

# History and the concept of hypno- psychotherapy



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*Analyse the history of the profession of hypno-psychotherapy in terms of what information is useful for your practice*

Historically, hypnotherapy in its broadest sense has been viewed with scepticism and mistrust. However, with the additive value of integrative clinical frameworks, it has re-emerged as a credible, evidence based application for conditions, diverse as, obstetric complications (Hammond & Brown 2007) and neurosis (Barnett 1989).

### *Early Development*

The first definition for hypnotherapy was coined by James Braid, a Scottish physician who it is claimed, first discovered hypnosis in 1841, and subsequently developed the discipline of hypnotherapy; following several observations of Mesmerist demonstrations. Although Braid conceded that genuine physiological responses were evoked from the subjects, these failed to meet the criteria for supernatural or magnetic force.

After several months of observation, Baird concluded that the evoked responses were a result of commonplace psychological and physiological processes such as, focused attention, suggestion and relaxation. In imposing a character to the observed form of Hypnosis, Braid was fortified with a credible universal explanation, which marked a critical departure from the Mesmeric interpretation. Braid afforded the phenomena an alternative term of expression by calling it Neurypnology and later abbreviating to hypnology from where the modern day term hypnotism is derived (Waterfield 2002). More notably, Braid later reviewed his theory and abandoned the notion that

hypnosis was a specific neurological state, in favour of the theory that it was the fixation of consciousness on a single idea or object (mono-ideation)

### *Hypnoanalysis*

Besides its founder, an influential pioneer of hypnotherapy was Professor Bernheim who popularised the view that hypnosis is a state of heightened suggestibility. Sigmund Freud briefly studied with Bernheim and developed hypnosis as a vehicle for regression and catharsis. However, years after abandoning hypnosis for psychoanalysis, Freud returned to the subject of hypnotherapy, suggesting that it might be necessary to integrate the methods of hypnotherapy with the findings of psychoanalysis to develop a briefer and more powerful form of treatment. This development led to the school of "Hypnoanalysis". Considering this integration, I can clearly see the value of hypnoanalysis for those clients, who seek help for harmful behavioural patterns emanating from past events. Barnett (1989) offers a cogent argument why Hypnoanalysis should be part of the integrative toolkit by stating that a strictly 'here and now' approach would be inadequate, when the client's issues are deeply rooted in the past and their subjective reasons, far outweigh the external pressures to change.

### *Behaviourism & Hypnosis*

Despite its perceived limitations in psycho-analysis, by 1930 Hypnotism had attracted research interest from the behaviourists. Hull (1933) developed the first extensive systematic investigation of hypnosis using quantitative experimental methods. Moreover, Hull was ostensibly interested in the behavioural consequences of hyper-suggestibility which he reduced to a

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simple stimulus-response mechanism. In Hull's literature review (despite uncovering theoretical bias and interpretative variation), he discovered a fundamental communality; that the hypnotic trance yielded a heightened susceptibility to suggestion. Hull's simple conceptualisation possesses worth for my future practice with children; in creating a heightened state of suggestibility to address behavioural problems. Indeed, in my present therapeutic work, it has been my observation that children who present with emotional and behavioural problems are particularly mistrustful and resistant to change (even when presented for the better). By adopting a child centred -behavioral integration, under light trance conditions, I can help the child deal with situations in a positive manner by enabling relaxation, focusing attention and stabilising mood to gain improvements in self efficacy leading to more productive relationships with teachers, parents, and peers.

### *Ericksonian Hypnotherapy*

Milton Erickson was strongly influenced by Hull when he was a student at Winsconsin University. This encounter changed the course of Erickson's life. Erickson's emulated Hull's tireless dedication to advancing our theoretical understanding, thus propelling hypno-psychotherapy into the 20<sup>th</sup> century, whilst instrumentally shedding its skin of superstition, Erickson characterised the hypnotic trance and thus defining it (for the purpose of conceptualisation) as an increased awareness and responsiveness to ideas (Erickson & Rossi 1979). In terms of preparing myself for practice, I am particularly drawn to his writings as he clearly posits his occupation in the person (and the primary feature of suggestibility).

A resonating comparison, concerns the stark contrast in motivation between Freud and Erickson. Unlike Freud, Erickson was never interested in building an edifice of psychological theory and fit his clients to the theory. Erickson was solely concerned with empathically responding to the unique physical and psychological landscape of the individual. Although appreciative to Freud's valuable contribution to psycho-analysis, I am instinctually drawn to Erickson's ingenious strategies (using humour and beguiling narratives) to alleviate the onerous burden of change incumbent on the client. Despite concerns regarding Erickson's morality, he remains unparalleled in his contribution to the advancement of Hypnotherapy and our understanding of the ways in which we can heal psychological and physical pain.

### *Towards Integration*

In my quest to become an integrative hypno-psychotherapist, I will employ the behavioural, psycho-analytical and Ericksonian approaches both singularly and combined. For instance, a middle aged man who expresses a pattern of creating unpleasant arguments with his much adored wife ( due to his baseless insecurities) may need to access the cause, to be able to take responsibility for its effects. Therefore, he may need to first explore the origins of these destructive patterns through regression before he will accept suggestions for more emotionally productive ways of behaving. Ultimately I would see myself as not only helping this client resolve old hurts, but in broadening his capacity for positive marital experiences in the future and accomplish the life that he desires.

## **References**

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