

- Persson, G. (1969). General side-effects of local dental anaesthesia. *Acta Odontologica Scandinavica* 27; Suppl. 53.
- Peter, B. (1986). Hypnotherapeutische Schmerzkontrolle: Ein Überblick. *Hypnose und Kognition* 3; 27-41.
- Peter, B. (1996). Hypnose. In: Basler, H-D, Franz, C, Kröner-Herwig, B, Rehlfisch, HP & Seemann, H (Eds.) *Psychologische Schmerztherapie*. pp. 593-612 Berlin: Springer Verlag.
- Richter, C.P. (1957.) On the phenomenon of sudden death in animals and man. *Psychosomatic Medicine* 19; 191-198.
- Saphir, J.R., Gold, A., Giambone, J. & Holland, J.F. (1967). Voodoo poisoning in Buffalo, N.Y. *Journal of the American Medical Association* 202; 135-136..
- Schmid, G.B. (2000). *Tod durch Vorstellungskraft: Das Geheimnis psychogener Todesfälle*. Springer, Wien.
- Seligman, M.E.P. (1971). Phobias and preparedness. *Behavior Therapy* 2; 307-320
- Seligman, M.E.P. (1995). Helplessness. On depression, development and death. Dt: *Erlernete Hilflosigkeit*. Beltz, PsychologieVerlagsUnion, Weinheim.
- Sen, A. (1993). The economics of life and death. *Scientific American*, May; 18-25.
- Snow, L. (1979). The relationship between "rapid induction" and placebo analgesia, hypnotic susceptibility and chronic pain intensity. *Dissertation Abstracts International* 40; 937.
- Spanos, NP (1989). Experimental research on hypnotic analgesia. In: Spanos, N.P. & Chaves, J.F. (Eds.): *Hypnosis: The cognitive-behavioral perspective*. pp. 206-240 Buffalo, New York: Prometheus.
- Spanos, N.P., Kennedy, S.K. & Gwynn, M.I. (1984). Moderating effects of contextual variables on the relationship between hypnotic susceptibility and suggested analgesia. *Journal of Abnormal Psychology* 93; 285-294.
- Spanos, N.P., Perlini, A.H. & Robertson, L.A. (1989). Hypnosis, suggestion, and placebo in the reduction of experimental pain. *Journal of Abnormal Psychology* 98; 285-293.
- Stam, H.J. & Spanos, N.P. (1987). Hypnotic analgesia, placebo analgesia, and ischemic pain: the effects of contextual variables. *Journal of Abnormal Psychology* 96; 313-320.
- Tan, S.-Y. & Leucht, C.A. (1997). Cognitive-behavioral therapy for clinical pain control: A 15-year update and its relationship to hypnosis. *International Journal of Clinical and Experimental Hypnosis* 45; 396-416.
- Tinling, D.C. (1967). Voodoo, root work, and medicine. *Psychosomatic Medicine* 24; 483-490
- Trent, J.C. (1946). *Surgical anaesthesia, 1846-1946*. *Journal of the History of Medicine* 1; 505-511.
- Turk, D.C. (1996). Biopsychosocial perspective on chronic pain. In: Gatchel, RJ & Turk, DC (Eds.) *Psychological approaches to pain management*. pp. 3-32 New York: Guilford Press.
- Turk, D.C. & Melzack, R. (1992). *Handbook of pain assessment*. New York: Guilford Press.
- United Nations Development Programme: *Human Development Report 1999*. Oxford University Press, Oxford, 1999.
- Wagstaff, G.F. (1996). Compliance and imagination in hypnosis. In: Kunzendorf, RG, Spanos, NP & Wallace, B (Eds.) *Hypnosis and imagination*. pp. 19-40. Amityville, New York: Baywood.
- Wilkinson, R.G. (1996). *Unhealthy societies: The afflictions of inequality*. Routledge, London.
- Wintrob, R.M. (1972). M.J., Niekusch, U. & Stachle, H.J. (1997). Caries prevalence and treatment needs of 7- to 10-year-old schoolchildren in southwestern Germany. *Community Dentistry and Oral Epidemiology* 25; 348-351.

