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What's new about the New Hypnosis

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The chapter explains how the New Hypnosis (NH), stemming immediately from M. H. Erickson and historically from la Nouvelle École de Nancy, differs from traditional hypnosis. Among other differences, the chapter explains hypnotizability, methods of induction and depth of trance. Then the fundamental principle of the NH is presented and elaborated: that "the clinician does not hypnotize the patient but merely facilitates the hypnotic experience guiding patients to use the mental resources of their personality for their benefit and enrichment as human beings". The chapter offers a clinical case study to illustrate these concepts.

We all know that hypnosis has been used - and abused! - for many centuries. Technically we must distinguish between the external mind control used by one person over another and the techniques to help an individual employ the inner and hidden resources that will make life better, healthier and more enjoyable for that person. Both tasks can be accomplished with hypnosis. When used professionally it proclaims to be very far from external control and only in the last three decades it has emphasized strongly its second use. In the 1950's Milton H. Erickson as a clinician and T.X. Barber as a researcher made clear that many of the aspects of hypnosis, deemed essential by the traditionalists, were not necessary for effective hypnosis. They, on one side and the traditionalists on the other, renewed the dispute from the end of the 1800's between the traditionalists of the Salpetrière hospital in Paris and the "rebels" of Nancy, also in France.

The New Hypnosis or NH (capitalized to make it a name and title) follows the work of the Nouvelle École de Nancy and belongs to what Weitzenhoffer (1989) calls the non-traditional hypnotism, according to Godin (1992). It is indeed rooted in the work of Erickson (see Rossi, 1980) and in the important investigations of T.X. Barber (1974, 1979; Barber, Spanos & Chaves, 1974), influenced by Sarbin (1950, 1989); (Sarbin & Coe, 1972). But the New Hypnosis is not limited to these two powerful sources. It benefits also from psychoanalysis (Gruenewald, Fromm & Oberlander, 1979) and from cognitive-behavior therapy (Bowers, 1977; Cautela, 1978). The New Hypnosis appears

for the first time in the introductory chapter of my first book (1982) followed in 1985 by an entire volume with that title. Since then, there is a Societé de la Nouvelle Hypnose in Paris and an institute by that name in Brussels. It is the theme of this 1998 European Congress of Hypnosis held in Venice at which this lecture is held and of an International Symposium in Santiago, Chile, in 2004, just to mention a few professional indications of it.

The "new" in the New Hypnosis

This article has two parts. First it shall present three main characteristics of the New Hypnosis as compared with the traditional hypnosis, still widely practiced and even considered the only true hypnosis in many professional circles. These are Hypnotizability, Formalized induction and Depth of trance. Secondly, it shall review the fundamental clinical principle of the New Hypnosis. A clinical case study shall illustrate these principles dealing with the New Hypnosis as a natural mental activity, as individually experiential, and as facilitating change without "making the unconscious conscious."

Hypnotizability

The belief that hypnotizability is a general mental trait, like intelligence, the trait theory of hypnosis, is associated with the traditional approach. Tests to determine susceptibility to hypnosis were developed and taken seriously for many years. In 1959 Weitzenhoffer and Hilgard, two eminent hypnosis experts developed the Stanford Scale, shortly thereafter followed by the Harvard Scale, authored by two other luminaries in the field (Shor & Orne, 1962). Finally, Herbert Spiegel (1973) introduced his own scale, the HIP or Hypnosis Induction Profile, as the definite instrument to decide who can be hypnotized. Among the numerous critics of hypnotizability as a measurable concept are also eminent hypnosis specialists such as Erickson (1952), Diamond (1977), J. Barber (1982), King & Citrenbaum (1993), among others identified with the social learning theory of hypnosis.

I go a step further and consider hypnotizability as a clinically useless cognitive construct opposed to Occam's law of parsimony. The reason for my position is that hypnotizability tries to objectify what is always individualized, subjective and idiosyncratic. What the scales measure is not the person's ability to enter hypnosis but to respond to direct suggestions, as J. Barber (1982) explains commenting on the research of Alman & Carney (1981) and of Fricton (1981). Therefore the New Hypnosis starts with the assumption that every normal person is able to benefit from hypnosis as long as the four conditions of T.X. Barber (1974) are present. These are Trust, Expectations, Attitude and Motivation. Trust means that the patient needs to respect and trust the professional as an expert and as an honorable person who is interested in helping. On the part of the operator, it means confidence in his/her ability to aid the patient by means of hypnosis. Expectations, for both the patient and the clinician, refers to a reasonable hope that hypnosis will help within the limitations of reality and human nature. No one will be able to do with hypnosis what he cannot do otherwise. Hypnosis will merely facilitate change and make it less onerous. Attitude looks at the cooperation needed between patient and clinician. If the patient does not cooperate, if there is a stance of antagonism and contrariness, hypnosis cannot take place. Finally, motivation concentrates on the need of the patient to want to change or at least to experience hypnosis as beneficial for his/her well-being.

