Commentary on “Hypnosis, Hypnotizability, and Treatment”

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Howard Sutcher provides an excellent overview of issues concerning the nature of hypnosis, the measurement of the “state,” and the generalizability of such quantification into the clinical realm. In doing so, deeper considerations are raised regarding the relationship between the study of hypnosis and its practice.

The state versus non-state debate in hypnosis remains alive in the field and the author correctly surmises that “…no one really knows what is going on in the mind and body of a hypnotized person.” Whether or not hypnosis is truly distinguishable from other methods in inculcating desired responses still awaits definitive resolution, though there are hints that reliable differences do exist. Despite these lingering controversies, the author’s case discussions illustrate that dramatic results often can be achieved through hypnosis even in the absence of “hard” scientific data. The case outcomes point to the practical benefits of hypnosis that are possible without awaiting underlying theoretical clarification that might not be rapidly forthcoming. Clinicians do not have the benefit of suspending judgment while the process of empirical study unfolds through the testing of hypotheses and revision of theoretical conjectures.

Researchers need independent variables, clinicians do not. The author’s speculation that hypnotizability “…may merely be measuring phenomena of importance only to stage hypnotists or researchers” is interesting and provocative. The clinical relevance of hypnotizability has been questioned on many grounds for years (Diamond, 1989; Evans, 1979; Fourie & Lifschitz 1988), and it has been shown that even clinicians who subscribe to the hypnotizability concept rarely formally assess it in practice (Cohen, 1986). As Sutcher, therefore, points out, while “individual differences in responsivity to hypnosis can be reliably measured,” the clinical relevance of this variable has yet to be demonstrated. Clinicians are more oriented to other factors in attempting to affect positive treatment outcome. Hypnotizability does not consider subject characteristics including motivation, expectancy, and treatment readiness.

Research into the predictive value of hypnotizability emphasizes the adequacy of the subject. It ignores the hypnotist. Clinicians emphasize the therapeutic
relationship and the manner in which combined characteristics of therapist and patient can be brought to bear in fostering change. Research cannot assess clinician creativity, expertise, innovativeness, capacity to empathize, and other dynamics that are so salient to the therapeutic context. Standardization cannot account for the integration of various methods and approaches that talented clinicians include in the comprehensive treatment of clinical matters. For years, psychotherapy outcome research has highlighted the importance of “nonspecific treatment factors” (Borkovec & Castonguay, 1998) in influencing the course and result of treatment. There is every reason to believe that these qualities are equally germane in hypnotherapy but they elude “scientific” examination.

At its heart, Sutcher’s article underlines the differences between the Art of hypnotherapy and the Science of hypnosis. Both exist. There is, of course, some crossover, some shared territory. Just as a painter implicitly considers “scientific” principles of his/her craft (e.g., chemical compositions of paint, knowledge about color combinations, and optimal materials for the canvass), a clinician should be aware of empirical findings in the field. But the artistic creation is a synthesis that transcends mere facts about materials, angles, shading, and the like. So, too, is the hypnotic session. The combined attributes of the patient and clinician cannot be adequately explained by measurement of hypnotizability (or by any other extant scale or device). Researchers extol the virtues of their contributions to the understanding of the nature and dimensions of hypnosis. Clinicians can take pride in the accomplishments generated by the application of hypnotic principles in the lives of patients. There are matters within the broad term of “hypnosis” that are singular to each endeavor in both research and practice. Proper consideration of the bounds and limitations of each can foster a respectful coexistence that will only enhance independent as well as mutual discovery and result in advancement of the field.

The author invokes the nursery rhyme “Humpty Dumpty” on a number of occasions to metaphorically describe the “delusion” under which many clinicians and researchers operate. An equally apt analogy is that of “The Wizard of Oz.” Hypnosis has both a brain and a heart. Many seek the wizard to combine the two. Perhaps the wonder involved in the independence of each is what should be appreciated — the yellow brick road for hypnosis to travel.

References


