Ethics and Values in Hypnosis and Hypnotherapy

Erika Fromm

Hypnosis is an altered state of consciousness which is characterized by a regression in the service of the ego along with increased access to the unconscious. This makes it possible to achieve lasting therapeutic results faster in hypnosis than in the waking state. It is also a state of decreased vigilance and a decreased ability to defend oneself against demands made by the therapist. This vulnerability involves dangers if a patient is in the hands of a poorly trained, incompetent or unscrupulous therapist who may abuse hypnosis. In general, the same human and moral values that guide the responsible therapist with the patient in ordinary waking state must guide him/her with the patient in hypnosis only more so. The contemporary permissive hypnotherapist does not superimpose his/her own will or personality onto the patient but supports him, helps him face the frightening parts of his unconscious, shows him where his own inner, and often unknown resources lie, and thus helps him cope with the conflicts, master them, and gain full autonomy, and freedom from fear.

Clinical hypnosis is an important contribution to mental and physical health. It should not be used as a source of entertainment. It is quite easy to learn how to induce hypnosis; and a proliferation of laypeople and quacks, lacking the value system and a broad professional background in the healing arts, unfortunately do employ hypnosis to 'cure' patients. Their activities, and the stage hypnotist's spectacular, very popular theatrical performances have prejudiced large sectors of the professional community against hypnotherapy and prevented professionals from exploring what contemporary hypnotherapy really is.

True hypnotherapy is a scientific discipline which began, as such, in the late eighteenth century with Franz Anton Mesmer. Hypnotherapy was handled in an authoritarian fashion until the end of World War II, even by Freud (Breuer & Freud, 1895). In the late 1940s, however, a democratization and liberalization set in; permissive hypnosis was born. Hyp-

notherapists realized that they were not omnipotent and that they did not necessarily know what was best for the patient. This led them to see that they could not and should not suggest to patients what to do, nor should they play into the hands of their patients' archaic wishes for an omniscient and omnipotent parent figure. They also became aware of the fact that the patient must be helped to find his/her own solutions to the problems, his/her own ego-syntonic ways of coping with them and mastering them. The whole concept of hypnotherapy changed into one of interactive collaboration between patient and hypnotherapist along with respect for the patient's autonomy.

I. Positive values

Human Values

The goal of all therapy is to help the patient gain access to one's potential and relief of emotional and/or physical pain. Hypnoanalysis and hypnotherapy can lead to these goals faster than many other psychotherapies, and in particular, faster than psychoanalysis. The reasons for this have been described in many publications (e.g., Fromm, 1965) but deserve a short recapitulation here.

Hypnosis is a regression in the service of the ego (Fromm et al., 1970; Gill & Brenman, 1959; Levin & Harrington, 1976). 'Regression in the service of the ego' is defined by Kris (1952) as the temporary return to developmentally earlier forms of thinking and experiencing such as a shift of balance from more secondary process to an increase in primary process functioning. One thinks, that is, in imagery and pictorial forms rather than in sequential logic and language. As I (Fromm, 1979) have pointed out, this is characteristic of all altered states of consciousness, of which hypnosis is just one. The regression brings with it greater access to the unconscious, both the pathological parts of the unconscious (the repressed or otberwise unconsciously defended against feelings, thoughts and conflicts) as well as the positive, the creative and the constructive parts. In the hypnotic state the patient is more highly receptive to interpretations and/or suggestions made by the hypnotherapist, as well as more open to feelings and thoughts rising into awareness from within oneself. Both these phenomena contribute to the marked decrease of time needed for hypnoanalysis or hypnotherapy. The main motivation for most of us who become hypnoanalysts has been the desire to help our patients solve their conflicts faster than is possible in psychoanalysis or in psychoanalytically oriented psychotherapy in the waking state. Hypnoanalysis saves the patient time and money. Often what can be done in three years of psychoanalysis can be done in three months or even three hours of hypnoanalysis; and without a loss of depth, or a loss of permanency of the change.

The following case required no more than a single hour of hypnoanalysis:

A farmer's wife requested help for a „habit“ that bothered her: She went to many tea parties in the small town in which she lived, and whenever she picked up a cup of tea or coffee, her hand trembled. This embarrassed her. Her mother had the same symptom and the patient was afraid that her own seven-year-old daughter would „learn this habit“ from her soon, and also suffer embarrassment about it later.