Because trance (the experience of hypnosis) is a subjective reality, each person needs a personal and unique approach. The flexibility of the clinician is essential for this. Because trance is not a constant but a process, which has ups and downs, with greater and weaker intensity, the professional has to be ready to go with the patient's "flow" in the process of using hypnosis. Because trance is the unique experience of the individual, the operator must know that s/he is not hypnotizing the patient but merely guiding, helping and facilitating the trance experience of the patient. For these reasons, we avoid expressions like "being under hypnosis," to shun the impression that the locus of control is the hypnotherapist. We also shy away from talking about "hypnotizing" people because we know that only the person can hypnotize him/herself -indeed, with the help of the expert, and that the expert cannot use hypnosis successfully against the will and without the cooperation of the other person.

The New Hypnosis makes the change from hypnotizability to hypnotizing ability, which requires "being with" the patient at each step of the trance experience. A professional working with hypnosis must accommodate to the client rather than expect the patient to fit into the predetermined modes of doing hypnosis.

A consequence of all this is that inductions in the New Hypnosis are not stereotyped and readymade. They are naturalistic and based on what the client is providing unconsciously by means other than the content of the communication, such as the choice of figures of speech, gestures and other somatic manifestations. This will be treated later in another section.

To conclude this section on hypnotizability it must be said that any person who can daydream, can also use hypnosis. The challenge for the hypnotherapist is to find the right way to help the patient release her/his ability to get into this special mental channel which is hypnosis.

Hypnotic Induction

Hammond (1990), representing the thinking of his colleagues at the time, published a large text of inductions for practically anything that can be treated with hypnosis. I remember from three decades ago professional meetings and demonstrations where some clinicians even read ready-made inductions to their patients. Fortunately I do not know of any current practitioner who does this at present.

In the New Hypnosis, formalized inductions are only used with patients who believe they do work. Otherwise, we use only naturalistic, permissive and openended inductions, remembering that they are the preliminary steps to start that special way of thinking designed by the word hypnosis.

We also do not stress the difference between induction and hypnosis as such. These non-formalized inductions always start with the patient, noticing the non-conscious behaviors produced in the narrative of the problem, situation or story. These non-conscious behaviors may be figures of speech, gestures, changes in expression, tone of voice, muscle tension, etc. They are used to start the hypnotic process. Thus, if a person says that his job "makes him sick," I ask him to tell me in what part of the body does he feel sick. Then I invite him to concentrate on it and to let into his awareness any associations, memories, images, sensations, and the like, even though they may seem absurd and nonsensical. The emphasis is on the associations that come spontaneously to his mind.

The theory behind this method is that the unconscious (or inner) mind controls these non-conscious behaviors. What the person does (or does not) without thinking during the verbal interaction is part of the whole message, even though it is not conscious. What Erika Fromm (1987) explains about imagery, applies like-wise to these spontaneous behaviors which are also "symbolic representation(s) of the activity of the patient's inner world, of unconscious feelings, thoughts and conflict" (p.216).

Especially when it comes to language, the native speaker always has choices for expressing her/his mind. Thus, instead of stating that "the job makes me sick," I can say "it is killing me," or that "I feel dead when I am at work," or that "it is like being a slave in the bottom of a slave ship," etc. The existential manner in which the person experiences the situation is revealed in the figure of speech, comparison, metaphor or, generally, words used to express it.

Because the hypnotic work is client-centered (Araoz, 1985) it becomes effective, smooth and greatly discourages resistance.

In sum, the New Hypnosis rejects formalized inductions whenever possible and prefers to conceptualize its work as hypnotic without making a sharp distinction between induction and the hypnotic work.

Depth of trance

The client-centeredness of the New Hypnosis sustains that the patient, guided by the expert clinician, will find the useful and comfortable level of trance s/he needs in order to change what needs change in his/her life. Many traditionalists still believe that the deeper trance, the better hypnosis. If somnambulism is not obtained, it means that hypnosis could have been better. In other words, the concern with trance depth is a concern about the effectiveness of hypnosis. Erika Fromm (1987) focusing on effectiveness, stated it succinctly: "the more important structural components of the hypnotic process are imagery and fantasy, absorption, dissociation and various ego modes and attention postures" (p.216).

