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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 (sofrology, 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

people can be fully anesthetized, so that through hypnosis the patient can be operated on, using only this technique and without feeling any pain. Thus, to lay people hypnosis is a therapeutic device, a show to entertain, and a dangerous weapon. Moreover, people who are hypnotizable are considered stupid, ignorant, silly, dependent, etc. (Capafons, 1998a). The effect of this "portrait" of hypnosis is a reluctance on the part of most people who seek psychological or medical help. Nevertheless, sometimes the idea of a magical hypnosis which can cure almost everything and very quickly emerges, and a generation with another set of unrealistic expectancies about hypnosis arises (Schoenberger, 2000).

In both cases persons have wrong views about hypnosis. In Spain, one effect of that is that the application of hypnosis has been forbidden in the Public Health System. Therapists can use hypnosis in private practice or when public funds are not used to pay the treatment, but not in those institutions dependent on Public Governments. Although this is not the case in other western countries, it is usually recognized that hypnosis is far from being accepted by professionals in medicine or psychology. Probably there are many factors implied in this fact; but from my point of view, two of them are closely related to our own responsibility as professionals interested in the hypnosis field: The first is the lack (in general terms) of research rigorously conducted on the efficacy of hypnosis (Lynn, Kirsch, Barabasz, Cardeña & Patterson, 2000). The second is the terminology that we use when talking or writing about hypnosis. Words like trance, dissociation, regression, hallucinations, etc. are frequent and "typical" in the jargon. Try to imagine that you are a lay reader of a hypnotic paper, and that as you are interested in the meaning of such words, you check in the dictionary for their definitions. Bear in mind that encyclopedic dictionaries are used by students, parents, teachers, even professionals of different disciplines (dictionaries are important for disseminating concepts). What can we find in these dictionaries? I chose one of the most used dictionaries in Spain (not expensive and very well considered), and I found the definitions that you can see in Tab. 1.

Each of these definitions are words that emphasize the inadequacy or malignity of the process (even the word hypnosis reflects sleep and lack of control myths). If I were a lay person in the hypnosis field, I would watch out for being hypnotized, really! Thus, words like trance, dissociations, regression, amnesia, etc., could scare both lay people and professionals. In addition, if they check basic research about efficacy, they will find a plethora of weak empirical designs, and in most cases, evidence based on case studies and clinical surveys.

Therefore, we are faced with two big problems within the hypnosis domain: To share our subject of study with stage showmen, and our own language and empirical weakness (I mean hypnosis as a therapeutic strategy, not experimental research that has been and currently is rigorous and well delineated). This is not a new situation, in fact it is a very old one.

Tab 1: Encyclopedic definitions

HYPNOSIS: State of partial sleep provoked by the use of suggestion, in which (and even later) the subject carries out COMMANDS emanating from the hypnotists. It is used as anesthetic, auxiliary form of psychotherapy, etc.

TRANCE: Critical and decisive moment in the life of a person. hypnotic state in which a MEDIUM changes his/her vital functions, and establishes a communication with SPIRITS. LAST TRANCE: Period of life immediately preceding DEATH.

DISSOCIATION: Psychological mechanism of DEFENSE by which one aspect of the personality is blocked from consciousness.

HALLUCINATION: Sensory perception in which responses are induced by external stimuli (drugs), psychological stimuli (mental DISORDERS, values, MYTHS, etc. influences) or both.

AMNESIA: Qualitative loss of memory. Amnesia, a PATHOLOGICAL process, is different from forgetting which is considered to be a normal process. Amnesia can be caused by injuries and trauma to the brain, or by psychological causes. This last case constitutes a DEFENSE mechanism of the individual.

CATALEPSY: PATHOLOGICAL STATE lasting from a few seconds to several hours, characterized by the sudden pending of the voluntary motoric acts. The intelligence of the subject seems to be unaffected.

REGRESSION: Backing down. A return to a previous state of INFERIOR MATURATION... non regular alteration involving a former phase yet surpassed.

Reference: Encyclopedic Dictionary (1994). Barcelona (Spain): Grijalbo (Foreword by Jorge Luis Borges).

2. Changing the name to hypnosis is a historic injustice

In the sixties we were lacking in the enormous amount of accumulated experimental research that we now have, and the dissemination of scientific hypnosis was almost anecdotal. Some people decided in those days to drop the label of hypnosis, leaving it in the hands of lay and show practitioners, keeping the basic ideas and procedures of hypnosis under another "new" label. That is the case of "Tranceology " of Berstein, or the "Relaxation by suggestion" of Fry (cf. in Granone, 1973). More important in Spain are the approaches of Alfonso Caycedo (1962) and his "sophrology" (see Fig. 2), and Silva's (1968/89) Mind Control Training (see Fig. 3), two of the most disseminated attempts to change the name to hypnosis.

