

## Defining Hypnosis

Daniel Araoz  
Long Island University

Allison, a woman in her 60s, had requested a method by which she could control the acute pain of dental implant surgery scheduled for the end of the month. Our session had ended and she was confident and happy. She said that now she knew what to do in order to “barely feel the pain” and she added that she would practice the same “mind exercise” we had just done every day until surgery and during the procedure.

Had she been hypnotized? Was that a trance that she had experienced? To answer this question we need a definition of hypnosis. And to construct a definition requires a careful process. Division 30 of APA, The Society of Psychological Hypnosis, has a functional/behavioral definition: When the subject does A, B, C, and D, he or she is in hypnosis. Another way of approaching this is epistemologically, by explaining not the literal meaning of the word but what is meant by the word “hypnosis”—which is, unfortunately, a misnomer and an arbitrary designation of a natural human experience.

The “new hypnosis” (Araoz, 1995; Godin, 1992) is firmly based on Ericksonian naturalistic, client-centeredness and respectful permissiveness practice, but adding to it other concepts from contemporary psychoanalysis, cognitive-behaviorism and systemic schools of thought, and distinguishes itself from traditional hypnosis where the focus of control is with the practitioner. As a practitioner of “new hypnosis,” I prefer not to talk about “hypnotizing” people because I agree with those like Erika Fromm (1979; Brown & Fromm, 1986), who have researched the phenomenon and have come to the conclusion that all hypnosis is ultimately self-hypnosis and that the clinician is merely guiding and aiding the patient to experience hypnosis. In order to stress the role of the individual in this experience, not that of the operator, I do not place emphasis on *depth of trance* or talk about people *being under hypnosis*. Thus, I find it more correct to talk about people *experiencing hypnosis* and reaching their unique trance style or modality.

Address correspondences and reprint requests to:

Daniel Araoz, EdD, ABPH  
Long Island University  
Dept. of Counseling & Development - CW Post Campus  
720 Northern Blvd  
Brookville, NY 11548-1300  
Email: daniel.araoz@liu.edu

I would assert that hypnosis occurs when the person is using his or her mind (or thinking) in “a different way” than usual—what those who embrace traditional hypnosis call *altered state of consciousness*. This manner of thinking is special because it is not focused on the external experiences of people, events and circumstances but rather, on the inner feelings, reactions, memories, secrets, and other private realities of the subject. Consequently, the less rationally and logically the person is thinking, the more he or she is using hypnosis which is always *experiential thinking*. In short, hypnosis is experiential thinking, as opposed to our ordinary rational, outer-directed thinking. In other words, my view of hypnosis is more inclusive; a larger umbrella covering many more mental activities than the traditional position on hypnosis which often is restricted to what happens supposedly *as a result* of the induction (e.g., Hughes & Rothovius, 1996). Among the mental activities included in these elements for a definition of hypnosis are daydreams, intense absorption in a book, a lecture, a movie or a religious service just to mention a few possibilities (e.g., LeCron, 1971).

From the “new hypnosis” view comes the insistence on the naturalness of hypnosis as a less familiar way of using our thinking powers. Thus, for example, the internal reverie or awakened dream —*rêve éveillé*— of Desoille (1966) is closer to my understanding of hypnosis than the dramatic extremes of somnambulism and induced catatonic states so much lauded by many traditional hypnotists.

In this vein, hypnosis can be represented as a continuum with the extreme phenomena at one end and the reveries at the opposite end, while in between the two lie other “hypnotic phenomena,” such as ideomotoric communication, arm levitation, and etc. This is another form of understanding what traditional hypnotists mean when they refer to deep and mild trance, implicitly placing preference on the deeper hypnotic experience.

Because of the essential *naturalness* of hypnosis (it is a natural mental activity) and the wider field the “new hypnosis” attributes to it, scant attention is paid to concepts such as *hypnotizability*, *formal inductions* or *depth of trance*, among others. Those endorsing the concept assume that the individual who can daydream can use hypnosis, allowing, of course, for variations in modalities of how he or she gets into hypnosis and what type of intensity occurs in each individual trance experience. As Erickson (1958) repeated, it is the person’s trance and the clinician must respect this fact.

