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ABSTRACT

The rationale for referring to 'hypnocounseling' rather than to 'hypnotherapy' lies in the rejection of the medical model for dealing with behavioral problems. Hypnocounseling is a modality of mental health counseling, a body of knowledge which can be applied to the framework of any personality theory by a trained mental health counselor of any established approach or theoretical background. Some of its features are a de-emphasis on hypnotizability as a trait, an emphasis on voluntary activation of skills in a creative cognitive/experiential process, and the change of control focus from hypnotist to client. Clinical uses of hypnocounseling include exploration, evaluation, symptom alleviation, ego enhancement, and mental rehearsal. (Author/HLM)

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HYPNOCOUNSELING

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HYPNOCOUNSELING

The rationale for referring to hypnocounseling rather than to hypnotherapy lies in the rejection of the medical model for dealing with behavioral problems (Torrey, 1974) which, if they are not an illness or disease, need no cure or therapy. Any form of mental health counseling, may be enriched by hypnosis. This general principle embodies the whole theory and practice of hypnocounseling. I must add at the onset that my bias, rooted on experience dating back to 1964, is that hypnocounseling greatly enhances mental health counseling, its process and its outcome.

WHAT IS HYPNOCOUNSELING?

Hypnocounseling is not a theory of mental health counseling nor a personality theory. It is not a new school of mental health counseling, comparable to RET, psychoanalysis, Gestalt, TA or any other. Hypnocounseling is not a list of cookbook type techniques for mental health counseling. Hypnocounseling it a modality of mental health counseling, a body of knowledge that can be applied to the framework of any personality theory, of any mental health counseling theory by a psychodramatist as well as by a psychodynamically oriented counselor or by a behavior therapist; in short by a trained mental health counselor of any established approach or of any theoretical background.

Hypnocounseling is rooted in Diamond's (1978) paradigm of hypnosis, following Barber's (1978) "new hypnosis" model and expounding on it. Diamond, based on research conducted with Katz (1979) sees hypnosis as a cognitive learning skill. This view has quite divergent characteristics from the traditional pattern started by Charcot (1886), Janet (1907), Bernheim (1888) and other contemporaries, and is still adhered to by eminent researchers such as Hilgard (1968), Bowers (1976) and many others (see Edmonston, 1977). Among the main differences between the traditional and the learning skills approach are the de-emphasis on hypnotizability as a trait, the emphasis on voluntary activation of skills in a creative cognitive/experiential process, and the change of control focus from "hypnotist" to client.

THEORY OF HYPNOCOUNSELING

Hypnosis has a long history, its scientific era alone going back 200 years (Frankel and Zamansky, 1978). The basic principles of hypnosis stem from the experience and research on the nervous system (mind, in our view, is a manifestation of brain activity), on states of consciousness and on the modalities of mental operations. Awareness could be visualized along four levels, starting at the top with that of consciousness - the activities and information to which we pay volitional attention. Immediately below it, one can imagine the preconscious level, corresponding to things we do without giving them our full attention and while, simultaneously, paying heed to something else. An expert driver, driving a car while engaged in a serious conversation is a good example of preconscious awareness. The next level under it in our mental diagram, is the vast area of the subconscious. There are those activities of our mind influencing us physically and emotionally without our being aware

of their influence. Finally, there is a level of mind affecting us in a primitive and mysterious way which can be called genetic, since it is connected with information carried in the genes from one generation to the next. The last two levels mentioned, the domain of psychosomatics, can be reached through hypnosis.

The unconscious or subconscious in the hypnosis literature discribes those mental activities below the level of awareness. Many authors have theorized on the nature and the process of this experience called hypnosis. Frankel (1976) presents an excellent summary of the diverse theories starting with Mesmer's (1848) fluid theory. But all the authors and theoretitians, in one way or another, agree that hypnosis takes place when the person is atuned to a level of mental activity which is different from the ordinary way of using one's mind; in other words that the person is activating the subconscious mind.

