Introduction to the Special Section:
Hypnosis and EMDR

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We are happy to introduce this special set of invited contributions on Hypnosis and EMDR. EMDR is an acronym for Eye Movement Desensitization and Reprocessing. While it has been argued against characterizing hypnosis as a specific type of treatment method (e.g. Frischholz, 1995; 1997a; 1997b; 2000; Frischholz & Spiegel, 1983), this is not the case for EMDR. Like psychoanalysis, EMDR is both an evolving theory about how information is perceived, stored and retrieved in the human brain and a specific treatment method based on this theory (Shapiro, 1995, 2001). In fact, EMDR is a very unique treatment method, which like other types of treatment methods/techniques (e.g. psychoanalytic/psychodynamic therapy, behavior therapy, cognitive-behavioral therapy, ego-state therapy) can also be incorporated with hypnosis (Hammond, 1990).

We note there are some distinctive differences between hypnosis and EMDR, which we would like to briefly highlight. First, one of the major uses of hypnosis among clinical practitioners is to deliberately begin by inducing in the patient an altered state of mental relaxation. In contrast, when beginning EMDR mental relaxation is not typically attempted. In fact, deliberate attempts are often actually made to connect with an anxious (i.e. an emotionally disturbing as opposed to relaxed) mental state.

Second, therapists often use hypnosis to help a patient develop a single, highly focused state of aroused receptivity (Spiegel & Spiegel, 1978). In contrast, with EMDR attempts are made to maintain a duality of focus on both positive and negative currently held self-referencing beliefs, as well as the emotional arousal brought about by imaging the worst part of a disturbing memory. However, in this sense, EMDR does have a similarity to Spiegel’s (Spiegel & Spiegel, 1978) split-screen cognitive restructuring technique.

Third, one of the proposed effects of hypnotizing a person is that they will have a decrease in their generalized reality orientation (GRO: Shor, 1979). This induced decrease in a person’s GRO is often utilized in order to promote an increase in fantasy and imagination, perhaps by capitalizing on an increase in trance logic (Orne, 1977). In contrast, in EMDR attempts are made towards repeatedly grounding the patient by referencing current feelings and body sensations to prevent the patient from drifting away from reality. Specific encouragement/inducement is made towards rejecting previously irrational/self-blaming
beliefs in favor of a newly, reframed positive belief with an increase in subjective conviction about that belief. Shapiro and Forrest (1997) and Nicosia (1995) have also noted additional differences between hypnosis and EMDR.

Interestingly, one of the few similarities between hypnosis and EMDR involves the often confused, but separate, issues of therapeutic process versus treatment outcome. For example, going back to the time of Mesmer, there have been different explanations regarding the processes underlying hypnotic phenomena. This situation still persists today and there is no widely accepted theoretical explanation about the processes/mechanisms by which hypnosis works. However, there was acknowledgement that Mesmer’s techniques (however they worked) yielded some positive clinical outcomes. Since the time of Mesmer, a growing body of evidence has accumulated which clearly supports the clinical efficacy of hypnosis (Hammond, 1994; Hilgard & Hilgard, 1975; Spiegel, Frischholz, Fleiss & Spiegel, 1993; Spiegel, Frischholz, Maruffi, & Spiegel, 1981; Spiegel & Spiegel, 1978; see also the January 2000 Special Issue of the *International Journal of Clinical & Experimental Hypnosis*). In fact, Kirsch (1996) has presented a meta-analytic summary empirically demonstrating that a particular treatment method combined with hypnosis is significantly more clinically effective than that same treatment method without hypnosis.

Likewise, there seems to be a growing body of scientific literature empirically demonstrating the efficacy of EMDR in yielding positive clinical outcomes (Carlson, Chemtob, Rusnak, Hedlund & Muraoka, 1998; Chemtob, Tolin, van der Kolk & Pitman, 2000; Marcus, Marquis, & Sakai, 1997; Maxfield & Hyer (in press); Rothbaum, 1997; Scheck, Schaeffer & Gillette, 1998; Shapiro, 1996a; 1996b; 1999; 2001; Shapiro, and Forrest, 1997; Van Etten & Taylor, 1998; and Wilson, Becker & Tinker, 1995, 1997). However, like the controversy regarding the processes underlying hypnotic phenomena, there is also disagreement about the mechanisms underlying EMDR (McNally, 1999; Perkins & Rouanzoin, in press; Shapiro, 1995; 2001). Hopefully, future research will shed new insights on the processes underlying both hypnosis and EMDR.

There are many different ways that hypnosis can be incorporated with almost any type of psychotherapy (Hammond, 1990, 1998). In fact, this special issue contains seven different articles, which present a variety of ways that hypnosis can be combined with EMDR to promote a positive clinical outcome. Again, future research is ultimately needed to determine whether combinations of hypnosis and EMDR are superior to EMDR alone, present useful alternatives to using just EMDR, and promote new understanding about the processes underlying hypnosis and EMDR. We hope you find these contributions both insightful and thought provoking.

References


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