In the anamnestic interview, it became very clear that the patient loved her mother deeply. She had fully identified with her, I helped the patient slip into a medium-deep hypnotic state and interpreted to her in this state that when one loves a person, one identifies with her or him. But that it would not be disloyal to her mother if, in some ways, she would become different. She could allow her hand to let go of the habit of trembling and see for herself that she still loved her mother as much as before. In a moment, I said, I would put a saucer and a cup of coffee on the table next to her. She could open her eyes, pick it up and drink the coffee. If deep inside of her she understood what I had explained to her and if she felt it was right, she would see that she need shake no longer.

The patient picked up the cup and saucer without shaking, held it for a while smiling happily, drank some coffee, put it down and picked it up again. I asked her to do it half a dozen times or more. Then I woke her up and let her do the same thing a number of times in the waking state; there was no shaking. We practiced a bit more, in and out of hypnosis. I told her how proud I was of her and how proud she could be of herself having been able to solve the problem so quickly. I then asked her to pick up the cup with her left hand. The left hand shook a bit and she spilled some coffee on the saucer. Upon questioning she told me that she was right-handed and rarely picked up a cup with her left hand. But the mere fact that her left hand still trembled a bit showed me that she was not quite ready yet fully to let go of the symptom. I helped her into trance again and told her that frequently people need a little time to overcome something that had been troubling them. It needed to be worked through. And I expected that even the shaking in the left hand would cease within the next few weeks. When she went to a party she should just experiment with it once in a while. If the left hand would continue to shake, she could always pick up cups with her right hand, which she knew would not tremble and embarrass her anymore.

We had arranged that she could call me back and ask for another therapy hour if and when she felt she needed it. The patient called back four weeks later and delightedly told me that the trembling in her left hand had slowly ceased as well, and no trembling whatsoever recurred in the right hand. The relationship with her mother had not changed at all; it was as warm and good as it had been. Follow-ups at six months, one year and two years showed that all remained well.

Uncovering without piercing defenses too quickly

Because hypnosis is a regression in the service of the ego, and because in hypnosis the patient makes contact with the unconscious more rapidly and more deeply than in waking therapies, the hypnotherapist is in the both advantageous and perilous position of being able to uncover deeply unconscious defenses even when the patient is by no means ready to face the unconscious wish yet or to give up the defense against it. In waking therapy, premature confrontation is more likely to roll off the patient's back like water rolls off the back of a duck than it is in hypnosis. Simply because the patient has disclosed the unconscious to the therapist in the hypnotic trance, this does not mean that she/he is able and ready to deal with the material yet, or that she/he can face one's naked self in the mirror of waking self-awareness. The conscientious and permissive hypnoanalyst who respects his/her patient, therefore, will not overwhelm the patient - as even Freud did - by demanding that the patient bring up into the waking state all of the unconscious material that has come into awareness in the hypnotic state. Rather, before helping the patient back into the waking state, the permissive hypnotherapist will say: „When you return to the waking state you will be able to bring up with you as much as you will be able to face; thus, encouraging the patient to remember previously unconscious material, but at the same time respecting the autonomy and the wisdom of the patient's own protective unconscious, which may decide that the time is not yet ripe to allow entrance into ordinary awareness of what would be too upsetting.

To give and not to take away

An important part of the beliefs held by most-though not all- contemporary hypnotherapists can be expressed in the maxim: Give to the patient, do not take away! For instance, while it is perfectly possible to help a certain percentage of obese patients to lose weight by suggesting to them in trance that sweets and fatty foods will make them feel nauseous, the great majority of contemporary hypnotherapists prefer to tell the obese patient that s/he does not derive enough enjoyment from eating because s/he stuffs great amounts of food into his mouth without giving his/her taste buds a chance to savor it. They then go on to suggest that in the days and weeks to come the patient will find that instead of stuffing his/her mouth full of food, s/he will move each bite, slowly, from one place on the tongue to another; until each of the taste buds will have gotten the full enjoyment of the food. The patent will find, the hypnotherapist says, that after a few bites s/he will have gained so much enjoyment from what s/he has eaten that s/he will be satisfied and will not need to eat until the next regular meal, when the same thing will happen. Thus the therapist does not take away pleasure; sh/he gives the patient new and more appropriate means for

instinctual gratification. In addition, s/he attempts to strengthen the healthy pride the patient feels in mastering the over-eating.