Ordinarily, we use our mind in the waking, "conscious" state. "Pay attention", "Watch what you're doing", are common examples of awareness injunctions. By overusing our awareness "channel," we neglect the other modalities of mental operation, the subconscious being the "channel" on which hypnosis works. This point must be stressed, namely, that hypnosis is communication with the subconscious mind, as Erickson (1977) likes to describe it. Another way of putting it is that hypnosis is the tuning into the subconscious in order to use it for the client's benefit.

The subconscious mental activities have long been recognized as having a powerful effect on health and sickness, as the whole field of psychosomatics shows, e.g., recently, Simonton (1978), Newton (1963) and Finklestein (1978) have reported on the effective use of hypnosis in the treatment of cancer. Many other physical conditions have responded favorably to hypnosis. A sample list includes warts (Tassini and Hackett, 1977), breast

enlargement (Willard, 1977), skin conditions (Lehman, 1978), control of pain (Hilgard and Hilgard, 1975), etc. Behavioral handicaps due to psychogenic factors have also been reduced or changed by means of hypnosis. Thus, Sanders (1976) works on decision making and value clarification; Hartland (1975), Stanton (1977) and Susskind (1976) have helped people gain self-confidence and ego strength; Bowers (1978) enhances creativity thru hypnosis; Shaw (1979) facilitates the acting ability of students of a school of drama; Porter (1978) helps people with study problems; Schafer and Rubio (1978) use hypnosis to aid the memory of witnesses. Others employ hypnosis to modify smoking (Sanders, 1977), eating (Wollman, 1962), thumb sucking (Crasilneck and Hall, 1975), sexual dysfunctions (Araoz, 1977, 1979) and many other behavioral problems (Dengrove, 1973).

One of the main factors in all these areas of help and enrichment is the hypnotic use of imagery. This ancient modality is an effective means of communicating with the subconscious, which in psychoanalytic terms operates in primary processes, as in dreams. The conscious mind, on the other hand, for the most part operates in learned, logical, sequential, language-model mental activities - secondary process thinking. In hypnosis, by use of imagery, the primary processes are activated, channeled and manipulated for the client's gain. The Latin poet Virgil saw that people "change their being because they see themselves changing their being" (Possunt quia posse videntur). We have used imagery spontaneously since infancy, at least in our dreams. This activity is at the core of change, as Singer (1977) and Forishan (1978) among recent researchers have indicated. Imagery is definitely very important in hypnotic change (Mears, 1960; Frankel, 1976). Behavior therapists (Cautela, 1977) have long recognized the power of mental images to influence behavior and effect change. In hypnocounseling, imagery production is positively channeled towards

the goals the client needs to achieve, according to his/her understanding of these goals. Thus, hypnocounseling has wide application for the mental health Counselor, as will be explained more in detail in the following sections. The puzzling question is not regarding the innumerable possibilities of hypnosis, but rather why have mental health workers, as a group, been so reluctant to employ this modality in their professional activities.

MYTHS

Part of the answer to the above question is the misinformation about and sheer ignorance of hypnosis. The fact that hypnosis is used by entertainers has made many professionals wary of it, raising questions on ethics, propriety and validity. The reader may want to consult Barber (1974) or LeCron (1971) for solid information on these areas. But, just to touch on it briefly, it must be stated that, yes, hypnosis can be abused. Under very unusual circumstances, people can be made to do things through hypnosis that they would not do otherwise. A rare and extreme example is that of a receptive subject who, experiencing hypnosis with the aid of someone he/she trusts, is given a real gun and told that it is a toy gun with which he/she can safely fire at another person. However, this possible abuse is no different from many other human interactions which can be and are prostituted, as mere conversation is abused by the confidence man or the unscrupulous high pressure salesperson. Hypnosis can be compared to a cup, and what one does when the person experiences hypnosis is analogous to the liquid one pours into that cup. The same cup can hold the most exquisite and expensive elixir or the most powerful poison. Hypnosis as a technique (the cup) is easy to learn. Once learned, an unethical person can use it to achieve dishonest or harmful goals (the liquid). All this does not imply that hypnosis should not be used by mental health counselors but, on the contrary, that