In Spain sophrology is allowed, and usually well accepted by physicians (Cangas & Wagstaff, 2000). Caycedo offered a new terminology with plenty of neologisms based on ancient Greek. Thus, the word sophrology comes from the Greek words: "SOS"

Fig. 2: SOPHROLOGY (Caycedo, 1962)

Uses relaxation, zen meditation, yoga (Dynamic Relaxation) and suggestions. Its goal is to improve and increase the knowledge of consciousness. Its applications are preventive and curative, reducing anxiety, pain, personality problems, depression, etc.

Empirical support: Case studies, clinical surveys with box score classifications.

Fig. 3: MIND CONTROL TRAINING (PSYCHORIENTOLOGY) (Silva, 1968/89)

Teaches people how to function with low brain waves, so that they can develop subjective (extrasensory) communication. Uses relaxation, imagination and suggestions. Its goal is to improve telepathy, IQ and problem solving. Its applications range from personal growing to pain control, weight reduction. etc.

Empirical support: none

(balance, harmony), "PHREN" (mind) and "LOGOS" (study, science). Words like "self-sophronisation", "sophronic hypermnesia" or "sophronic amnesia", are frequently used by sophrologists. Caycedo became very famous around the world, and created a school that usually rejects hypnosis, but uses it from an apparently "new" perspective. To my mind, this "new" perspective is a very old one, as old as traditional hypnosis. Nevertheless, the main problem posed by the sophrologic school, as I see it, is that its empirical bases are extremely weak, and that its concepts are obscure, imprecise as a wrong translation of those used in hypnosis: add to every term (like therapy) the neologism "sophro" (sophrotherapy) and you have a "new sophrologic" concept.

On the other hand, José Silva offered another version of hypnotic relaxation: The Mind Control Training (see Fig. 3). Now it is being very widely disseminated in Spain, as an alternative to hypnosis and sophrology. Like sophrology, Mind Control Training tries to differentiate from hypnosis, as the latter implies that the person falls under the hypnotist's spell. In Mind Control Training people learn (supposedly) to control brain waves and, in this way, to find a deeper communication and to find solutions to almost every problem. Like sophrology, it implies different states of consciousness, but emphasizes "self-control".

Noesitherapy (from the word "gnoscere" = to know) or therapy by thinking, is a variation of sophrology, and was created by Angel Escudero (1973), especially for operating on patients suffering from varicose veins. Escudero gives suggestions of anesthesia to the patients when in relaxation, similar to posthypnotic suggestions. Thus, patients can be undergo surgery without drugs, being active and aware. Escudero does not use the word hypnosis; neither is the appearance of the patient (when being operated on) like a hypnotized person. Thus, many people in Valencia and Spain want to be operated on by Escudero. In fact, his technique is being disseminated by American TV which have done documentaries on the power of hypnosis to manage pain. Probably the main problem of this approach is that it lacks scientific theory and empirical

Fig. 4: NOESITHERAPY: HEALING BY THINKING (Escudero, 1973/98)

Allows surgery of varicose veins without chemical anesthesia. Patients are "sophronized" by relaxation procedures, and a post sophronic anesthesia is then suggested. Afterwards, patients can be operated on when their eyes are open and they are talking and keeping active.

Empirical support: Case studies.

Fig. 5: ANESIS (Edmonston, 1991)

It is a two step process: 1) Relaxation, followed by 2) the fluctuating levels of alertness dictated by the activity requirements of subsequent suggestions. It implies only the change of the term "hypnosis" addressing the underlying main process (relaxation). Anesis is offered as a more accurate label of what hypnosis is.

Empirical support: experimental research and clinical observation.

validation. As with the two other "schools" mentioned, noesitherapy serves the interests of the authors more than the community and science (see Fig. 4).

Finally, there are other authors who have tried to change the name of hypnosis. Among them, Edmonston (1991) (Fig, 6) is one of the more well known. His term "Anesis" (to let go) is an attempt to introduce a word more accurate than hypnosis to describe what happens in the "hypnotic" state. He has not been very successful, in spite of the offered experimental evidence. Probably his failure in becoming more disseminated among professionals is that he has not created "new" methods of intervention, and cannot explain convincingly active-alert induction methods (see Fig. 5).