However, to avoid confusion, it is necessary to distinguish sharply between hypnosis and hypnotherapy. In the latter, the involvement of another person is always of its essence. In hypnosis, on the other hand, self-hypnosis is included, and it can happen without any deliberate effort on the part of the individual. Consequently, hypnotherapy is a particular form of hypnosis and it may be defined with Godin (1991) as: “the psychological functioning of a subject by which he or she succeeds in abstracting the surrounding reality while keeping in relation with the “other person” (clinician). This requires a “letting go” on the part of the subject which allows him or her to function in an original fashion and which is called a “state.” This manner of using one’s mind makes new possibilities arise; for example, that of the influence of the mind over the body or of psychological work at the unconscious level to produce changes that, without this experience, were considered impossible.” (37820B[50], p.1).

One element that needs constant attention when dealing with hypnosis is the unconscious. The investigation of the unconscious is probably Freud’s greatest contribution to modern culture. As Erich Fromm (1980) wrote, “Freud’s discovery was

that what we think is not necessarily what we are” (p. 22). And our noble ideals may hide pathological drives and desires. Any clinician using hypnosis benefits from studying and understanding what the unconscious is and does in our daily existence. Hypnotherapy is a powerful tool to reach the unconscious and to work with it to improve our lives and that of our patients. The evolution of the “new hypnosis” in the past 20 years has come full circle to its origins. Freud started his private practice using the hypnotic exercise he called *cathartic method* (Breuer & Freud, 2000) after witnessing in Paris the unusual effects of hypnosis on patients. Because of this, it is true to state that hypnosis is the mother of psychoanalysis (Araoz, 2006, in press).

Unfortunately, the current trend imposed by American managed care on mental health services demands brief treatment. With hypnoanalysis, a specialized form of hypnotherapy, we can help patients beyond the symptom so they can recognize and change hidden characterological aspects of their presenting problem. Once patients start working with the reality of their unconscious, they become much more involved in their psychological healing than when they keep a symptom-only attitude. The current trend of relational, intersubjective psychoanalysis (Newirth, 2003) lends itself well to hypnotic work. This is so because the interaction becomes more genuine when therapy encourages clients to have a heightened awareness of unconscious processes.

Therefore, on one hand we have hypnosis, hypnotherapy, and hypnoanalysis; on the other, naturalness, fantasy and unconscious. The amalgamation of these concepts, reflective of reality when two human beings join for a healing purpose, presents a very different picture of what happens thanks to hypnosis than the one with which most people are familiar.

Let us go back to Allison whom we met at the start. She found hypnosis very natural, not having experienced any intrusive questions, suggestions or actions. She felt no pressure to perform. The activation of her imagination became almost common sense; it happened as she was explaining to me what she knew well and I did not: the dentist’s office, details of the operation, etc. It had been easy to imagine herself in the chair, going through the process of treatment and surgery. Then she found it very relieving to realize that she was completely relaxed while fantasizing that she had no pain, that her gums had become like hard rubber, that the doctor’s poking felt like pressure on that thick rubber. She reported it was great to be so relaxed when she had previously felt so tense.

Allison emphasized that the earlier part in the session, when she checked if there was any special reason for her to hold on to the pain, had been especially important because she discovered that the message that “pain is inevitable,” as her mother believed, came from way back in her early years. Her mother used to refer to life as “the valley of tears.” This hypnoanalysis part elicited an insightful comment by Allison: “I guess that I became especially sensitive to pain because I was always expecting to have it. It was as if I knew I was alive because I had pain.”

To add to the complication, we must consider what Weitzenhoffer (1989) labeled as hypnosis in the plural: “...the many mental states which have many points in common but which are also different. Therefore, one must think about many hypnoses rather than of one type only” (p.10). What applies to hypnosis in general, applies also to hypnotherapy and hypnoanalysis.

However, thanks to Allison, my definition of hypnosis—as well as of hypnotherapy and hypnoanalysis—can start to take shape. With this definition, I have attempted to cover the entire field:

## Defining Hypnosis

Hypnosis is the experience of a new awareness of self, based mainly on the use of fantasy or imagination, which facilitates a modified and concentrated attention that allows the subject to engage in new ways of thinking and of experiencing new possibilities of self-control. In the therapeutic context, it helps the client/patient to attain individual goals by accepting them as eminently possible and attainable. In hypnoanalysis, it also facilitates the connection of current distress with past experiences, helping the client/patient to have a greater awareness of factors that have shaped his or her personality.

As Bernheim (1916) said, “Hypnosis does not exist. What exists is the interaction between a given context and the aptitude of the subject to respond to that context” (p.394). Therefore, Bernheim would not take any definition of hypnosis as the final, definite, truth about hypnosis. In humble recognition of this fact, I submit my thinking to the scrutiny and critique of my colleagues and peers.

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