mental health counselors should be carefully trained in hypnosis and should be supervised after their training, before they engage in hypnocounseling on their own. As a parenthesis, it should be added that both, the American Society of Clinical Hypnosis and the Society of Clinical and Experimental Hypnosis do not consider their members "hypnotists" but professionals who use hypnosis as part of the clinical modalities of their professions and within the limits of those same professions. Both societies enjoin their members not to advertise themselves as hypnotists. What one puts into the cup of hypnosis is what really makes the difference between the hypnotist (entertainer) and the professional.

Hypnosis, then, is a hightened awareness, a different way of using one's mind. The term altered state of consciousness, though correct, may evoque negative connotations of forcefully changing something from its natural state. It seems safer and wiser to avoid expressions like "hypnotizing someone" or "someone being hypnotized" or "being under hypnosis". To describe hypnosis more exactly, one may talk of a person experiencing hypnosis or being in hypnosis or self hypnotizing. The mental health counselor, then, is helping the person to have this experience. Finally, trance can be descriptive of the experience of hypnosis, though it should be used with caution.

CLINICAL USES

Older authors (e.g., Weitzenhoffer, 1957) made much of the "induction of hypnosis and eagerly collected induction techniques" (Arons, 1975; Fross, 1974; Powers, 1976). The whole process of induction ("I hypnotize you") became highly ritualistic, some authors giving minute details on how to do it, what words to use, etc. (Mears, 1960). On the other hand, Erickson (Haley, 1967; Erickson and Rossi, 1979) is perhaps the best advocate

of a more naturalistic way of helping the person experience hypnosis. "The new hypnosis," mentioned earlier, de-emphasizes the induction ritual and guides the person "to switch channels"- from conscious awareness to the experience of the subconscious mental process. The new hypnosis is not too seriously concerned with the depth or scores of hypnotizability, as the authors of the traditional scales (Weitzenhoffer and Hilgard, 1959, 1962; Shor and Orne, 1962) were, and even modern writers are (Spiegel & Spiegel, 1978).

The guidance to facilitate the experience of hypnosis may take many forms, just to mention a few possibilities, it may be an invitation to concentrate on one's breathing-and to visualize what happens in one's body until the person is focusing mainly on that and on the mental health counselor's voice to the virtual exclusion of everything else. Another way is to invite eye fixation on any point chosen by the client and then suggest an inner experience of the most beautiful place where one would enjoy being. A third approach is to ask the client to extend his/her arms and to start feeling one very light and the other very heavy until the light arm starts to rise and the heavy one starts to descend. A fourth possibility is for the client to see him/herself outside of the body, watching his/her own body becoming more relaxed, concentrating if necessary on different body areas to experience a progressive and complete relaxation. A variety of this method is by tensing first one's muscles until they start to ache and then letting go in order to experience a comfortable sensation of floating. With any technique used, the client must be paced carefully allowing him/her to establish the speed and tempo of the transition from the ordinary state of awareness to hypnosis. On the other hand, any technique chosen should be: a) consonant with both client and mental health counselor's values and professional relationship; b) presented as an invitation to experience something worthwhile, not as a challange; c) regarded as a natural activity, a new way of using one's mind.

This last norm is one of the reasons why the use of shining objects or rotating lights is to be avoided. Besides, the mind can produce the image of any of these devices quite naturally.

In any event, it is wise to use an "induction" technique which is related to the counseling goal. Thus, if a person is concerned about tension, the purposeful tension of muscles, already conveys some control, and the release of that extra tension dramatizes the possibility of experiencing change.