The other author who changed the name of hypnosis, whom I will refer, is Salvador Amigó (1992, 1999; see Fig. 6). He was aware of the many problems that originate from the term hypnosis in many Spaniards, and he realized that traditional hypnosis presents certain important limitations when used in psychotherapy (especially the difficulty of communicating with the hypnotized patient, because usually hypnosis is induced asking the patient to close eyes and relax). Amigó created Self-regulation Therapy, from a cognitive-behavioral paradigm of hypnosis, in which some methods for increasing hypnotic susceptibility are included. The patient learns to control the sensory recall process, so that almost every response can be reproduced when needed.

Fig. 6: EMOTIONAL SELF-REGULATION THERAPY (Amigó, 1992)

Is a procedure that teaches people how to use suggestions and self-talk effectively. Uses a paradigm where patients learn to instigate responses and reproduce them after hearing the appropriate words (suggestions). The entire procedure is labeled as "training in the control of sensory recall". Thus, people learn how to improve their memory and recall of different kinds of responses.

Empirical support: clinical essays and case studies.

The stimulus that activates such responses are words (suggestions), and all that is required is some training in sensory recall control. The main advantage of this approach is an attempt to use scientific concepts, and its more researched variation (emotional self-regulation therapy) has empirical support for its effectiveness in some clinical applications (Bayot, Capafons, & Cardeña, 1997; Capafons, 1999a). Perhaps the main problems posed by emotional self-regulation therapy are that it needs some special objects for this training, and that it neglects the word hypnosis, when, in fact, it is a variation of waking hypnosis (Wells, 1924; Capafons, 1999b). I was deeply involved in the development of emotional self-regulation therapy (Amigó & Capafons, 1996; Bayot, et al. 1997; Capafons, 1993), but, although I was able to check its efficacy with people very reluctant to be hypnotized, I prefer to keep the name of waking hypnosis, retaking the ideas and term proposed by Wells. Even more, I think that hypnosis must and has to be disseminated without any name change, but only terminology and perspective. One of the advantages of emotional self-regulation therapy is that it uses a cognitive-behavioral phraseology, where some words (trance or dissociation) are carefully avoided. Thus, my idea to disseminate a more acceptable hypnosis (socially, professionally and scientifically) was and is to create an alternative to traditional hypnosis taking into account different sources: Waking hypnosis proposed by Wells, active-alert inductions (Banyai & Hilgard, 1976; Vingoe, 1968; Wark, 1996) and the wording of emotional self-regulation therapy (a cognitive-behavioral one). The goal is not only to facilitate the dissemination of hypnosis, but to improve the efficiency of it, too. The reasons are that the word hypnosis is well accepted by some people, that research shows that it could be an excellent tool for improving the efficacy of some interventions, and that hypnosis, as a field of scientific research and practical applications, has the right to be disseminated, fighting against the image that stage hypnotists give to the public.

3. In Spain, many people fear hypnosis and being trapped in a trance

But, what are the main problems that hypnosis poses to the lay public? In Spain we have conducted a pilot research among undergraduate students, using a questionnaire (Capafons, Alarcón, Cabanas & Espejo, in press) for assessing beliefs towards hypnosis. That questionnaire includes items from other ones (Eimer & Freeman, 1998; Keller, 1996; McKonkey, 1986; McConkey & Jupp, 1985/86; Nickisson, 1997; Spanos, Brett, Menary, & Cross, 1987), and currently its factorial validity and reliability are being analyzed. I have done some descriptive analysis so that I can support my idea that hypnosis is wrongly disseminated, but still is accepted by some people. Thus, as you can see from Fig. 7 many of the students think that hypnosis can be helpful (70-80%) and facilitate therapy. Even more, they believe that participants have to collaborate in order to be hypnotized. Further, 67% would like to be hypnotized, but, paradoxically, most are of the opinion that under hypnosis control can be lost, or that hypno-

Fig. 7: Positive beliefs towards hypnosis of undergraduate students (Beliefs about Hypnosis Questionnaire; Capafons, Alarcón & Reig)

N= 351

Positive Items	%
Hypnosis can be of great help to others.	80.0
Hypnosis can be of great help as a part of a psychological treatment.	76.3
Hypnosis is a complement or tool to other psychological therapies.	80.6
Collaboration from participants is needed in order to hypnotize them.	95.4
I can "come out" from hypnosis whenever I want.	28.3
I retain my willpower under hypnosis.	21.6
Hypnosis is a safe technique.	48.5
Hypnosis enhances self-control capability.	44.0
I provoke everything that happens under hypnosis.	28.0
Hypnosis is a facilitator of therapeutic results.	73.0
When in hypnosis, I can ignore every suggestion which that I don't agree with, or I don't want to do.	41.4
I retain my own control when in hypnosis.	27.3
I would like to be hypnotized.	67.5
I would like to be highly hypnotizable.	35.1