Attribution of meaning: Use of the pill in hypnotherapy

David P Fourie

■ *In the last years it has become increasingly clear that the meanings people attribute to hypnosis play a crucial role in the effectiveness of hypnotherapy. One of these widely held attributions is that hypnotic suggestions can linearly influence the "unconscious" in such a way as to effect behaviour change. This is the Pill metaphor: if the active ingredient of the Pill can reach the correct receptor, it can have its intended effect. In this paper it will be shown that, although The Pill as an explanation can no longer be tenable, the Pill as an intervention can capitalize on this particular attribution of meaning, thereby aiding in the construction of a problem-free reality.*

It is an axiom of the human condition that we all have explanations for everything. It does not mean that we KNOW everything, just that we have ideas, correct or incorrect, about everything. Even when we do not know much about something, we would still have ideas about it. Ask a lay person about nuclear physics and he or she would have something to say about it. Even though this would probably be very different from the opinion of a nuclear physicist, it would still be an opinion. If pressed, most of us would probably formulate at least something even about a concept which is foreign to us.

Humans attribute meaning to everything we come into contact with. And our reactions to things are informed not so much by the nature of the things themselves, but by the meanings we attribute to them. For instance, when early explorers came to previously unexplored lands, the native inhabitants had to have had ideas about the foreigners. And depending on these ideas, the natives could either fight to expel the invaders, or trade with them as merchants, or revere them as gods. Cognitive psychology has long realised that the way we act depends on the ideas we have about the object, person or situation confronting us. We ALWAYS have ideas or meanings we attribute to objects, people or events.

This also happens in the hypnotic situation. When people enter a situation defined as hypnotic, they cannot but have opinions about it. And these ideas inform their

actions in such a situation. In an early study (Fourie, 1981) it was shown that subjects who were told prior to hypnosis that they would remember nothing about the hypnosis, scored better on the amnesia item of a susceptibility scale than subjects who were told that they would remember everything. Some time later, but in similar vein, Vickery and Kirsch (1991) showed that positive expectancy information provided to subjects prior to hypnosis produced increases and negative information produced decreases in hypnotic responding. In further work the influence on the subject's hypnotic performance of all kinds of expectations or meanings attributed to hypnosis, has been extensively documented by Kirsch (1991, 1994) and his colleagues.

Attributions and misperceptions

That people have ideas about hypnosis is acknowledged by most handbooks of hypnosis (e.g. Baker, 1990; Kossak, 1989) in that it is usually advocated that the so-called misperceptions of clients and subjects be removed prior to hypnosis. However, by being called "misperceptions" it is implied that such ideas are incorrect or invalid. There is then usually an attempt to transform the opinions of clients or subjects to fit more closely with that of the hypnotist, which is considered to be the "correct" view. In this vein, for instance, a client might be reassured that hypnosis is not to be feared. If the reassurance is effective, then the client might be amenable to be hypnotized. But what if the reassurance is not effective? Then the possibility of using hypnosis would probably have to be abandoned, thereby effectively diminishing the therapeutic possibilities and/or the hypnotist's manoeuvrability.

In contrast to this view an ecosystemic approach to hypnosis holds that the meanings attributed to hypnosis by clients and subjects are all valid and potentially useful. There are only *perceptions* of hypnosis and no *misperceptions*. Clients' ideas about hypnosis, even if these are at variance with those of the hypnotist, can be used in a therapeutic way (Fourie, 1998). This is in line with Kirsch's (1994) comment that what he calls expectancy effects should be maximized rather than avoided in clinical practice. In the case, for instance, where a client is fearful about the use of hypnosis, this attribution of apprehension can potentially be utilised by mentioning that the use of hypnosis might after all have to be considered if some other strategy were to fail, thereby potentiating the other strategy (Fourie, 1991).