The philosophy and value system of the contemporary hypnotherapist are: it is the task of the hypnotherapist to enrich the patient, to help expand the ego span, and to give pride in the ability to cope and master; it is not good to forbid, to restrict the patient, or to make one into the obedient slave who follows the advice or restrictive suggestion of the hypnotherapist even if that demand is ego-dystonic. The hypnotherapist should not attempt to shape the patient in his/her own image.

It is characteristic of the individual in hypnosis that s/he has a strong desire to please the person who is hypnotizing her/him and that s/he wants to go along with what the hypnotist asks. This is due partly to the heightened ego receptivity in trance, but it also has to do with the fact that very strong transferences, particularly father and mother transferences, develop quickly in the hypnotized person. This puts an added moral responsibility on the hypnotist; s/he must not exploit the tendency of the patient towards „obedience,' and indeed must guard the welfare of the patient even more strenuously than one would do with the ordinary psychotherapy patient. The personal welfare of the patient must always come first, even if it means interfering with a great research idea or project of the hypnotist. Sometimes this can represent a real dilemma for the hypnotherapist/ researcher.

II. Negative values:

Abuses and their prevention

There are certain abuses against which the profession must guard itself. If and when necessary it polices its wayward members. In the main these abuses are:

1. Coercing the patient to behave in discordance with his/her moral convictions and principles.
2. Seducing or coercing a hypnotized patient into a behavior or act that could be dangerous.
3. Sexually seducing a hypnotized patient.
4. Sensationalism
5. The training of laypeople who do not have a broad background in the healing arts.

It is perfectly possible to coerce an individual in hypnosis to do something that in the ordinary waking state s/he would not do. The hypnotherapist imaginatively creates for a patient a situation in which the suggested behavior would not clash with one's moral convictions. We all have moral principles; and think of them as absolutes. However, our moral imperatives to some extent depend on the situation in which we find ourselves. We all subscribe to the commandment „thou shalt not kill.“ But in times of war it suddenly is no longer immoral to kill.

1. There have been long and heated disputes in the field of hypnosis (Erikson, 19@9 vs. Watkins, 1947) as to whether the hypnotist can coerce or induce an individual who has good moral standards to commit a criminal act in trance, or posthypnotically. Experiments (Watkins, 1947) have shown that it is possible; but only when the hypnotist creates for the patient by vivid description a situation in which such amoral behavior would be moral. The hypnotist must describe this situation so vividly that the patient lives himself totally into it and becomes 'real.' In Watkins' experiment, an American World War II private with a very good Army record was hypnotized in 1945 in a psychology laboratory in the U.S. in the presence of an American Lieutenant Colonel, and told: 'Look there, behind that tree! There is a dirty Jap! He has a bayonet in his hand! He's coming at you!' The experimenter had placed the Lieutenant Colonel directly in front of the private and about ten feet away. The private dove at the Lieutenant Colonel in a flying tackle and with both hands nearly choked and strangled him. He was neither antagonistic against his superiors, as soldiers were during the Vietnamese War, nor did he violate his own conscience. What he was attacking was to him a Japanese soldier, the enemy, and not an officer in the U.S. Army.

Clearly, if a hypnotist induced or coerced a patient to commit an immoral act, it would be a dramatic and umistakable abuse of hypnosis. But what if the purpose of such coercion were a good one? What about the hypnotist who has a group of patients with great race prejudices? Does s/he have the right to influence his/her patients in this receptive state, more open-minded hypnotic state to give up the race prejudices and to give them up for good? Laboratory research (Rosenberg, 1959) has shown that it is possible to change race prejudice via hypnosis. The question of whether this would or would not be an abuse if done in the hypnotherapy of, let us say, a member of the Ku Klux Klan, is not so easy to answer.

2. It is certainly an abuse of hypnosis if a hypnotist coerces a hypnotized person into destroying himself/herself. For example, some years ago, a physician/hypnotherapist who was in love with another woman and wanted to marry her, hypnotized his wife and suggested to her that she had a severe headache. When the headache became very severe, he told her, she would swallow all the pills in the bottle he had put in her lap. They would make her fall asleep, so she would not feel the pain any longer. After a little while she reached for the pills and took them all. It was a lethal dose.

