

What is Hypnotherapy ?

First, let us discuss the differences between *hypnosis* and *hypnotherapy*. Hypnosis is a treatment intervention comprised of inducing the client into a relaxed, suggestible state and then offering post-hypnotic suggestions for relief from symptoms. Hypnotherapy is the process of psychotherapy with a client who is in the hypnotic altered state of consciousness. Experience and research lead us to discern the fallacy in the “antiquated notion that hypnosis could only be used to forcefully implant ideas in a patient’s mind without the need to work through the resistance” promoted by Freud in his early years and by many mental health professionals over the past 100 years (Ballen, 1997, p. 203).

Hypnosis is a method of relaxation and concentration that provides access to a unique state of consciousness. This state is characterized by increased primary process thinking, suggestibility (heightened ego receptivity), and dissociation of the *observing* ego functions from the *experiencing* ego functions. There is vacillation between ego receptivity and ego activity, with emotional learning taking place during the ego receptivity and insight during the ego activity. Ego activity has been defined as “decision-making, goal-directed activity, sequential logical reasoning, relative autonomy of the ego from the demands of the id, the superego and the environment, and the erection and maintenance of defenses” (Fromm, et al, 1988, p. 336). Ego receptivity has been defined as “a mode in which deliberate control of internal experience, critical judgement, and goal-directed thinking are temporarily relinquished, and an individual allows unconscious and preconscious material to emerge freely” (Fromm, et al, 1988, p. 336). A third mode of ego function, incidentally, is ego passivity, defined as helplessness or overwhelm.

The ego activity vacillates between highly focused attention-cathexis and diffuse, free-floating overinclusive attention. The ability to go back and forth on the continua between the unconscious and the conscious is what creates the advantage of altered-state over waking-state therapy. There is greater ego mobility, a greater ability to dip into the unconscious and to bring the unconscious material back into the waking state of consciousness (Fromm, 1977).

Ego activity also vacillates between focused and sustained attention and *disattention*, the ability to systematically screen out or filter selected stimuli. Both are necessary components of an effective trance state, indeed “hypnosis is a state of enhanced attention” (Crawford, 1994, p. 204), “a cognitive task that demands attentional and disattentional allocations” (p. 222)

The human brain operates with *parallel* processes of cognition loosely associated with the faculties of each cerebral hemisphere (Fox, 1995). Research (Shevrin, 1973) shows that stimulus content is processed and stored in two memory banks, one organized on the basis of secondary-process thinking and the other organized on the basis of primary-process thinking. Subsequently, the individual draws upon one memory bank or the other depending on the current state of consciousness. Primary-process thinking accesses information and perception not readily available in the usual alert, conscious, waking state. Studies demonstrate these shifts in hemispheric dominance during hypnosis (Gruzelier & Brow, 1985; Gruzelier et al, 1984; Gruzelier & Warren, 1993).

“*Accelerated learning* seems to take place in this state in a way that is reminiscent of childhood learning. There appear to be striking similarities between the absorption of young children intensely involved in discovery and of adult patients in hypnotic psychotherapy. ... Adults in hypnosis seem to make use of atrophied arenas of perception and communication that may only be operative in young children and the specially gifted” (Ballen, p. 213).

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