The pill metaphor

One of the meanings widely held about hypnosis is that direct suggestions could change the subject's behaviour and/or experience. Clients often ask for suggestions to stop smoking or drinking, for instance, implying that these suggestions would effect such change. And traditionally hypnotherapists would comply with such a request, because they too would be of the opinion that hypnotic suggestions work like that. Even in more modern, Ericksonian approaches, where direct suggestions have been replaced by more subtle, so-called "indirect" suggestions, there is the implication that once these sugges-

tions reach the "unconscious mind", they effect change.

This idea, namely that hypnotic suggestions, directly or "indirectly", lead to behaviour change, can be called the Pill metaphor. According to this view suggestions work like pills: they contain an active ingredient which, when it reaches the correct receptor, has the intended effect. Also, one pill of the same brand has exactly the same amount of the active ingredient as another and has therefore the same effect on the same condition. In a similar way the same hypnotic suggestion should have the same effect on the same behavioural "condition". The way in which "indirect" suggestion has been investigated and compared to direct suggestion by a large number of researchers (e.g. Fricton & Roth, 1985; Van Gorp, Meyer & Dunbar, 1985) is an example of how the Pill metaphor is evident in research. In these studies subjects were usually divided into two experimental groups which "received" (usually tape-recorded) direct and "indirect" suggestions respectively. Then the two groups were compared with one another and with a third, control (placebo), group with regard to a certain designated behaviour, often analgesia. This experimental design is precisely the same were the comparison between two different pills instead of between two types of suggestion.

To approach suggestion in this way as if it were a pill is of course to make as if suggestion, like a pill, is independent of the context in which it operates. It does not matter who prescribes the pill and it does not matter who is present when the pill is swallowed. By following the Pill metaphor with regard to suggestion, it is implied that suggestion is as independent of the context as a pill. In recent years, however, it has become increasingly clear that suggestions are anything but independent of context (e.g. Fourie, 1997; Fourie & Lifschitz, 1988; Kruse, 1989, Kruse & Gheorghiu, 1992; Peter, 1996). On the contrary, the context in which suggestions come to the fore is crucial to the meaning of the suggestion (see also Lynn, Neufeld & Mare, 1993) and therefore also to the reaction to the suggestion. If I say to you in this situation "Be careful. There might be a fly in your soup", it is nothing but a crazy statement. But if I say exactly the same to you at the lunch table just as you take up your spoon, it is something totally different. (Unless, of course, you belong to a culture in which fly soup is considered a delicacy!) Therefore, viewing hypnotic suggestion as a pill is limiting because it disregards context, which is central to its meaning and operation.

Use of the Pill in hypnotherapy

While it is clear that the Pill metaphor is no longer tenable as an *explanation* of the role of suggestion in hypnosis, it might be useful on an *operational* level in treatment. Seeing that clients often adhere to a Pill perception of hypnotic suggestion, and seeing that client perceptions can potentially be utilized in treatment, then it should follow that, if clients think of hypnotic suggestions as similar to pills, therapists could capitalize on this idea (Fourie, 1996) to effect change. What follows, is a case description illustrating how this could be done.

Kevin (pseudonym), a 30-year old recently married middle-level manager was refer-

red by his psychotherapist for hypnotherapy. He suffered from acute anxiety and insomnia and was desperate. Although psychotherapy helped, Kevin felt that it went too slowly. He persuaded his therapist to make the referral and he wanted the hypnosis to take place immediately.

Kevin reported being under severe pressure at work, exacerbated by the fact that his father was one of the top managers in the organization. Kevin could not afford to make a mistake because that would reflect badly on his father for whom he had a lot of respect. Also he knew that his father would not be sympathetic if he made mistakes. Kevin therefore seemed driven not only by his own considerable ambition, but also by his father's position in the organization.