3. Sexual seduction of a hypnotized patient is, of course, an abuse. It happens rarely nowadays, much less frequently than the general public assumes. But there are occasional cases where the hypnotherapist misuses his/her function, consciously perhaps with good therapeutic intentions, but unconsciously in order to gratify his/her own sexual desires. To give an example: A young, very beautiful woman shied away from sexual contacts. She

went to a male hypnotherapist who found her to be an extremely good hypnotic subject, able to go into deep stages of trance. He began a regular hypnoanalysis. In the sixth hour, as she lay on the couch with closed eyes, in deep trance, he became aware of the fairness of the skin of her face framed by her long, shiny black curls. Fleetingly, his own associations were of Snow White and of Sleeping Beauty. He suddenly bent over and kissed her fully on the mouth, before he even became aware of thinking of himself as Prince Charming. The patient roused herself, slapped his face and cried out, 'How dare you...!' The therapist sheepishly said, 'I really did it only to help you get over your fear of men.' In supervision, however, he could recognize later that he had overstepped the boundaries of good hypnotherapy.

4. Scientific hypnosis researchers and hypnotherapists frown upon any sensational use of hypnosis. The early history of hypnotherapy, it is true, was one of sensationalism. Dramatic discoveries were made and often higher hopes and promises for cures were raised than could be kept. For the last forty-five years, however, the profession has tried to keep a low profile, to avoid all sensationalism, and to establish a large body of solid research on the phenomena, the characteristics, the realistic possibilities, and the limitations of hypnosis and hypnotherapy.

5. It is relatively easy to learn how to induce hypnosis. It is much harder to learn how to use it wisely and therapeutically. That requires a broad professional background in the healing arts and in psychodynamics. Stage hypnotists and other laypeople, however, have trifled with hypnosis for a long time, purely for the purpose of sensational display. Many of them fancy themselves to be hypnotherapists and advertise themselves as such. Irresponsible practices of these laypeople endanger the public interest, and attempts have been made to outlaw them. But in most states these attempts fail because the lobbies of the lay groups are more powerful, more affluent (and probably more politically astute) than those of the professionals. In some places even police officers are being trained in hypnotic induction, deepening, and uncovering techniques, presumably to obtain information to solve crimes. Police officers neither have the broad understanding of psychology and psychopathology needed, nor the knowledge that would enable them to differentiate between real memories and pseudomemories. In addition, police officers frequently have such strong views as to who is likely to be the guilty party in a crime that they easily and inadvertently can bias the hypnotized subject's memories, even if they do not intend to do so. The profession, therefore, views with great alarm the training of police officers and has urged its members not to teach hypnosis to police officers and lay people (International Society of Hypnosis, Code of Ethics, 1979). With regard to lay people, an exception of course is the teaching of self-hypnosis to patients. But patients are always warned to use it

only on themselves, not on others.

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Finding One's Voice: The Art and Process of Becoming a Therapist

Peter B. Bloom

■ *Psychotherapists from every discipline bring common longings to their craft: the need to feel competent, effective, and centered when working with patients and clients. Clinicians who choose to become therapists must repeatedly reappraise their development by examining their successes and failures to ascertain the nature of their evolving knowledge and skill.*

During the process of becoming a therapist, there appears a personal style, interpretation, and coloring in the clinician's work that is unique to him or her. Finding this voicing of our work and letting it lead our efforts to combine knowledge and intuition in the clinical setting is a worthy struggle. I will examine ways to facilitate finding one's voice. In developing our access to this creative and natural sense of ourselves, we must be alert to our own observations while keeping our curiosity alive. As we gain confidence in using ourselves in this new context of knowledge and experience, we may find we have returned to where we started and are comfortably practicing the Art of Therapy.

I wish to describe what it is like to spend a lifetime career striving to become the psychotherapist one longs to be. I will not discuss technique, theory or clinical results that seem so flawless that learning ceases. I believe that as therapists we cannot solely depend on our techniques and theories in achieving clinical successes, but only, in the final analysis, on ourselves. Our confidence must ultimately rest on finding our voice and enjoying its expression in the service of our patient care and our own continued growth.

The voice I speak of comes from that quiet place within each of us. It's a place that derives its strength from vigorous training, fully credentialed and peer reviewed. This voice is not "flying by the seat of one's pants" and it's not expressed in the therapy based only on