Parameters of hypnosis

Once the person is experiencing hypnosis, the counseling work proper can start. But before dealing with hypnocounseling as such, we must know when the client is in hypnosis. A list of a few of the common parameters the mental health counselors may use to know that the client is experiencing hypnosis follows. Hilgard (1965) gives a thorough treatment to this topic. The person-in-hypnosis shows inequivocal signs of his/her mental activity:

a) There is general physical relaxation and lack of movement, or when there is movement, it is lethargic and sluggish.
b) There is slow, diaphragmatic breathing.
c) There is a general disregard for the distractions in the surrounding environment.
d) Speech becomes simplified (short sentences), slower and of a lower volume.
e) REM appears, especially when images are suggested.
f) The person experiences more or less clear hallucinatory sensations, either kinesthetic, visual, auditory, gustatory or olfactory.

Several of these manifestations must be present to know that a person is experiencing hypnosis. Let us assume, then, that the mental health counselor has assertained the client's

hypnosis, (the cup). He/she now proceeds "to pour the liquid into that cup". The most common and universally beneficial use of hypnocounseling is for general relaxation. Most people who request mental health counseling are anxious, tense, confused and nervous to begin with. In fact, this is often the final motivational force to seek mental health counseling. The benefits of hypnorelaxation at this early stage of counseling are 3-fold. First, it provides the client with an immediate self-mastery experience. Second, it teaches the client a concrete new behavior to practice at home. And, third, it contributes to the establishment of trust and general positive rapport.

Other than relaxation, hypnotic techniques may be utilized for evaluation, exploration and insight or genologically; for behavior modification and symptom removal or phenologically; and finally for mental rehearsal. In clinical practice, these three modalities often intermingle with each other, though, in general, one tends to predominate in each particular case or in each single session with a client.

GENOLOGICAL USE OF HYPNOCOUNSELING

In this modality (from the Greek root, "origin") hypnosis becomes a means of finding out for the client's benefit what is the origin of his/her emotional pain or what are the implications of his/her problem.

Evaluative hypnocounseling

I shall mention merely three possibilities. Moreover, all the techniques mentioned below, under the exploratory modality of hypnocounseling, can be modified as diagnostic tools.

The first possibility is when the client is asked to allow his/her subconscious to really reveal what the problem is. This revelation can be invited to happen in the form of a dream (Sacerdote, 1967) which later the client will be able to understand. The counselor does not have to reflect, interpret or clarify, but has to encourage the transmission of the subconscious to the conscious level of awareness, so the client can really understand the totality of his/her problem.

The second possibility is to encourage the client in hypnosis to see him/herself before and after the problem and to verbalize the differences perceived. Then the client can experience the current self and the future self-after-the-problem-is-solved, again articulating, in hypnosis, the changes perceived.

As a third evaluative technique, the client may be offered the possibility of remembering in detail - as if watching old family movies or slides - everything that went on, intrapsychically and in his/her environment, which might have contributed to the problem. This offers "historical" and relational understanding of the problem.

Exploratory hypnocounseling

Five basic techniques will be presented. First, when a client has reached a plateau in counseling, not understanding what is taking place, the mental health counselor may suggest that the person see him/herself in a very large room which is completely dark, though safe, warm and comfortable. The client experiences him/herself excited with eager anticipation. He/she will find out something important, enriching. Slowly and v-e-r-y gradually, the lights go on. What does he/she experience, see, feel?

Second, the client may be asked to see like an X-ray of his/her mind in order to obtain a new insight of what is happening now in his/her life. One of the older images used included being in a theatre and seeing a representation on the stage related to

the current difficulty. A variation of this method is to visualize a TV set and to see oneself changing channels until one finds a program especially meaningful and important. Watch the program, understand it, see yourself in it.