Wisely, she does not include depth in the list of components. The ones she does include may need a brief clarification. Regarding "imagery and fantasy" I have often seen the distinction between them ignored. My understanding is that the first means the mental representation of things that are possible or real and the second of things that

are not. "Absorption," the same as mental concentration on one's inner experience, is connected with imagery. It refers to the "letting go" of the intellectual way of thinking in order to become so involved in one's imagery that one has a vivencia. This Spanish word, non-existing in English, describes a very vivid inner experience becoming so real that for the moment the person is out of touch with the surrounding world. I believe that inner change or "transformation" is only possible when we have a vivencia. "Dissociation," mostly used currently in the pathological sense of "dissociative states and multiple personality," simply indicates the consequence of absorption as the concept of "vivencia" implies.

In this state of intense absorption, a person naturally may regress to an earlier age, naturally may experience him/herself doing something that is inconceivable in her present state of mind or naturally may get rid of a longstanding phobia. Finally, the "various ego modes and attention postures" of Fromm, point to the fact that the trance is a process, more like a wavy line than a straight one. The person does not get to his/her trance "level" and stays there but moves from a less to a more intense hypnotic experience and vice versa throughout the hypnotic process, which is not a stable state.

These four "components" mentioned by Fromm are, then, the New Hypnosis way of viewing trance effectiveness and disregarding the construct of depth. We are concerned about making hypnosis meaningful and useful for the individual patient but we do not worry about the depth of the trance. This is because, trusting the unconscious, we know that patients reach their own comfortable trance level or intensity. As a matter of fact many patients attain outstanding results with an hypnotic experience that the traditionalists would call superficial or "light."

The New Hypnosis fundamental clinical principle

The one principle guiding the clinical practice of the New Hypnosis is that the clinician does not hypnotize the patient but merely facilitates the patient's hypnotic experience by guiding him/her to use the mental resources for his/her own benefit. We do not put people "under hypnosis," we don't hypnotize. Rather we believe in the powerful mind/body connection and help people to use this connection to improve their lives according to their wishes. Because the New Hypnosis is completely client-centered, we act as catalysts making it possible for them to use hypnosis safely and positively.

There are many corollaries flowing from this principle. Only three will be mentioned here. First, the New Hypnosis minimizes the artificiality of the process and so it is truly natural. Second, it helps the patient have a vivencia and therefore it is highly experiential. And, third, it works on the unconscious without previous conscious comprehension of the problem's origins, dynamics and consequences, not accepting the need to make the unconscious conscious, as Camino & Gibernau (1997) clearly explain.

When mentioning hypnotic induction earlier, I stated that The New Hypnosis does not make a sharp distinction between induction and trance. We lead the patient natu-

rally into hypnosis by mostly using other than the content of the conversation to start. As we already stated, any expression that can translate itself into mental images serves as a door to enter hypnosis. If the patient had used this metaphor of a door, the New Hypnosis approach would not ask to explain what s/he meant by it. It would suggest that s/he visualize the door: its size and color, the material of which it is made, details of it such as any ornaments or small windows in it, its handle and keyhole, etc. Questions like, "Can you open it? What's on the other side of it? Is there anybody around? Is there daylight or is it dark?" etc. in most cases will naturally elicit more imagery, always eminently personal and subjective, that often is meaningful to the client and help him/her to move in the direction of useful change.

Besides the language style, any changes in posture, visual attention, slight movements and ordinary gestures are also used. Pacing these minuscule somatic alterations offers constant opportunities to switch to the hypnotic mode. We may say, "Move your right hand again as you just did. Repeat the movement slower (or faster) and notice what is going on inside of you. Do mental images, memories, associations come to mind?" If nothing happens, we do not pursue it, knowing that similar opportunities will present themselves every minute.

Another source for hypnotic work is any important statement the patient makes in the course of the conversation. We ask that s/he stay with it, repeating it in his/her mind and imagining that s/he says it either in a very low tone of voice or like a shout. If, for instance, a mental image of being with someone or of being in a strange place appears while saying this, we encourage the person to pursue it. This is done experientially, not analytically. Whatever meaning the patient finds through this practice comes from experiencing it, not from understanding it. This is the vivencia of a previous paragraph. Finally, any changes in the immediate environment can serve as means for the hypnotic work or to continue it. These changes include noises in the room or coming from the outside, differences in temperature or in lighting, any proprioceptive sensation of the moment, and more. All can be used naturally for the hypnotic work.

The most common manner of starting this work is by using one's breathing, inviting the patient to concentrate on it and to think of energy and life when inhaling and of getting rid of what s/he does not need in his/her life when exhaling.

Any of these natural situations can create the hypnotic environment.