Note. %= from moderate to high agreement

Fig. 8: Negative beliefs towards hypnosis of undergraduate students (Beliefs about Hypnosis Questionnaire; Capafons, Alarcón & Reig)

N= 351

Negative Items	%
I am afraid of hypnosis.	41.6
I think that under hypnosis I become an automaton under the hypnotist's control.	52.2
The hypnotized person is passive.	33.4
I am afraid of getting trapped in a deep trance.	44.0
I think that under hypnosis people can lose their control.	46.5
I think that hypnosis can be dangerous.	42.9
In hypnosis I can be forced to do things that I don't want to do.	55.6

Note. %= from moderate to high agreement

sis is not a safe technique. Therefore, even positive items fail to generate positive responses to hypnosis as a technique free of risks (see Fig. 8). If we pay attention to negative items, almost half of the sample thinks that hypnosis is dangerous, provoking a loss of control; also a high percentage of participants say that they are afraid of hypnosis (41.6%), percentages that are much higher that those obtained by the magic items of the questionnaire (Fig. 9), percentages in turn which are quite low, although still 25% think that hypnosis reduces dramatically the required effort for reaching goals.

On the other hand (see Fig. 10), the item "I am afraid of getting trapped in a deep

Fig. 9: Magical beliefs towards hypnosis of undergraduate students (Beliefs about Hypnosis Questionnaire; Capafons, Alarcón & Reig)

N= 351

Magical Items	%
I need to be in a deep trance to reach my goals.	18.2
In hypnosis I reach my goals without any effort.	25.6
Hypnosis can be a magical solution to my problems.	11.1
Hypnosis is all I need to treat my problems.	9.6

Note. %= from moderate to high agreement

Correlations of item: "I am afraid of getting trapped in a deep trance."

N= 351

Item	rxy
I am afraid of hypnosis.	.49**
I think that under hypnosis people can lose their control.	.54**
I think that hypnosis can be dangerous.	.57**
In hypnosis I can be forced to do things that I don't want to do.	.42**

Correlations of item: "I need to be in a deep trance to reach my goals" with other magical items.

N= 351

Item	rxy
In hypnosis I reach my goals without any effort.	.18**
Hypnosis can be a magical solution to my problems.	.25**
Hypnosis is all I need to treat my problems.	.21**

trance" reveals significant and moderate to high correlations with other negative items related to fear of hypnosis and losing control. This is not the case in the item "I need to be in a deep trance to reach my goals" with other magic items. In this case, correlations are low albeit significant.

Finally, the percentages of the students who fear being trapped in a trance which show other negative beliefs are rather high (see Fig. 11): Approximately 70% hold that sort of fears, although, surprisingly, about 61 % would like to be hypnotized, whereas only 21% need to be in a deep trance to reach their goals. Students who agree with this last item, show considerable percentages of agreement regarding control, fear of hypnosis, and desire of being hypnotized.

Therefore, students who fear trance are about half of the sample, most of whom, like other students, are afraid of hypnosis; those who believe in the need of a deep trance, score high in other magical and negative items, but considerably less so than the other type of students.

Fig. 10: Percentage of participants believing item "I am afraid of getting trapped in a deep trance" who believe in other negative items

N= 130

Item	%
I need to be in a deep trance to reach my goals.	21.5
I am afraid of hypnosis.	62.3
I think that under hypnosis people can lose their control.	76.1
I think that hypnosis can be dangerous.	73.8
In hypnosis I can be forced to do things that I don't want to do.	73.9
I would like to be hypnotized.	60.8

Fig. 11: Percentage of participants believing item "I need to be in a deep trance to reach my goals" who believe in other magical/negative items:

N= 64

Item	%
I am afraid of hypnosis.	56.8
I think that under hypnosis I become an automaton under the hypnotist's control.	68.8
In hypnosis I reach my goals without any effort.	43.7
Hypnosis can be a magical solution to my problems.	21.8
I am afraid of getting trapped in a deep trance.	43.8
I would like to be hypnotized.	64.0