A third, time tested technique, is to see oneself coming down a flight of stairs in an old, rich mansion. At the bottom of the stairs, one sees him/herself entering a magnificent room. Who is there? What happens there? What feelings are experienced? These and similar questions are appropriate with these imagagic techniques. Shor (1977) offers a long list of very useful methods which can be employed in exploratory hypnocounseling.

The fourth possibility is to ask the client in hypnosis to become very sensitive to any inner experiences he/she may be having at the moment: sensations of any kind (kinesthetic, visual, auditory, olfactory, gustatory) and to watch them magnified in a computer-like screen. Then, still in hypnosis, to magnify the feelings connected with these experiences and to report verbally on them.

Finally, a technique which has many uses and which is more direct is that of ideomotor communication (Cheek and LeCron, 1968). The mental health counselor indicates to the client experiencing hypnosis that a finger of one hand will move slightly to indicate "yes" and another finger in the other hand will do the same to indicate "no". Then the client is told that the subconscious "part" of his/her mind will respond truthfully, and addressing that "part", he/she is asked whether he/she knows what the real problem is. If the answer is "yes", one may proceed, "Do you want to really work at solving this problem quickly?" Many questions can be asked this way, e.g. "Is your current problem related to the time when you were growing up?" "Do you believe that you can get rid of this problem by next week (month, year)?" etc.

PHENOLOGICAL HYPNOCOUNSELING

This is the best known use of hypnosis in medical and psychological practice, as well as in popular applications of hypnosis. Thus, smoking, overweight, bed wetting and other behavioral problems can be helped with a direct hypnotic intervention. Unfortunately, many questionable businesses are capitalizing on this use. In mental health counseling, however, the situation is not that simple. First, the mental health counselor has to be aware of the client's general personality picture at the time of counseling, which is connected with evaluation and history taking. The issue of symptom substitution has been treated by Hartland (1975), Kroger (1977) and Wolberg (1964). In general, it can be said that when the removal of the symptom will enhance the ego, the clinician has a good reason to deal with the symptom directly. Assuming then that it is clinically wise to help the person remove a symptom or change a behavior, the diverse uses of hypnocounseling used phenologically are: Direct, Transfer and Nondirective.

Direct phenological hypnocounseling

When the client is in hypnosis, the counselor then proceeds by using suggestion coupled with imagery. The suggestions, incidentally, are always drawn from what the client has revealed about him/herself. Thus, before working directly on a symptom, the counselor must know how the client thinks this change will affect his/her life, why the person wants to change, what advantages (and disadvantages) he/she can imagine coming to him/her from this change, etc. Thus, to help a person quit smoking, the client is asked to visualize the desire to smoke. Does it take any shape or form, any color or sound? Then he/she is helped to get rid of it, either slowly or abruptly. One client saw in his mind his desire to smoke as dirt, suds all over an attic. The attic turned out to be his mind. Thus, he was

encouraged to see himself sweeping this dirt, then vacuum cleaning it, then wrapping it in a strong plastic bag, then putting this bag in a sturdy garbage can; the can in a canister; this taken by a rocket out into space, into a neighboring galaxy, until the desire had vanished. Then he was encouraged to enjoy the good feelings of breathing better in the attic, making an easy transition to his desire and resolve not to smoke.

Other examples of direct phenological hypnocounseling follow: 1) The client in hypnosis is encouraged to visualize his/her strong and his/her weak self and the former overcoming the latter. 2) The client sees him/herself a year from now (or 10 years from now) and visualizes the "older" self talking to the "new" self about the problem. 3) The client in hypnosis sees him/herself after the problem is solved and gets into the feelings of pride, self-esteem and happiness associated with not having this problem.

