she became catatonic at night. Using a telephone held to her ear by the house physician, I gave her the prearranged signal. She entered the trance, spoke calmly with me, accepted my supportive suggestions, slept well that night, and had no residuals the next day.

Hypnoanalysis involving secondary gain. A young woman was making great progress with her claustrophobia, but had reached an impasse. One day she entered a trance more deeply than ever and said, "Doctor, I don't want to remember this when I come out of the trance. I need my symptom. Please don't take it away from me." She did not remember saying this and left me with the difficult decision as to whether to attempt to continue her treatment. Using my best judgment under the circumstances, I arranged to gracefully terminate her treatment as "improved."

REFERENCES AND RECOMMENDED READING

1. Wolberg, L. *Medical Hypnosis, Vol. 1: The Principles of Hypnotherapy, Vol. II: The Practice of Hypnotherapy.* New York: Grune & Stratton, 1948.

2. Chertok, L. *Hypnosis.* New York: Pergamon Press, 1966.

3. Weitzenhoffer, A. M. *General Techniques of Hypnotism.* New York: Grune & Stratton, 1957.

4. Brenman, M. and Gill, M. *Hypnotherapy: A Survey of the Literature.* New York: Wiley, 1964.

5. Kroger, W. and Fezler, W. *Hypnosis and Behavior Modification: Imagery Conditioning.* Philadelphia: J. B. Lippincott, 1976.

6. Watkins, T. The affect bridge: A hypnoanalytic technique. *Int. J. Clin. Exper. Hyp.,* 1971, 19 (1): 21-27.

7. Hodge, J. An exploration of psychodynamics with hypnosis. *Amer. J. Clin. Hyp.,* 1969, 12 (2): 91-94.

8. Hodge, J. The management of dissociative reactions with hypnosis. *Int. J. Clin. Exper. Hyp.,* 1959, 7(4):217-221

9. Hodge, J. Hypnosis as a deterrent to suicide. *Amer. J. Clin. Hyp.,* 1972, 15(1): 20-24.

10. Hodge, J. Contractual aspects of hypnosis. *Inter. J. Clin. Exper. Hyp.,* 1976, 14(4): 391-399.

11. Frankel, F. H. *Hypnosis: Trance as a Coping Mechanism.* New York: Plenum Press, 1978.

APPENDIX

The Selection of Psychotherapy and Hypnotherapy

Site of Intervention in Process of Illness	Purpose	Psychotherapy Strategies and Tactics of Most Value	Hypnotherapy Strategies and Tactics of Most Value
Predisposing Personality	1. Understand patterns of behavior 2. Relate past to present 3. Promote growth and development	1. Promoting Rational Understanding 2. Release of Energy 3. Direct Modification of Behavior	1. Projective
Current Conflict	1. Relate symptom to current problems of living 2. Prevent secondary gain 3. Brief therapy possible	1. Promoting Rational Understanding	1. Projective a. Age regression 2. Direct and Indirect Suggestion
External Precipitating Stress	1. Relieve stress 2. Relate stress to current conflict and predisposing personality 3. Prevent secondary gain 4. Brief therapy possible	1. Promoting Rational Understanding 2. Direct Modification of Behavior 3. Release of Energy 4. Direct Relief of Symptoms 5. Supportive Psychotherapy 6. Paradoxical Intention	1. Projective a. Time distortion b. Dreams and Hallucinations 2. Direct and Indirect Suggestion 3. Behavior Modification
Development of Anxiety	1. Promote awareness of anxiety and confront it 2. Relate to external precipitating stress and current conflict 3. Brief therapy possible	1. Promoting Rational Understanding 2. Direct Modification of Behavior 3. Supportive Therapy 4. Release of Energy 5. Paradoxical Intention 6. Direct Relief of Symptoms	1. Projective a. Time distortion Age repression and age progression 2. Direct and Indirect Suggestion 3. Behavior Modification (with or without IRD)

Primary Gain or Symptom Forming Factor	1. Insight into psychodynamics 2. Long term therapy 3. May be useful in short-term therapy	1. Promoting Rational Understanding 2. Paradoxical Intention	1. Projective a. Dream analysis b. Age regression c. Symptom substitution
The Symptom Complex	1. Relief of symptoms 2. Relate symptom to predisposing personality, current conflict, external precipitating stress, and basic anxiety 3. Promote insight and understanding of symptoms	1. Promote Rational Understanding 2. Direct Modification of Behavior 3. Release of Energy 4. Supportive Therapy 5. Direct Relief of Symptoms 6. Paradoxical Intention	1. Projective a. Time distortion 2. Direct and Indirect Suggestion a. Production of substitute symptoms 3. Behavior Modification
Secondary Gain or Symptom-Fixing Factor	1. Prevention Promote insight and understanding 2. Therapeutic Promote insight and understanding Promote disequilibrium	1. Promote Rational Understanding 2. Direct Modification of Behavior 3. Supportive Therapy 4. Direct Relief (or alleviation) of Symptoms 5. Paradoxical Intention 6.(Also, Family Therapy and Environmental Manipulation)	1. Projective a. Time distortion Age regression and progression Symptom substitution b. Hypnoanalysis c. Behavior Therapy d. Ego State Therapy 2. Direct and Indirect Suggestion 3. Behavior Modification