A case study

General background

A successful sports cars salesman in his early fifties, Franco, and his wife Mechy showed up for the appointment on time. His father had died of a heart attack at 55. Mechy did most of the talking. She was very upset because her husband was acting "like an old man who is near death." She explained that her husband had been obsessed for the last six months with the fear of having a heart attack. He had consulted with three of the best cardiologists in New York, had undergone many tests and everything

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had turned out negative with no indication of any heart complication or problem. Still he was not convinced. The fourth cardiologist recommended a psychiatrist for anxiety medication. Franco had taken it for a while but then, worrying again, went to a second psychiatrist recommended by a friend. Dr. S. had changed his medication and referred him to me for hypnotherapy. The wife stressed that Franco liked Dr. S. very much and that to please her had agreed to see me.

The first session

When I addressed myself to him after the story told by his wife, he agreed with everything she had said and expressed regrets for putting her through all this. He added that he was in desperate need of help and that his whole life (family, friends and work) had suffered. His worry now was that the worry itself would give him a heart attack. He also told me very seriously that he could not be hypnotized. Several years ago he had seen a famous hypnotist to quit smoking and was told that he was not a good hypnotic subject. He had quit smoking anyway "just to spite the doctor." He assured me that he had told Dr. S. about his inability to be hypnotized but she insisted that he should see me "because (my) hypnosis was different."

He stood up as if to go and, at the same time, extended his arms to both sides with an expression of helplessness. I asked him to turn around and look at an oil painting on the wall. To do this he had to face a side of the room away from the door. He did so and I added, "Without turning around to look at me, please, extend both your arms to the sides as you just did but now as far as you can." He did that too and I asked him to stay like that for a moment trying to find out if the painting reminded him of any place where he had been. When he started talking I said, "No, no! Take a little longer. Imagine that you are right there in that street. Look around the street and check if it reminds you of something." After about three long minutes he indicated that he wanted to speak. I instructed him to let his arms down and relax while addressing himself to me. Now he should stand sideways between the painting and me so that he would be able to look one way or the other by merely turning his head. To face the door he would have to move more than 95 degrees. He followed my instructions and told me that the picture made him quiet and tranquil. "Such a peaceful place, nobody is in a hurry, like in a little town in he South of Italy where we were on vacation two yeas ago." Still standing between the painting and me he went on talking for a little over ten minutes.

Then I spoke firmly saying, "Sit down now. (He did). My type of hypnosis is good for you. You can use my hypnosis better than most people." He looked at me puzzled and almost frightened. Hesitatingly he asked me how I could tell. My response went along these lines: "You use hypnosis all the time against yourself. You have hypnotized yourself into worrying about having a heart attack, like your father did. I wanted to find out if you could leave your 'worry' alone for a while. And you did. I checked if we could work symbolically and we can, as you did by extending your arms as a symbol against the narrowing of your mental focus on negativism. You also follow suggestions well, as you did with your arms." Then, to end the session, I said: "We'll see each

other again in five days. Until then, every time you start to worry go back to this painting. Put yourself again in the picture of La Boca, the section in old Buenos Aires where the tango was born. Next time you'll tell me in detail everything that went on in your mind when you were in La Boca."

Two days later, Mechy left a message for me. Franco was much better. He had smiled spontaneously for the first time in months. He seemed to be happier and had not talked at all about the heart attack. I did not return the call. The day before the appointment, Franco left a phone message confirming his visit and adding, "Dr. S. was right. I feel much better and can't wait to see you tomorrow."

From Mechy's story I formulated a threefold hypothesis. First, Franco ordinarily used (negative!) imagery without difficulty and was very suggestible. Second, he depended on medical authority and needed its support, though he was ambivalent about it. Lastly, he unconsciously expected Dr. S's colleague (myself) to "do something different" and to be as good as she was. It was obvious that he had developed a positive transference towards her. I tested this threefold hypothesis by taking control of the situation when he seemed to want to leave. I also gave him specific commands, micromanaging the session. Then I redirected his imagination with the help of the office painting. Because I was satisfied that Franco confirmed my hypothesis, I gave him a very concrete behavioral prescription for the days until the following session with me.

Second session

Franco came alone, without his wife. At the start of the session I asked him how many times in the last five days he had used the "mental trick" previously prescribed. He had not counted the times but he assured me they were many and stated that only twice he "could not get into the picture." I asked him to think in rough percentages how much this technique had helped him and he guessed that it had been helpful more than 90 percent of the time. Then I asked him to tell me about the two times the technique did not work. He referred to "that nagging voice that said, 'What does a psychologist now about heart disease?' and keeps worrying me."