Transfer phenological hypnocounseling

This is produced when an hypnotic effect is elicited in one part of the body in order to transfer it to another. Thus, for a headache, numbness of the dominant hand can be transferred to the head. For lack of vaginal lubrication, the woman in hypnosis is taught to salivate; then to transfer that learning to the vaginal wall, (Araoz, 1977). It is to be noted, as Kroger and Fezler (1976) have observed, that in the hypnotic experience the mind can accept illogical, obviously incorrect concepts without criticism, as in this case, where the physiology of salivation and of vaginal lubrication are completely dissimilar and unrelated. Similarly, what Watkins (1971) has called the affect bridge is an example of transfer hypnocounseling on the emotional level. This hypnotic technique employs a currently unpleasant emotion, intensifying it until it becomes a memory bridge to a previous event in the client's life which produced the same affect.

Nondirective phenological hypnocounseling

This use of hypnosis leaves it up to the client to find the way to get rid of the symptom or to change the behavior. It invites the client to represent the symptom clearly (similar to what was mentioned above, under the direct use) as something - a color, a shape, a sound, a perfume, a taste, a sensation - and to experience that representation fully. All the while, suggestions of hope for change and good feelings about the change are given. Thus, a 10 year old girl, the oldest of three siblings who had an intense thumb sucking compulsion visualized it as "a force". Asked whence this force came, she said: "Inside". Then she was asked to see herself inside of her mind, as if in the control room of a space ship and invited to find the dials pertaining to that "force" and to set them to where the force would be very weak. However, before the final setting, she was told to increase the force, to feel in hypnosis a very strong desire to suck her thumb. When she did, the suggestion was given that now - in hypnosis - the thumb would taste very different, very bad and bitter. After she experienced this, she changed the dial in her mind's eye to "No force"; and finally set the dial to "Very little force" for a week. The parents reported a marked improvement - over 50% diminution. In three more sessions, the problem was solved, and the client had gained an interesting insight, i.e., that her behavior came from her desire to continue to be a baby, coming from her sibling jealousy.

This last development is a frequent occurrance in phenological hypnocounseling. The focus on a symptom, through hypnosis, brings about understanding, even though no effort has been made to produce insight. This should be investigated further, especially in reference to the old question about symptom substitution.

HYPNOCOUNSELING FOR MENTAL REHEARSAL

This utilization of hypnocounseling has become very popular in recent years, especially since Maltz's (1960) Psychocybernetics. More and more one hears about mental tennis, golf, or other sports; of using imagery for self-improvement, more productivity, even for making more money (Hill, 1966). In a nutshell, hypnocounseling for mental rehearsal is the use of hypnotic time progression to the set of circumstances in which the client sees him/herself thinking, interacting, behaving in a positive, healthy way. This Virgilian process of "seeing oneself having changed" is in itself ego enhancing. People become psychically stronger when they see themselves ir their mind's eye being what they want to be, acting and f eling in the way they want (Lazarus, 1978).

Consequently, in hypnocounseling the client can be helped to experience him/herself in the future, when the current problem belongs to his/her past history. This mental rehearsal must be done in great detail, including all circumstances of places, people, situations and involving as many senses as possible, thus conditioning the person to the improved self-image. Positive change is facilitated by this technique because the client identifies progressively with the "new" self. The current, problematic self becomes more and more foreign to the client; his/her mind becomes more disassociated from the current self with whom he/she is not satisfied.

CONCLUSION

The mental health counselor could enrich his/her professional effectiveness with hypnocounseling, in dealing with clients, either individually or in groups (Araoz, 1979). Like any other worthwhile skill, learning hypnocounseling takes effort, time and motivation. However, the dividends in counseling outcome are worth all the energy invested.

The nature of this article makes it impossible to cover every aspect of the topic. Many clinical problems and issues must be considered carefully before one actually applies this method to clients. Consequently, a word of caution and of encouragement to learn hypnocounseling thoroughly is an appropriate ending for this article. Though many of the techniques mentioned sound simple, it takes awareness of many issues and supervised practice to master them. Other advanced techniques, such as those used with couples (Araoz, 1978), require a thorough understanding of the subtleties of hypnocounseling.

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