Kevin's insomnia flowed from the fact that he could not stop thinking about work when he went to bed. One effect of this was that Kevin did not sleep in the same room with his wife lest his restlessness disturb her. Even though they had only been married for six months, his wife was very sympathetic and did not mind his nocturnal absence from their bed. The fact that Kevin's problems originated from about the time of the marriage which coincided with his promotion to his current position, would ordinarily be a focal point in both psychotherapy and hypnotherapy. However, while Kevin acknowledged the role of his work and his father's position in his stress and anxiety, he denied any influence of the marriage on his problems. The marriage was fine and in fact his wife helped to calm him down. It was clear that, like many clients, Kevin did not want anything in his life to change. All he wanted, was not to be stressed and anxious any more. It was therefore decided not to attempt to get Kevin to "face" the aspects of his relationships with his father and his wife which the therapist thought could underlie his symptoms. After all, these were the *therapist's* ideas, not Kevin's. Rather, it was decided to experiment with the Pill metaphor. While conceptually hypnotic suggestions were not considered to influence client behaviours directly, it was clear that Kevin thought that they did. He was therefore requested to work out in cooperation with the hypnotherapist exactly which two or three suggestions he wanted to have presented to him in hypnosis. The following suggestions were then formulated and written down immediately prior to the first hypnotic induction:

- You will not be anxious or stressful any more.
- You will be able to "switch off" from your daily tasks when you go to bed.
- You will have a good night's sleep and awake refreshed.

Kevin was then informed that, because these suggestions were meant for his "subconscious mind" and would be presented in a way aimed at the "subconscious mind", he would not be aware of their presentation in hypnosis. He was told that some clients find this difficult to understand. They would often be disappointed when they failed to remember hearing this type of suggestion; however, not hearing the suggestions would in fact be an indication that they had reached the "subconscious mind", which by definition he could not be conscious of. He responded that, while some other people might find this idea difficult to understand, this was exactly what he would expect.

Hypnosis was then induced by means of a focus on one hand. Hand heaviness and numbness, eye closure and general relaxation and lethargy were achieved. General suggestions for relaxation, wellbeing and a positive attitude were then given in a slow monotone, interspersed with long silences and some mumbling noises from the hypnotherapist. The three formulated suggestions were *not* presented. No post-hypnotic enquiry was done; Kevin was told that "further talking would just confuse the issue." He was therefore not given an opportunity to comment on the absence of the formulated suggestions.

Three hypnotherapy sessions were done in this way, one of them in the presence of Kevin's psychotherapist who was informed beforehand of the nature of the experiment. Before each subsequent session the formulated suggestions were reviewed, but no changes to them were thought necessary.

Kevin was amazed at the effect of the hypnosis. The anxiety disappeared and he started sleeping well after the second hypnotherapy session. In a separate session with his psychotherapist he specifically mentioned that he thought the success of the hypnosis was linked to the fact that he "couldn't even hear the suggestions" being given. At a telephone follow-up three months later Kevin was still symptom free and enjoying both his work and his marriage.

Discussion

This case illustrates that it is not the Pill that works, but the client's ideas regarding the presentation and working of the Pill. After all, the Pill was NOT given in this case. But the client *thought* that it was given. And because it was what the client expected and wanted, the effect was also what the client expected and wanted. Therefore, by *not* trying to correct the client's "misperception" regarding the process of hypnosis, and by capitalising on the client's traditional view of the "subconscious mind", a therapeutic effect could be achieved which otherwise might have been impossible.

While it is clear then that the Pill metaphor is not a conceptually correct representation of the process of hypnosis, it might be handy to use at an operational level because it might link with some clients' beliefs in the "power" of the Pill. And it is precisely these client ideas, attributions of meaning and beliefs which seem to be of importance in co-creating a different, symptom-free reality for and with them.

References

- Baker, R.A. (1990). They call it hypnosis. Buffalo, NY: Prometheus Books.
- Fourie, D.P. (1981). The effect of waking suggestion on post-hypnotic amnesia. *South African Journal of Psychology*, 11, 44 - 46.
- Fourie, D.P. (1991). The withholding of hypnosis in family therapy. *Journal of Family Psychotherapy*, 2(1), 41 - 53.
- Fourie, D.P. (1996). Capitalizing on concepts in hypnotherapy: The theory of ecosystemic practice. *Hypnosis International Monographs*, 2, 119 - 130.
- Fourie, D.P. (1997). "Indirect" suggestion in hypnosis: Theoretical and experimental issues. *Psychological Reports*, 80, 1255 - 1266.
- Fourie, D.P. (1998). Hypnosis in treatment: An ecosystemic approach. Pretoria: UNISA.