4. An alternative to changing the name of hypnosis

Lynn & Fite (1998) posed the question whether a cognitive-behavioral model of hypnosis would become a more acceptable alternative view of hypnosis. Probably it will imply what Kirsch (1998) named deconstructing and reconstructing hypnosis, perhaps not only at a clinical level, but at a social one, too. At a time when hypnosis is experiencing problems of social acceptance not just in Spain but also in the USA, we agree with Lynn and Fite (1998) in that probably the sociocognitive views of hypnosis will gain widespread acceptance, and that clinicians will become better informed of the experimental literature. In our case, such eagerness for empirical information has led us to create procedures in which, without mentioning the words trance, dissociation or altered state of consciousness, we manage to get both patients and therapists to enjoy suggestion (Alarcón, Capafons, Bayot, & Cardeña, 1999; Martínez-Tendero, Capafons, Weber & Cardeña, 2001), whilst maintaining beliefs in keeping with the experimental literature on modern hypnosis. As I said before, I am referring to waking hypnosis and its methods created in Valencia: Rapid self-hypnosis (Capafons, 1998a, b; Reig, Capafons, Bayot & Bastillo, 2001) waking alert (alert-hand) hypnosis (Capafons, 1998a; Cardeña, Alarcón, Capafons & Bayot, 1998) and the ways of presenting them to participants: The cognitive-behavioral introduction to hypnosis, (Capafons, in press; Capafons & Amigó, 1993) and the didactic metaphor for hypnosis (Capafons, Alarcón & Hemmings, 1999). In these approximations, the phraseology of hypnosis has plenty of words such as brain, activity, resources, reproduction of reactions already in the perso-

nal repertoire, self-control, learning, activation, even terms like "modification of hypnotic abilities". As Wagstaff (1998) says, people will experience trance in hypnosis if they think that hypnosis is a trance, or if it is suggested by the hypnotist. As in the Valencia models on waking hypnosis we do not need to suggest experience a trance or dissociation, and patients are persuaded accordingly (that they do not need a trance), we do not usually detect trances (nor dissociations), nor do people mention experiencing them. Thus, the results of our investigations validate and confirm that hypnosis is what the client and the therapist want it to be (Fourie, 1991); that waking hypnosis is just as effective as hypnosis by relaxation, and that in Spain waking hypnosis is preferred to other forms of managing hypnotic suggestions. Only time will tell if Lynn's and Fite's tentative "yes" to the question of whether or not sociocognitive points of view will meet widespread acceptance is correct. These authors suggested that it would be so, if cognitive-behavioral models are able to spell out the relevance of such models to clinical practice, and if they continue to lead to clinically meaningful research. The Valencia model on waking hypnosis attempts to do just that. My own view is that, as clinical psychologists, we have to apply not only effective, but useful and efficient therapeutic techniques. The methods proposed by the Valencia group humbly attempt to form part of this sociocognitive alternative, already partly initiated by Araoz (1985) which he called *new hypnosis*.

Therefore, I have not changed the name hypnosis. I have changed the perspective. The language and ways of managing hypnotic suggestions minimize the possibility of fear, and remain close to experimental research.

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Modifying what you say to yourself: The therapeutic philosophy of Epictetus

Christoph Kraiker

■ *The therapeutic technique of Epictetus consist in replacing one kind of (irrational) self-talk with another, more sensible kind. This is based on the philosophic distinction between things that are in our power and things that are not. The only thing that is in our power is assenting to whatever happens. All that happens is caused by an omnipotent and benevolent deity and therefore good. Here, Epictetus' view differs from Rational-Emotive-Therapy, in other aspects they have much in common.*

The stoic philosopher Epictetus is counted among the precursors of those cognitive therapists that aim at changing the way we talk to ourselves. However, he also differs in important aspects from contemporary approaches. In this address I will outline the psychological assumptions Epictetus works from and classify several varieties of "basic errors" he makes responsible for unhappiness (almost like Albert Ellis). His therapeutic technique can be thought of as systematically employed autosuggestions, both on verbal and imaginative levels.

I

First I would like to give you some background on Epictetus, then I´ll explain why he is relevant for a symposion on suggestion and suggestibility.

Epictetus was a late stoic philosopher who lived from about 50 to 130 after Christ. Born in Asia Minor, he was brought to Rome while still a young boy and was sold as a slave to Epaphroditus, a friend of the emperor Nero. There, it is told, he was beaten so severely that he remained crippled and lame for life. Later he was set free and studied philosophy with the stoic philosopher Musonius Rufus. Around 90 - 94 he was expelled from Rome and Italy together with all the other philosophers by the Emperor Domitian who was about to introduce some kind of oriental despotism and did not want any opposition around. Epictetus went to Nikopolis in Greece and there established a philosophical school of his own which attracted many students and provided for a growing reputation. Late in life he seems to have returned to Rome, but we are not sure about that.