When I asked him where that nagging voice came from, he admitted ignorance of the voice's origin but insisted that it was always there. "Is the voice talking to you now?" I inquired. He assured me that now the voice was quiet. (It was evident from his way of speaking that he was not referring to auditory hallucinations). I explained briefly about personality parts and asked him to give a name to the part that worries about the heart attack and to the other part that wants to accept the cardiologists' assurance of normalcy. Franco said very quickly: "The part that worries, that's the loyal part. The other is the top salesman at XYZ." I asked him: "Let me hear what the Loyal part is saying." Many conflicting feelings about his father were expressed through the Loyal part. For instance, when his father died he was 20 years old. He remembered that at the funeral, in his grief, he said to himself that he would not live longer than his father. Several times I asked him to switch to the Top Salesman part and listen to what he was

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saying to himself in that role. In the case just mentioned, the Top Salesman responded with kindness but firmness that at the time of his father's death he was "just a stupid kid. What did you know about life then?" Soon, the two parts were engaged in an intense conversation and I became more a listener than the drama director. Throughout, the Top Salesman was supportive and firm. Towards the end of the session Franco's Top Salesman part reverted to the painting of La Boca and made Franco's Loyal part promise to use that mental technique and not to use his father as an excuse for his "neurosis." Time was running short, so I indicated that we would get into this area of the "neurosis" the following week.

In the second session:

1. I first helped him concentrate on the optimistic aspect of the technique he had learned the first time with me.
2. I moved to the two times he did not succeed and helped Franco identify and name the two personality parts in him.
3. I guided him to engage the two parts in a dialogue. This lead directly to the relationship with his father, who had died at the patient's age of 20 years.
4. As time was running short, the possibility of loyalty to his father being a neurotic excuse for something still not clear was left for the following session.
5. Coming from Franco's mature and healthy self, the behavioral prescription was renewed for the coming week.

Third session

Franco reported that he had been able to avoid worrying about the heart attack and had imagined the cardiologist he liked the best with him on that street in La Boca strolling together reassuring him that there was nothing wrong with his heart. He also said that he had thought about the neurotic aspect of his loyalty to his father and his "crazy wish to have a heart attack." Explaining further, he stated that he had been a poor student and shortly before his father's death he had left the university making his father very unhappy about it. I asked him to go into a comfortable trance so he could talk to his father and explain to him that in spite of his youthful mistakes he had done very well in his adult life. I encouraged him to hear his father expressing approval of what he had accomplished as a top car salesman. He spontaneously placed himself with his father in the street of my office painting. Concentrating and silent, he engaged in a mental (hypnotic) conversation with his father with great intensity and emotion and finished by stating "I know you are proud of me now and you want me to go on living." After this experience we discussed it at length.

This was a turning point in his therapy. Franco felt very strongly that he was not going to let the "kid" (not anymore what he had called the loyal part before) run his life. I invited him to engage, once more, in a conversation between the adult and the kid. Again he did this hypnotically and selected the street in La Boca. This exchange between these two parts of his personality was to make sure that the adult in him would be in charge of his life, that the heart attack worry was finished and that he would honor

his father by being the best salesman he could be. In this hypnotic exchange, it was evident that the adult part was becoming stronger and taking charge of the kid in him. He reminded the kid that he was the top salesman in his company and proud of it, that he loved the work he was doing and that the company needed him. He told the kid that was part of his past and had to be left there. I encouraged him to linger on this and he felt great relief to be free from the kid's influence.

The session ended with his saying, "I know this is finished." I encouraged him to "go to La Boca" at least once a day for the next couple of weeks until we could meet again.

The last session

Eighteen days later Franco was very positive about his progress saying that he had made peace with his father and with his past. "I feel free now," was the way he summarized what he had accomplished. At my suggestion he spent about 20 minutes reviewing everything, from the days of great anxiety and fear to now. He told me that he was doing much better at his job, even more successfully than when he had been at his best. He had arranged a vacation with his wife to visit again the Southern section of Italy with the intent of making this trip a second honeymoon and a new beginning for his marriage. He wanted to show his wife the gratitude he felt for putting up with "my craziness" for so many months. I agreed on his progress and he promised to telephone me after his vacation.

I heard from Franco four more times in the following year and he was still doing very well, happy with his life and very productive. He had taken up painting and told me he had a picture of "La Boca" that he had made from memory. "I know that place so well, as if I had been there in person many times," he said. About 16 months after his last visit, we had another session with me in order to confirm the gains made in hypnotherapy. He showed me the painting he had made and said that he had used hypnosis many times on many occasions, always using "La Boca" as "his place of strength and renewal."

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