Fourie, D.P. & Lifschitz, S. (1988). Not seeing the wood for the trees: Implications of susceptibility testing. *American Journal of Clinical Hypnosis*, 30, 166 - 177.

Frickton, J.R. & Roth, P. (1985). The effects of direct and indirect hypnotic suggestions for analgesia in high and low susceptible subjects. *American Journal of Clinical Hypnosis*, 27, 226 - 231.

Kirsch, I. (1991). The social learning theory of hypnosis. In S.J. Lynn & J.W. Rhue (Eds.). *Theories of hypnosis. Current models and perspectives*. New York: Guilford Press.

Kirsch, I. (1994). *Clinical hypnosis as a nondeceptive placebo: Empirically derived techniques*. American Journal of Clinical Hypnosis, 37, 95 - 106.

Kossak, H.-C. (1989). *Hypnose. Ein Lehrbuch*. München: Psychologie Verlags Union.

Kruse, P. (1989). Some suggestions about suggestion and hypnosis: A radical constructivist view. In V.A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.). *Suggestion and suggestibility: Theory and research*. Berlin: Springer.

Kruse, P. & Gheorghiu, V.A. (1992). Self-organization theory and radical constructivism: A new concept for understanding hypnosis, suggestion and suggestibility. In W. Bongartz (Ed.). *Hypnosis: 175 years after Mesmer*. Konstanz, Germany: Universitäts-Verlag.

Lynn, S.J., Neufeld, V. & Maré, C. (1993). Direct versus indirect suggestions: A conceptual and methodological review. *International Journal of Clinical and Experimental Hypnosis*, 41, 124-152.

Peter, B. (1996). Normal instruction or hypnotic suggestion: What makes the difference? *Hypnosis International Monographs*, 2, 157 - 170.

Van Gorp, W.G. Meyer, R.G. & Dunbar, K.D. (1985). The efficacy of direct versus indirect hypnotic induction techniques on reduction of experimental pain. *International Journal of Clinical and Experimental Hypnosis*, 33, 319-328.

Vickery, A.R. & Kirsch, I. (1991). The effects of brief expectancy manipulations on hypnotic responsiveness. *Contemporary Hypnosis*, 8, 167-171.

Dissemination of hypnosis: Don't change the name, change the perspective

Antonio Capafons

■ Hypnosis is a word linked to other words like *trance, dissociation, alteration of consciousness, distortion of reality, etc.* Usually those words have a meaning for lay people, even for professionals of psychotherapy, which implies loss of control, psychopathology, and dependence. Some people have changed the name of hypnosis, so that they can overcome the reluctance of persons to receive hypnotic inductions (sofology, mental control, etc.), but keeping a non-scientific and empirically based approach. An approach close to cognitive-behavioral perspectives could help to keep the word of hypnosis free from iatrogenic reactions, reducing the misconceptions which are usually present in the potential consumers of hypnosis. *Waking hypnosis can help to disseminate this iatrogenic-free approach. Waking hypnosis could be the emergent hypnosis of the 21st Century, easily disseminated.*

1. Dissemination of hypnosis is as important as researching it

Hypnosis is, probably, the most disseminated mind/body technique in the world, at least, in western cultures. *Disseminated* here means, that people know the term and have a clear idea about its meaning. In almost every western country some TV channel has presented a show where a hypnotist makes somebody look like a crazy or stupid person; or some important journal has included some news about a robbery, sexual assault, etc. using hypnosis to weaken the victim's defenses. Therefore, hypnosis is disseminated mainly as a type of show and/or weapon used by skillful and unscrupulous individuals. Nevertheless, almost everyone has watched some documentary or program on TV, wherein "experts" in hypnosis talk about the almost magical effects thereof on memory, self-knowledge, personality disorders, body diseases, and so on. As hypnosis is a gateway to the unconscious, it can be used to recover old traumatic repressed memories, even old personalities developed in past lives. Hypnosis is so powerful that